

FORM COMP AA

{See Rules 253 c, 254 (c) (iii), 254 {80 255 (1) (iv) }

आवक/जावक क्र...२४७२/१७

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS. २४.७.१७

- 1 Name of the Police Station - पो. स्टे. गाडगेनगर अमरावती शहर
- 2 CR.No./TAR No./ SDE No. - 523/17 का-279, 337, 304(A) इ.प.स.
- 3 Date Time and Place of the accident - दि. 31-07-2017 चे 13:00 वा.
- राम संवत्स रामपुरीकान समोर अमरावती शहर
- 4 Name of the Injured / Deceased. - मृतक नामे - गोप ह्यराज परबोना वय - 55 शत-संवत्स
- जातक, रा - उल्हासनागर हाजे
- 5 Name of Hospital to which he/she was removed, - इलिनदवाखाना मम येथे उपचारा प्रस्थाप
- मरण पावला
- 6 Number of vehicles and type of the vehicle. - अज्ञात ताहनाचे शडक दिली
- 7 Name and address of the Driver of the vehicle with particulars of Driving License of the said Driver and the address of the Issuing Authority of the said Driving License. The number of Badge in case of public Service Vehicles and the address of the Issuing Authority of said Badge. - - -
- 8 Name and address of the Owner of the vehicle as it stands on the date of the accident. - अज्ञात ताहनाचे पिडीत मृतकचे
ताहनाला शडक देवून पळवून गेली.
- 9 Name and address of the Insurance Company with Whom the vechile was insured and the Divisional Office of the said Insurance Company. - - -
- 10 Number of Insurance Policy Insurance Certificate and the Date of Validity of the insurance Policy Insurance Certificate. - - -
- 11 Action taken, if any, and the result there of. - गुन्ह्याचा तपास - जातू आहे.

वरीलप्रमाणेच निवेदन
पोलीस स्टेशन, गाडगे नगर
Gadgenagar police station
अमरावती शहर

N.B. - This Form should accompany with all the necessary document viz (1) f.I.R. (2) panchnama (3) Medical Certificate/ post Mortem Report.