

**FORM COMP AA**  
 [See Rules 253 ©, 254 (c) (iii) , 254 (80 255 (1) (iv) ]  
**REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS**

1.	Name of the Police Station	:-	Badnera Amravati City
2.	CR. NO./TAR No./SDE No.	:-	501/2017 Sect-279, 33 P.C. SDE No - 4017 - 18.16
3.	Date, Time and place of the accident.	:-	25/10/2017 - Time - 12:00 Sai Manoj near to 2nd Busstand Road at East Busstand
4.	Name of the Injured /Deceased	:-	Mishikesh Sansay Shanna
5.	Name of Hospital to which he /she was removed.	:-	General Hospital Amravati
6.	Number of vehicles and type of the vehicle.	:-	MH-30-AA-332 Maruti Omni
7.	Name and address of the Driver of the vehicle with particulars or 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 Vehicle and the address of the Issuing Authority of the said Badge.	:-	Mangesh Nilakanth Shrikhandkar Ap - Suryakingh Apartment Khadaki Akole.
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Ganesh Bhagwan Mangrulkar ATM - Kenheni Sanap to - Bankhi - Takti Dist - Akole.
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	IFFCO-TOKIO General Insurance Co Ltd. - 2nd Floor, Akash Tower Above Bank of Rudasthan Tilak Road Akole.
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	91944740 Valid - 29/06/2017
11.	Action taken, if any, and the result thereof.	:-	-
			Inspector of Police, .....Police Station.
N.B - This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post -Mortem Report.			

वरिष्ठ पोलीस निरीक्षक  
 पोलीस स्टेशन, बडनेरा  
 अमरावती (जिल्हा)