


**FORM COMP AA**

[See Rules 253 ©, 254 (c) (iii), 254 (80) 255. (f) (iv) ]

**REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS**

1.	Name of the Police Station	Walgaon
2.	CR. NO/TAR No./SDF No.	236/12 uls 279,332 I.P.C
3.	Date, Time and place of the accident.	12/7/12 at 16.50 PM.
4.	Name of the Injured /Deceased	Ushiraji Prakash Mohod
5.	Name of Hospital to which he /she was removed.	Chandrashekhar Madhusudan Deshmukh Amravati City Hospital, Amravati. Get life Hospital Amravati
6.	Number of vehicles and type of the vehicle.	MH 20-BL-2047
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.	Narendra Pundharsao Pandhare age 37 R10 Umriroad, Vasant nagar, Pandharkawada, Dist - Yawatmal.
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	Maharashtra State Transport.
9.	Name and address of the Insurance Company with whom the vehicle 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 thereof.	279,332 I.P.C.
		 Inspector of Police, पुलिस थाना, तालुका पो.स्टे. वलगांव अम. (श.) Police Station.
<p><b>N.B</b> - This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post -Mortem-Report.</p>		