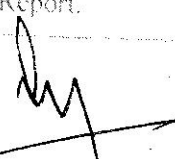


## FORM COMP AA

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

1.	Name of the Police Station	Aamgaon
2.	CR. NO./TAR No./SDE No.	170/017 U/s 279, 338, 304 (A) I.P.C.
3.	Date, Time and place of the accident.	017/07/017 at 13/00 A.M. at
4.	Name of the Injured /Deceased	Prerna's (Chotale) Suryawanshi <sup>Banjara</sup> Gondia
5.	Name of Hospital to which he /she was removed.	PHC Aamgaon, Central Hospital Gondia
6.	Number of vehicles and type of the vehicle.	① MH35/P-5230 ② MH31/BA-7874
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.	① Yashwantrao Keshuji Nayabare Age-37 at Saitola (Murdada) [Car Driver] ② Rajesh Tehare Bhaladhar Age-44 at Nawgaon (Khurd) [Biker]
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	① Manoj Kumar Asati at Bajpeji Nayabare Gondia ② Ketan Ramniklal Parikh at Sitabardi Nayabare
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	New India Insurance Co. Rungata Complex Gneshnagar Gondia (CAR)
10.	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	① 16030231160100002901 Date - 17/12/017
11.	Action taken, if any, and the result thereof.	Send JMFC Aamgaon To, Hl. Sanjay Chaurhe 1786 Aamgaon Inspector of Police Amgaon 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.

  
**पोलीस निरीक्षक**  
**पोलीस ठाणे, आमगांव**  
**जिल्हा-गोंदिया**