


FORM COMP AA

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

1.	Name of the Police Station	- Amgaon
2.	CR. NO./TAR No./ SDE No.	- 171/017 U/S 279, 332, 333 IPC R/W
3.	Date, Time and place of the accident.	- 5/7/2017 At 17:00 AM Bothli
4.	Name of the Injured /Deceased	- Koushikumar Takaram Kavde 38 Yrs
5.	Name of Hospital to which he /she was removed.	- Center Hospital Gondia
6.	Number of vehicles and type of the vehicle.	- Motar Cycle MH 35/N 1381
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 Vehicle and the address of the Issuing Authority of the said Badge.	- NO License NO Driving License
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	- Rajesh Baliram Bhehave 30 Yrs. At Thuna (Amgaon)
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	- NO Insurance (vehicles)
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.	- Send chargesheet JMFC Amgaon
		Inspector of Police.
	 Police Station.
N.B - This form should accompany with all the necessary document viz. (1) I.L.R (2) Panchanama (3) Medical Certificate/Post -Mortem Report.		


पोलीस निरीक्षक
पोलीस ठाणे, आमगांव
जिल्हा-गोंदिया