


FORM COMP AA

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

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| 1. | Name of the Police Station | Police station Amgaon |
| 2. | CR. NO./TAR No./ SDE No. | 173/017 U/S 279, 337, 338, 304, A IPC |
| 3. | Date, Time and place of the accident. | 19/07/2017 at 01/30 AM Amgaon |
| 4. | Name of the Injured /Deceased | Bhaswar Yashwant Kevre 40 Ye |
| 5. | Name of Hospital to which he /she was removed. | Aural Hospital Amgaon |
| 6. | Number of vehicles and type of the vehicle. | Toyota Inova Four Wheeler |
| 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. | Santju @ Shiv Rajkumar Shahu Jr 20 At Kalibadi Nehru chank Bodatalav Raipur - (Ch.) RTO Office - Raipur (Ch) LMV GO-04 20160012868 |
| 8. | Name and address of the Owner of the vehicle as it stands on the date of the accident. | Tarachand Raghvi Shreevas 50 Ys. RDA Colony Raipur (Ch) |
| 9. | Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company. | Oriyant Ins. Company LTD RK 4 Plaza Panchpedi Ring road Raipur (Ch) |
| 10. | Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy Insurance Certificate. | 191300/31/2017/9104 46040031150100007003 11/10/2016 to 10/10/2017 |
| 11. | Action taken, if any, and the result thereof. | Send chargesheet Impc Amgaon 10- ASI Kanwar/246 Inspector of Police. Amgaon Police Station. |
| <p>N.B - This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate Post - Mortem Report.</p> | | |


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