


**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	Amgaon
2.	CR. NO./TAR No./ SDF No.	249/2017 U/S 279, 332427 IPC
3.	Date, Time and place of the accident.	21/9/2017 At 13/00 Risama
4.	Name of the Injured /Deceased	Vilas Hansraj Patil 21 Yrs
5.	Name of Hospital to which he /she was removed.	Rusul Hospital Amgaon
6.	Number of vehicles and type of the vehicle.	Motar Cycle MH-35/AC 9942
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.	MH-35 / AC 9942 Motar cycle
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	-
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.	Police Pending - Send letter RTO office Gondia verify to vehicle owner Inspector of Police. IO - ASI - 1280 Amgaon Police Station Bais
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**