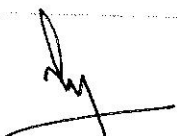


## FORM COMP AA

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

1.	Name of the Police Station	Amgaon
2.	CR. NO./TAR No./ SDE No.	244/017 U/S 279, 304 A IPC
3.	Date, Time and place of the accident.	24/9/2017 At 11/30 AM Amgaon
4.	Name of the Injured /Deceased	Indrakishor Shaligram Katoe 50 Yr
5.	Name of Hospital to which he /she was removed.	PHC Baryelon Amgaon
6.	Number of vehicles and type of the vehicle.	MH 40 AK 1943 Truck
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.	Babalu Narayan Chavhan 30 Yr. At Govindpur Chota Gondia (MS) LMV DL NO MH35 20060004251 RTO-Gondia
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	Aadil Nurmohamed Ansari 37 Yr. ART Tavar PL NO 89 Nagpur
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	SBI General Insurance Comy. Nagpur
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	000000006051258 5/4/2017 to 4/4/2018
11.	Action taken, if any, and the result thereof.	Send TMFC Amgaon
		IO - ASI Kankhanamwar/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>		

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