

FORM COMP AA

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

1.	Name of the Police Station	Amgaon R/w 184, 3118 MVA
2.	CR. NO./TAR No./SDE No.	247/017 U/S 273, 336, 338, 304 A II
3.	Date, Time and place of the accident.	30/4/017 at 11:00 AM Dahegaon
4.	Name of the Injured / Deceased ✓	Tekchand Baliram Shende 35 yrs.
5.	Name of Hospital to which he/she was removed.	Medical Hospital College Nagpur
6.	Number of vehicles and type of the vehicle.	Motar Cycle - MH 35/Q 4348
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.	No Licenses
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	Tekchand Baliram Shende At manegaon (Amgaon)
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
		IO - SDPO Shree Raveer Nivle Sis Inspector of Police. Amgaon Police Station.
<p>N.B - This form should accompany with all the necessary document viz. (1) E.I.R (2) Panchanama (3) Medical Certificate/Post-Mortem Report</p>		

पोलीस निरीक्षक
 पोलीस ठाणे, आमगांव
 जिल्हा-गोंविया