


## 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	:- कुडाळ
2	CR NO./IAR No./ SDE No.	:- 57/17
3	Date, Time and place of the accident.	:- ०२/०३/१७ रोजी. ०१.५५ पीत्रळी, घुरीये
4	Name of the Injured /Decased	:- मयत - मंगुनाथ सोमाया दुर्गा
5	Name of Hospital to which he /she was removed.	:- ज्ञा. रु. कुडाळ
6	Number of vehicles and type of the vehicle.	:- डपर नं. KA22-ET-6122
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.	:- डपर नं. KA22-ET-6122 मो. नं. KA22-ET-6122 डारोपी-पानाळ-करोरडालास रजाकालाळ कांमना मयत-मंगुनाथ सोमाया दुर्गा फिर्मादी-विष्णू कुडाळी घुरी. रा-पीत्रळी डारोपी-DL NO-KA28-2A130008619 फिर्मा - <del>डारोपी</del>
8	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:- डपर-वाला ठा-विजयकांडी कडु, कांमना डी पर्याया ड रा. HO NO- A26-3, MORRUMBI O, PERQUENA TISWAD PANSI-403001
9	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:- ओरीपुटल डमडुआरल - कुडाळ - पावलागाडी
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate	:- 164500/31/2017/4390 4/12/2017
11	Action taken, if any, and the result thereof.	:- केवासेप नं. 31/17 दि. 8/6/2017
		 Inspector of Police, Kudal Police Station, पोलीस ठाणे, कुडाळ.

N.B - This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post Mortem Report.