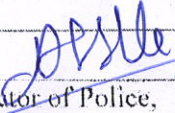


## FORM COMP AA

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

1.	Name of the Police Station	:- कुडाहा पोलीस स्टेशन
2.	CR. NO./TAR No./ SDE No.	:- १५५/२०१७
3.	Date, Time and place of the accident.	:- ५/१/१७ रोजी १९.०० वाजता पावडी हायवेजवळ
4.	Name of the Injured /Deceased	:- नाम देव झाळाच्या अखण लव २२
5.	Name of Hospital to which he /she was removed.	:- शाहीरुप दयाळू कुडाहा / विडा प्रकल्प
6.	Number of vehicles and type of the vehicle.	:- १) बस - १५५-४-८७-१७९ २) मोटर वाहन - १५५-४-४६६८
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.	:- १) प्रकाश शेट्टी मोहरी लव ३३ अ-दिव्य लव वाहतूक लागू - १५५-४-२०१०००३०४९. बॅच नं - १९४१७६१०४१ = २६१३११९४६ स.ग.स. वेळू
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:- ५/१/१७ रोजी १९०० वाजता पावडी स.ग.स.प.स.जवळ पावडी हायवेज मोटर वाहन संगे डीपट देव स.ग.स.प.स. जवळ परीषद मंडळ मंडळ
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:- कोरीवेर मंडळ इन्शुरन्स कंपनी इन्शुरी. १५५-४-४६६८ मोटर वाहन जयश्री लव लावण्या वि.स.स.
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.	:- तपासण
		 Inspector of Police, P.I. ५/१/१७ .....Police Station. पोलीस निरीक्षक, पोलीस ठाणे, कुडाहा.
N.B – This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post –Mortem Report.		