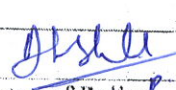


FORM COMP AA

[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./TAR No./ SDE No.	:-	213/2017
3.	Date, Time and place of the accident.	:-	म. 25/9/17 रोजी 16:30 वा. झाळेरी इस्पत
4.	Name of the Injured /Deceased	:-	मरुमी - अणुविनायक रावण खोचरे
5.	Name of Hospital to which he /she was removed.	:-	उपजिल्हा रुग्णालय साकेतकाडी
6.	Number of vehicles and type of the vehicle.	:-	होडा व्हीओ मॅ. क्रम 07. म.प. 5272
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.	:-	मौ. सा. साकेत - अणुविनायक रावण खोचरे रा. जोरगाव, ता. कुडाळ साकेत - अणुविनायक रावण खोचरे
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	अणुविनायक रावण खोचरे जोरगाव, ता. कुडाळ
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.	:-	—
			 Inspector of Police, KUDAL Police Station, पोलीस ठाणे, कुडाळ.
<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>			