

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	Dodamarg Police Station
2. CR. NO. / AR No. / SDE No.	CR. No. 04/2022
3. Date, Time and place of the accident.	16/01/2022 - 15.15 खरडी पर्वत मुकव
4. Name of the Injured / Deceased	Dipak Vasant Naik
5. Name of Hospital to which he / she was removed.	Dodamarg Rural Hospital
6. Number of vehicles and type of the vehicle.	इनोवा कार. नं: MH-11-BV-6791
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.	Dipak Vasant Naik रा. आयनेडे पुनर्वसन ता. दोडामर्ग
8. Name and address of the Owner of the vehicle as it stands on the date of the accident.	—
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.	Charge forward out No.
Abited summary out No. 296/2022 Date- 10/02/2022	
<p><i>Jana</i> Inspector of Police, प्रभारी पोलीस ठाणे अधिकारी पोलीस ठाणे दोडामर्ग</p>	

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