


# FORM COMP. 'AA'

(See rule 253 (c), 254 (5) (iii), 255(1)(iv))

## Report About The Motor Vehicles Accidents

1. Name of the Police Station :- Ner
2. Crime No./ TAR No. / SDE No. :- 448/19 sec. 279,304 (A)
3. Date time and place of the accident :- 11/8/19 20:00 to 20:15 Chikani
4. Name of the injured deceased :- (Head injured) Harshvardhan  
Bhimravji Deshbhratar 40 yers Chikani Domga Ner
5. Name of the Hospital to which he/she was :- R.H.Ner  
removed
6. Number of vehicle and the type of the :- Anon Vehical
7. Name & address of the Driver of the vehicle :- Nil  
with particulars of driving licence of the said Nil  
driver and the address of the issuing Nil  
authorite of the said driving licence NIL
8. Name & address of the owner of the vehicle :- Nil  
as it stands on the date of the accident Nil
9. Name & address of the insurance company :- Nil  
with whom the vehicle was insured and the Nil  
divisional office of the said insurance  
company.
10. Numbar of insurance policy/insurance :- Nil  
certificate and the date of validity the Nil  
police/ certificate of insurance.
11. Action taken, if any and the result the reof :- Nil

Date :- 12/09/2019

Signature-   
(Inspector of police/P.S.O.)  
Police Station Ner