

Form Comp AA

{ See Rules 253(c) ,254(c) ,(iii), 254(80) ,255(i) (iv) }
REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name Of The Police Station	:-	Police satation darati
2	CR.No. / TAR No. /SDE No.	:-	Cr no 89/22 secation 279,337,338 lpc or 134 ab mv act
3	Date Time and Place Of The Accident	:-	Dt. 27/09/2022 time 19/00
4	Name Of the Injureed / Deceased	:-	Rukhamabai premsing ade Age 50 at bendi tanda kinwat dist nanded
5	Name Of The Hospital to Wich he / she was removed	:-	Sai rugnalay devi rod Umarkhed
6	Name Of Vehicle And type Of Vehicle	:-	Ape ato no Mh-29-t -7163
7	Name and Adress Of the Driver of Vehicle with Particulars or Of the said Driver and the Adress of the issuing Authority of the said Driving License The member of Badge in case of Public Service Vehicle and the adrees of issuing Authority of the said Badge	:-	
8	Name And Adress of the Owner Of the Vehicle asit stand on Date Of the Accident	:-	Rukhamabai premsing ade Age 50 at bendi tanda kinwat dist nanded
9	Name and Adress of the insurance compuny	:-	-----
10	Number Of Insurance Policy Insurance Certificate and Date Of Validity Of the Insurance Policy Insurance Certificate	:-	-----
11	Actoin taken If and any and The Result there Of	:-	Cr no 89/22 secation 279,337,338 lpc or 134 ab mv act

N.B.-This Form shuldaceompany with all necessary document Viz.(1)FIR(2)Punchnama(3)Medical Certificate / Post Mortem Report

आ/पक/जावक रु 424/22
दिनांक 27/09/2022
पु. नि. काराटी जि. अ. अ. अ. अ.

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