

FORM COMP AA

{See Rules 253 (1), 254© (3), 254(80), 255(1)(5)}

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the police station	Wadgaon Road (Awadhutwadi), Yavatmal
2.	Cr. No/TAR No/SDE No.	0620/2020 कलम 279, 337, 338 304(A) IPC
3.	Date, Time & Place of the Accident	9/9/2020 र्क 12:00 वां .
4.	Name of the injured deceased	रितीश सुजित विश्वास वस 25 वर्ष विशाल सुजित विश्वास वस 25 वर्ष
5.	Name of the hospital to which he/she was removed	कस्तूरबाई हॉस्पिटल शेवाग्राम जं. वडगां .
6.	Name of the vehicles & type of the vehicles	ट्रक क्र. MH-27-BX-1765
7.	Name & Address of the driver of the vehicles with particulars or driving license of the said driver & address of the Issuing authority of the said driving license .The number of badge in case of public service vehicles & address of issuing authority of the said badge	कामरावती
8.	Name & address of the owner of the vehicles as it stand on the date of the accident	कामरावती देविदास म्हेदरकर
9.	Name & Address of the insurance company with whom the vehicle was insured and the divisional office of the said insurance company	—
10.	No of insurance policy/insurance certificate and the date of validity of the insurance policy / insurance certificate.	—
11.	Action taken, if any and the result their of	यातील मृतक हा त्याचे मो.सं. जम्बुपीटर गाडी क्र. MH-27/BX-9503 वर त्याचा भाऊ व भाव्ही वसुधे तिवस येथे जात हासतांना शास्त्रात धावा जखमी संपन्न होता .

N.B – this form should accompany with all the necessary document
viz 1.FIR 2.Panchnama 3.Medical Certificate/pm report .

पो.ह.को.प्रभुकर चौक
ब.नं.1781
पो.स्टे.अवधुतवाडी, यवतमाल

पोलीस दिरिक्शर
पो.स्टे.अवधुतवाडी, यवतमाल