

### FORM COMP AA

{See Rules 243 C, 248 (C) (iii), 248 (C) 244 (9) (iv) }

### REPORT ABOUT THE MOTOR VECHICLES ACCIDENTS

१	Name of the Police Station	गदगेर ना.पो. थाना
२	CR.No./TAR No./ SDE No.	२१/२२ ठाना २०२, ३३०, ३३८, ३२०३१५०
३	Date Time and Place of the accident	१९.११.०९/ २०२२. २.१८/३० ना.पो. थाना
४	Name of the Injured / Deceased.	दिवाण धामराव धर्मराव धर ४३ वर्ष. २५. भाद्रपद मास भाद्रपद शुक्ल २५ शुक्ल
५	Name of Hospital to which he/she was removed,	श्री. केशव ऐन्ड कोर थाना
६	Number of vehicles and type of the vehicle.	१ म्हा. वे. ०२८८ ६०००२ म्हा. धर ४३ वर्ष. २५. भाद्रपद शुक्ल २५ शुक्ल
७	Name and address of the Driver of the vehicle with particulars of 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 Vehicles and the address of the Issuing Authority of said Badge.	धा. धर - धर ४३ वर्ष. २५. भाद्रपद शुक्ल २५ शुक्ल ना. भा. थाना DL NO MH 2E - 204000033E30
८	Name and address of the Owner of the vehicle as it stands on the date of the accident.	धर ४३ वर्ष. २५. भाद्रपद शुक्ल २५ शुक्ल ना. भा. थाना
९	Name and address of the Insurance Company with Whom the vechile was insured and the Divisional Office of the said Insurance Company.	-
१०	Number of Insurance Policy Insurance Certificate and the Date of Validity of the insurance Policy Insurance Certificate.	-
११	Action taken, if any, and the result there of.	ग. धर ना. पो. थाना/ ठाना २०२२. ११. १९ ठा. धर ना. पो. थाना २१९९ प्रो. धर (D.P.A.) मिन धर ठा. धर ना. पो. थाना ४३ वर्ष ना. पो. थाना ठाना
		Inspector of police Gadgenager police station
N.B. - This Form should accompany with all the necessary document viz (१) f.i.f (२) panchnama (३) Medical Certificate/ post Mortem Report.		