## FORM COMP AA [See Rules 253(c), 254(c)(iii), 254(8), 255(1)(iv)] REPORT ABOUT THE MOTOR VEHICLES ACCIDENT

r.	TITE MOLO	DR V	EHICLES A COUNTY
1.	Name of the Police Station		EHICLES ACCIDENT
<u></u>	I the Police Station	-	
2.	CD MO	:	1110.1.1
	CR. NO./TAR No./SDE No.	11	LUURAL S
	1.1030DE No.	-	
3.	Date, Time and place of the accident	1:-	88/20 WS 279.337 38882
	and place of the accide		1. 8 6/20 US 279 227 12200
_	and accident	1	NH.7 Road. Kiny Jawade
4.	Name of the	Ι.	
	Name of the injured/Deceased		04.7/6/2020 A( )
	San Deceased Ex	2110-	04.7/6/2020 At 10/30 Am.
		J 7.5	Distan Babque 8/ejul.
5.	Ma	- 1	D'Snehul Kiran Stejul.  D palux Icitum stejul.
•	Name of Hospital to which he/she removed		3) palele lais stepul.
	which he/she removed	:-	10/200 Stelle
_		٠. ا	or. Kasare Hospital yth
6.	Number of vehicles and type of the vehicle		The solver
	venicles and type of the walking	-	
	venicle	:-:	T.N 28 AD 1101
7.	177	i	T.N 28 AQ.1121 (7 Earle)
<b>'</b> •	Ivame and address of the		1"1729 BC 1207 C
	Name and address of the Driver of the vehicle with particulars or Driving License of the said Driver and the add		M429 BC 1287 ( CRUdy)
	of the vittl particulars or Driving Ligarian		Rari D Dans
	of the said Driver and the add-	1	Ravi R. Rengowans 189 43 ye
	Issuing Authority of the	: 1	TO FITTS UMA O As a
	License. The number of Badge in case of Public Service Vehicle and the	1.	- Strigng) Orgnur
	Public of Badge in case of	1	/ / 'EXI'M N / () / D N X 4 U
	Public Service Vehicle and the address of issuing Authority of the said P.	1 1	637404 - L. N. TH 28-1994000145
	issuing Authority of the said Badge		
8.	Name and Address of the Owner of the vehicle as it stands on the	1 1	PTO NUMERICKAN
		+	- There & all
	vehicle as it stands on the date of the accident	:-	8014
	accident of the	1 1	Dery - R Royan Paris
9.	Name and		Self Revi-R Regasquan
-	Name and Address of the Insurance	<del>     </del>	ł
	Company with whom the vehicle was insured and the Divisional Office of the Insurance	1:- +	Muffered Interance Company
	insured and the Discitive Vehicle was		Sen 1
1	insured and the Divisional Office of the said		Sensamongom de sensom ungulam, Briseness conter Hew No 457/2
<del>~</del>	Insurance Company		Briseness can have your angelary
0.	Number of Inc.	1	Vear 4120 10 457/2 1
	Number of Insurance Policy/Insurance Certificate and the Date of Voltage		Wear Ludemi Theater of Momalcue
	Certificate and the Date of Validity of the Insurance Policy/Insurance		Bt 26/2/2
	Insurance Policy/Insurance	ľ	8t 24/21
1.	Action taken if any and it		Bt 26/3/2020 to 25/3/2021
- 1	Action taken, if any and the result thereof	:-	- 3/3/ 20 21
			CANO 88/2020 W/S 279.333.
1		Į.	238 200
			338 Inc. 279.337.
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!		.'	Inspector Of Police
+		i	
		1	Police Ct.
7	VP This C	_	Police Station
1.	N.B- This form should accompany with all the 3) Medical Certificate/Post Mortem Report	_Ŀ	
$\perp$ (	3) Medical Certificate (Part)	nece	essary document wie (1)
	Continuate/Post Mortem Report		VIS.(1) FIR (2) Panchnama
	3.4		Allipinions - Colonialit

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