FORM COMP AA [See Rules 253 ©, 254 (c) (iii), 254 (80 255 (1) (iv)] PREPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

:	Name of the Police Station	:-	wadgaan J.
	CR. NO./TAR No./ SDE No.	:-	127/20540 279,304(A)[
	Date, Time and place of the accident.	:-	28/0/20 to 20/00 pm, met
.7	Name of the Injured /Deceased	:-	sudhekar vinek lonsawdom a
	Name of Hospital to which he /she was removed.	:-	Government hostipal yauthal
5.	Number of vehicles and type of the vehicle.	:-	MH29N 1859 Hero Honda
7.	Name and address of the Driver of the vehicle		Sudhakar rinax longacoal
.5	with particulars or Driving License of the said		
	Driver and the address of the Issuing Authority of	:-	
•••	the said Driving License. The number of Badge in		
٠.	case of Public Service Vehicle and the address of		
,	the Issuing Authority of the said Badge.		
8.	Name and address of the Owner of the vehicle as	:-	Rivaz madath Bhamadiy9
4	Estands on the date of the accident.	j S	Aiyaz madath Bhamadiya at Palati taluka Kamab
4	Name and address of the Insurance Company with		
	whom the vehicle was insured and the Divisional	:-	•••
	Office of the said Insurance Company.		(')
10.	Number of Insurance Policy /Insurance Certificate		
2	and the Date of Validity of the insurance	:-	
,	Policy/Insurance Certificate.		*
Н	Action taken, if any, and the result thereof.	:-	FIR legistered spri pachenum
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		Τ.	Inspector opplice,
	٨٠.		Ol Dallion.
			पो. रहे. वडगाव(जं)
	N.B - This form should accompany with all the ne	cess	ary document.viz. (1) F.I.R (2) Panchanama
10	(3) Medical Certificate/Post Mortem Report.		