FORM COMP AA

[See Rules 253©, 254© (III)254(80)255(1)(IV)] REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1 Name of the police Station :- Khaparkheda Police Station 2 CR No./TAR No./SDE No :- 258/17 U/S 279,338 IPC,R/w 184 Mv Act 3 Date, Time and place of the accident	<u> </u>	Name of the police Station	1	T T T T T T T T T T T T T T T T T T T
3 Date, Time and place of the accident	i	*	:-	1
accident Khaparkheda 4 Name of the injured :- Ku-Aswini Bhaiyaji Sahare Age-33 5 Name of the Hospital to :- PHC Chicholi Dist-Nagpur	-		:-	
4 Name of the injured :- Ku-Aswini Bhaiyaji Sahare Age-33 /deceased 5 Name of the Hospital to :- PHC Chicholi Dist-Nagpur	3	Date, Time and place of the	:-	20-05-17 to 11-25
/deceased 5 Name of the Hospital to :- PHC Chicholi Dist-Nagpur		accident		Khaparkheda
5 Name of the Hospital to :- PHC Chicholi Dist-Nagpur	4	Name of the injured	:-	Ku-Aswini Bhaiyaji Sahare Age-33
		/deceased		
which he/she was removed	5	Name of the Hospital to	:-	PHC Chicholi Dist-Nagpur
		which he/she was removed		
6 Number of vehicles and :- Tavera no MH -16-X- 9999	6	Number of vehicles and	:-	Tavera no MH -16-X- 9999
type of the vehicle		type of the vehicle		
7 Name and address of the :- Rajendra prabhakarji Tekade	7	Name and address of the	:-	Rajendra prabhakarji Tekade
Driver of vehicle with		Driver of vehicle with		
particulars or Driving				
License of the said Driver		License of the said Driver		
and the said Driving		and the said Driving		
License. The number of		License. The number of		
Badge in case of public		Badge in case of public		
Service Vehicle and address				
of the inssuing authority of		of the inssuing authority of		
the said Badeg		the said Badeg		
8 Name and address of the :- Rajendra prabhakarji Tekade	8	Name and address of the	:-	Rajendra prabhakarji Tekade
Owner of the vehicles as it		Owner of the vehicles as it		
stands on the date of the		stands on the date of the		
accident		accident		
9 Name and address of the :- Nill	9	Name and address of the	:-	Nill
Insurance Company with		Insurance Company with		
whom the vehicles was		whom the vehicles was		
Insured aned the Divisional				
office of the said Insurance		office of the said Insurance		
Company		1 0		
10 Number of Insurance Policy :- Nill	10		:-	Nill
/ Insurance Certificate and		/ Insurance Certificate and		
the Date of validity of the		the Date of validity of the		
Insurance Policy /		Insurance Policy /		
Insurance Certificate		Insurance Certificate		
11 Action taken, if any and the :- Police Pending	11	Action taken, if any and the	:-	Police Pending
result thereof		result thereof		
12 sd/-	12			sd/-
(A.M.Sakharkar)				(A.M.Sakharkar)
Police Inspector				Police Inspector
Police Station Khaparkheda				Police Station Khaparkheda