



FORM COMP AA

(See Rules 253© (iii), 254 / 80 255 (1) (iv))

REPORT ABOUT MOTER VEHICLES ACCIDENTS

1	Name of the Police Station	--	काटोल जि. नागपुर (ग्रा.)
2	CR.No./TAR No./SDE No.	--	771/17 कलम 279,304(अ) भादवी सहकलम 184,134/177 मो.वा.का.
3	Date, Time and Place of the accident	--	काटोल ते कोंढाळी रोड दि. 31/12/17 चे 15.18 वा. पुर्वी
4	Name of the Injured / Deceased	--	सचिन निलकांठ भोसले वय 40 वर्ष, रा. खरागना जि. वर्धा
5	Name of Hospital to which he/she was removed.	--	ग्रा. रु. काटोल
6	Number of vehicies and type of the vehicle.	--	ट्रक क्र. एम एच 40 वाय 9291
7	Name and address of the Driver of the vehicle 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 case of public Service Vehicle and the address of the Issuing Authority of the said Badge.	--	ट्रक क्र. एम एच 40 वाय 9291 चा चालक नामे मनिष रावजी गेडाम वय 32 वर्ष रा. मुरदोली ता. गोरेवाडा जि. गोंदीया डी.एल. नं.एम.एच.-35 20140003194
8	Name and address of the Owner of the vehile as it stands on the date of the accident.	--	प्रविण बाबराव अवचट वय 25 वर्ष रा. टाकळघाट ता. हिंगणा
9	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	--	न्यु. इंडीया इन्शुरन्स कंपनी लिमिटेड
10	Namber of Insurance Policy/Insurance Cerofocate and the Date of Valicity of the insurance Policy /Insurance Certificate.	--	16020031160100000107
11	Action taken. If any and the result thereof.	--	तपास सुरु आहे.

Inspector of Police
शेखराव कि. राठोड
Katol Police Station
पो.पो.नि./पो.स्ट.काटोल