

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	:-	319/17 U/S 279, 338IPC
3	Date, Time and place of the accident	:-	18-06-17 to 12-33 Khaparkheda Annamod
4	Name of the injured /deceased	:-	Lokesh Gajendra Lad Age-19
5	Name of the Hospital to which he/she was removed	:-	PHC Chicholi ,Ta- Saoner, Dist-Nagpur
6	Number of vehicles and type of the vehicle	:-	Unkwon
7	Name and address of the Driver of vehicle with particulars or Driving License of the said Driver and the said Driving License. The number of Badge in case of public Service Vehicle and address of the inssuing authority of the said Badeg	:-	Name Not Found
8	Name and address of the Owner of the vehicles as it stands on the date of the accident	:-	Name Not Found
9	Name and address of the Insurance Company with whom the vehicles was Insured aned the Divisional office of the said Insurance Company	:-	Nil
10	Number of Insurance Policy / Insurance Certificate and the Date of validity of the Insurance Policy / Insurance Certificate	:-	Nil
11	Action taken, if any and the result thereof	:-	Police Pending
12			sd/- (A.M.Sakharkar) Police Inspector Police Station Khaparkheda