




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. नागपूर (ग्रा.)
2	CR.No./TAR No./SDE No.	--	29/17 कलम 279,337,338, भादवी सहकलम 184 मो.वा.का.
3	Date, Time and Place of the accident	--	काटोल ते जलालखेडा रोड पंचवटी काटोल दि.02/12/16 चे 18/00वा. दरम्यान
4	Name of the Injured / Deceased	--	-----
5	Name of Hospital to which he/she was removed.	--	ग्रा. रु. काटोल, राठी हॉस्पिटल नागपूर
6	Number of vehicies and type of the vehicle.	--	मो. सा. क्र. एम.एच.40 सी. 3225 बजाज सी.टी.100-
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.	--	मो. सा. क्र. एम.एच. 40 सी. 3225 बजाज सी.टी.100 चा चालक नुतन उर्फ नितेस सुरेश कातलाम रा. बोरी बोडखी ह.मु. काटोल
8	Name and address of the Owner of the vehile as it stands on the date of the accident.	--	सुरेस रामाजी पाबळे वय 60 वर्, रा. आ.यु.डी.पी. काटोल
9	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	--	नाही
10	Namber of Insurance Policy/Insurance Cerofocate and the Date of Valicity of the insurance Policy /Insurance Certificate.	--	नाही
11	Action taken. If any and the result thereof.	--	दोषारोपपत्र तयार करण्यात आले आहे
			 Inspector of Police Katol Police Station पो.पनि./पो.स्ट.काटोल
N.B. – This form should accompany with all the necessary document viz (1) F. I. R. (2) Panchanama (3) Medical Certificate / Post – Mortem Report.			