



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 (आ.)
2	CR.No./TAR No./SDE No.	--	119/18 कलम 279,337,338 भादवी सहकलम 184, भो.ता.क.
3	Date, Time and Place of the accident	--	काटोल ते नागपुर रोड हातला बस रस्त्या जवळ दि. 08/02/18 चे 18.30 वा. दरम्यान
4	Name of the Injured / Deceased	--	सागर रामदास साहेबेकर वय 35 वर्ष, स. वधोमनेरी ता. भादवी जि. वरी
5	Name of Hospital to which he/she was removed.	--	गा. रु. काटोल व भेगो हॉस्पिटल नागपुर
6	Number of vehicles and type of the vehicle.	--	भारतीय इंग्लीश कार क्र. एम.एच. 49 ए.ई. 6266
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 Sarvice Vehicle and the address of the Issuing Authority of the said Badge.	--	भारतीय इंग्लीश कार क्र. एम.एच. 49 ए.ई. 6266 चा चालक नामे इरफान रमजानी खॉन वय 28 वर्ष रा. खरबी नागपुर एम.पी. 15एम.20130033600
8	Name and address of the Owner of the vehille as it stands on the date of the accident.	--	अकबर निरार सीतागर वय 39 वर्ष रा. बला ताजनाम नागपुर
9	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	--	भारतीय इन्शुरन्स डीवीजिंग प्रायव्हेट लिमिटेड
10	Number of Insurance Policy/Insurance Cerofocate and the Date of Valicity of the insurance Policy /Insurance Certificate.	--	3001/MI-04488506/00/000
11	Action taken. If any and the result thereof.	--	संपादन युक्त आहे.

Investigator of Police  
काटोल / नागपुर