



जावक क्र 558/19  
पो.स्टे. कोराडी, नागपूर  
दिनांक 15/03/19

**FORM COMP AA**  
[See Rules 253 ©, 254 (c) (iii), 254 (80 255 (1) (iv) ]  
**REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS**

1.	Name of the Police Station	:- KORADI Nagpur City
2.	CR. NO./TAR No./ SDE No.	:- 45/19 V/S 279, 337, JPC R/w 184, 185 MV Act
3.	Date, Time and place of the accident.	:- 13/2/19 Time- 15.00 Koradi Naka
4.	Name of the Injured /Deceased	:- Ramesh Shyamrao Wpase
5.	Name of Hospital to which he /she was removed.	:- Med Hospital
6.	Number of vehicles and type of the vehicle.	:- MH 49 AC 7781
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.	:- Vikky Subhash Vaadha Zingabai Takli P/s Mankapur.
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:- Vikky Subhashrao Vaadha Zingabai Takli P/s Mankapur
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:- Insurance Company National
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:- Policy No- 28110831181305835 Valid date - 9/02/19
11.	Action taken, if any, and the result thereof.	:- Crime Registrar and investigation
		Inspector of Police.
		.....Police Station. Koradi

N.B - This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post Mortem Report.

**सत्यप्रत**

वरिष्ठ पोलीस निरीक्षक  
पोलीस स्टेशन, कोराडी  
नागपूर शहर

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