



FORM COMP AA

(See Rules 253 (c)] 254 (c) (iii)] 254 (80255 (1)(iv))

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

१	Name of the Police Station	:-	पोलीस स्टेशन नंदनवन नागपूर शहर.
२	CR.NO/TAR NO/SDE No	:-	१४०/१९ कलम २७९,३३८ भादवि दि.११/३/१९ चे ०२.३४ वाजता स्टे.डा.क्र. ८/१९
३	Date Time and place of the accident	:-	घटनास्थळ- खरबी रिंग रोड रोशन सावजी समोर डिवायडर जवळ पो.स्टे.नंदनवन. दि.११/३/१९ चे २३.००वाजता
४	Name of the Injured / Deceased	:-	१)शशीकांत मधुकर सोमकुंवर २)आकाश हरीदास कुकडे रा. महाजन वाडी.
५	Name of Hospital to which he/ she was removed	:-	मेडीकल हॉस्पिटल.
६	Number of vehicles and type of the vehicle.	:-	जखमी स्वतः आरोपी आहेत.
७	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.	:-	१)शशीकांत मधुकर सोमकुंवर २)आकाश हरीदास कुकडे रा. महाजन वाडी.
८	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	---
९	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional officer of the said Insurance Company.	:-	---
१०	Number of Insurance Policy / Insurance Certificate and the Date of Validity of the insurance)Policy / Insurance Certificate.	:-	--
११	Action taken if any and the result there of.	:-	पोलीस स्टेशन नंदनवन येथे अपराध क्र. १४०/१९ कलम २७९,३३८ भादवि अन्वये गुन्हा दाखल करण्यात आला असुन सदर गुन्हात आरोपीच जखमी असुन सदर चा गुन्हा तपासावर आहे. त.अधिकारी:- पोउपनि.पेंडकर मोक्र. ९५२७३४५८७७

सत्यप्रत
Inspector of Police
Nandanvan Police Station
Nagpur city