



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	:-	१७६/१९ कलम २७९,३३८ भादवि सह.क. १३४,१७७ मोवाका दि.१९/३/१९ चे ०२.४२ वाजता स्टे.डा.क्र. ४/१९
३	Date Time and place of the accident	:-	घटनास्थळ- हसनबाग खरबी रोडवरील शेणनगर दरम्यान निलेश बिछायत केंद्रजवळ. दि.१८/३/१९ चे २२.३० वाजता
४	Name of the Injured / Deceased	:-	१)महेश दिलीपराव वांढरे वय १९ रा. साईनगर साई मंदीर जवळ खरबी रोड पो.स्टे.नंदनवन. २)मित्र.
५	Name of Hospital to which he/ she was removed	:-	मेडीकल हॉस्पिटल
६	Number of vehicles and type of the vehicle.	:-	अनोळखी ऑटो चालक
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.	:-	.....
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. १७६/१९ कलम २७९,३३८ भादवि सह.क. १३४,१७७ मोवाका अन्वये गुन्हा दाखल करण्यात आला असुन सदर गुन्हात अनोळखी असुन सदर चा गुन्हा तपासावर आहे. त.अधिकारी:- नापोशि.देवीदास मोक्र. ९९२३३८१९७७

**Inspector of Police**  
**Nandanvan Police Station**  
**Nagpur city-**