




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

1	Name of the Police Station	police station RPNAGAR
2	CR. NO. / TAR NO./ SDE No.	205/19 SEC 279 ,337 IPC R/w 134,177 M.V.Act
3	Date, Time and place of the accident.	२६/५/१९ चे ०८.०० वा. दर राजीव गांधी उद्यान एन आय टी गार्डन समोर त्रिमुर्ती नगर पोस्टे प्रतापनगर नागपुर शहर
4	Name of the Injured/Deceased	नागपुर
5	Name of Hospital to which he/she was removed	पडोळे हॉस्पिटल नागपुर
6	Number of vehicles and types of vehicles.	अज्ञात
7	Name and address of the driver of the vehicles 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	
8	Name and address of the Owner of the vehicles as it stands on the date of the accident.	
9	Name and address of the Insurance Company with whom the vehicles was insured and the Divisional Office of the said Insurance Company	
10	Number of Insurance Policy/Insurance certificate and the date of validity of the insurance policy/Insurance Certificate.	
11	Action taken, If any, and the result there of.	तपासावर
		 Inspector of police, Pratapnagar Police Station, Nagpur
N.B – This form should accompany with all the necessary document viz,(1) F.I.R., (2) PANCHNAMA, (3) Medical Certificate/post- Mortem Report.		