



## 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.	46/17 SEC 279,337 IPC
3	Date, Time and place of the accident.	14/02/19 चे 18.35 वा. दर सुभाषनगर टी पॉईंट माता मंदिर समोर
4	Name of the Injured/Deceased	प्रल्हाद दिनकरराव डोळे वय 28
5	Name of Hospital to which he/she was removed	डॉ. पडोळे हॉस्पिटल रिंगरोड नागपुर
6	Number of vehicles and types of vehicles.	एम एच -31 सी पी- 2052
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	चालक भुपेश श्रीराम बोरकर रा. १५ ए मनिष ले आऊट पो. स्टे. सोनेगाव.
8	Name and address of the Owner of the vehicles as it stands on the date of the accident.	भुपेश श्रीराम बोरकर रा. १५ ए मनिष ले आऊट पो. स्टे. सोनेगाव.
9	Name and address of the Insurance Company with whom the vehicles was insured and the Divisional Office of the said Insurance Company	मीळाला नाही तपास सुरु आहे.
10	Number of Insurance Policy/Insurance certificate and the date of validity of the insurance policy/Insurance Certificate.	मीळाला नाही तपास सुरु आहे.
11	Action taken, If any, and the result there of.	तपासावर.
		S/D 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.		