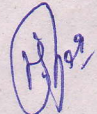




FORM COMP AA
[See Rules 253(C), 254(C)(iii), 254(80), 255(1)(iv)]
REPORT ABOUT THE MOTER VEHICLES ACCIDENTS

1	Name of the Police Station	police station RPNAGAR
2	CR. NO. / TAR NO./ SDE No.	49/19 SEG 279,337 IPC 134 177 mv act
3	Date, Time and place of the accident.	19/02/19 चे 15/30 वा. दर. गोपाल नगर १ ले बस स्टॉप विठ्ठल रूक्मिणी मंदिर जवळ फिर्यादचे घराचे मागील गल्लीत
4	Name of the Injured/Deceased	यथार्थ किरण पटले वय 10
5	Name of Hospital to which he/she was removed	डॉ. देशमुख नर्सिंग होम स्वावलंबी नगर नागपुर
6	Number of vehicles and types of vehicles.	अॅक्टोवा क. एम एच/19/ए सी/999 ची चालक मुलगी
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	निरक
10	Number of Insurance Policy/Insurance certificate and the date of validity of the insurance policy/Insurance Certificate.	निरक.
11	Action taken, If any, and the result there of.	तपास सुरु आहे.
		 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.		

1925