



जावक क्र 1920/19  
पो.स्टे. कोराडी, नागपूर  
दिनांक 16/9/19

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

1.	Name of the Police Station	:- कोराडी नागपूर शहर.
2.	CR. NO./TAR No./ SDE No.	:- 274/18 क. 279, 337 भा. द. वि.
3.	Date, Time and place of the accident.	:- दि. 29/10/18 चे 16:30 वा. ते 17:00 वा. द. पेटव.
4.	Name of the Injured /Deceased	:- अदनान अशफाक शेख वय 11 वर्ष. आरामा शीन सांगर
5.	Name of Hospital to which he /she was removed.	:- आरंज सिटी हॉस्पिटल सावरकर नगर चौक नागपूर.
6.	Number of vehicles and type of the vehicle.	:-
7.	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.	:-
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-
9.	Name and address of the Insurance Company with whom the vehicle 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 thereof.	:- अप. क्र. 274/18 कथम 279, 337 भा. द. वि. अन्वये सदरची गुन्हा दाखल करून तपासात होण्यात आला तपास पुढे सुरु आहे. Inspector of Police. .....Police Station.

N.B - This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post -Mortem Report.

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रिजिस्ट्रार ऑफिस  
कोराडी, नागपूर  
दिनांक 16/9/19