

Form Comp AA
(See Rules 253(C), 254 (c)(iii), 254 (80), 255(i)(iv))
PEPROT ABOUT THE MOTAR VEHICLES ACCIDENTS

- | | | | |
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| 1 | Name of the police station | - | Police station ladhed |
| 2 | CR NO / TAR No /SDE No | - | Cr no 0181 /2021 secation 279.304 A
IPC |
| 3. | Date time and place of the Accident | - | Dt 01/05/2021 time 20/ 29 Gram Ichori |
| 4 | Name of the injured/Deceased | - | - |
| 5 | Name of the Hospital to wich
he/shewas removed | - | Govemrnt Medical College Yavatmal |
| 6 | Name of vehicle And type of vehicle | - | MH 12 SY 1789 |
| 7 | Name and adress of the Driver of
vehicle with particulars or of the said
driver and the adress of the issuing
Authority of the side driving license the
member of Badge in case of publice
service vehicle and the adress of issuing
Authoroty of the side Badge | - | - |
| -8 | Name and Adress of the Owner of the
vehicle asit stand on Date of the
accident | - | - |
| 9 | Name and adress of the Insurance
compuny | - | - |
| 10 | Number of Insurance policy Insurance
certifycate and date of validity of the
Insurance policy Insurance certificate | - | - |
| 11 | Action taken If and any and the result
there of | - | Cr no 0181 /2021 secation 279.304 A IPC |