


FORM COMP AA

[see rules 253.254(c)(iii).254(80 255(i) (iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of the police station	Ps wadki
2	CR.NO/TAR No./SDE No.	68/2019 u.section 279,337,304(A) I.P.C
3	Date.time and place of the accident	Date 14/02/19 18:30 wadki to khadki rode
4	Name of the Injured/Deceased	Deceased Rahul dumdsv ledange age 30 year
5	Name of Hospital to witch he/she was removed	Main hospital chandrapur
6	Number of vehicles and type of the vehicle	MH 34 at 4162 splendor pro
7	Name and address of the Driver of the vehicle with particulars or Driving I cense 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	Dhanraj morashawr mahure aabedkar square bhadrawti Dy.RTOchandraour MH 34
8	Name and address of the Qwner of the vehicle as it stands on the date of the accident	Dhanraj morashawr mahure aabedkar square bhadrawti
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 InsuranceCertificate and the Date of Validity of the insurance Policy/Insurance Certificate.	-----
11	Action taken if any.and the result thereof	Police station wadki Fri.no 68/2019 u.section 279,337,304(A) I.P.C Investigation officer- PHC.kisan sunkrwar B.No.841 mo.no.9423653081


पो.हे.का.किसन वि.सुकरवार
पमं.८४१ पो.३४६
दिनांक. १४/०२/१९