FORM COMP. AA (SeeRules 253©(iii),254(1),(iv) REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1			पांढरकवडा जि. यवतमाळ
2	CR. NO-/TAR.NO/SDE NO	÷	931/2019 कलम २७७,३३८ भादवी
3	Date.Time and place of the accident	÷	दिनांक 13/11/2019 रोजी चे 20/00 दा.
		-	झुंझारपुर गावात जानाऱ्या डांबरी रोडवर
4	Name of the deceased	÷	जख्मी राजकुमार सुखदेव कोवे वय 28 वर्ष
			रा.गांधीनगर अदिलाबाद राज्य तेलंगना
5	Name of Hospital to whish he/she		उपजिल्हा रुग्णा. पांढरकवडा व शासकीय
	removed	÷	रुग्णालय यवतमाळ
6	No.of.vehicles&type of the vehicle	÷	मो.सा.क्रमांक एम.एच.२९/एक्स/१०४।
7	Name and address of the driver of the		विवेक लिंगा मंगाम वय 22 वर्ष रा.झंझारपुर
	vehicle with particulars or driving		ता. केळापुर
	license of the said driver and address		मो.सा. चे लायसन्स नाही
	of the issuing authority of the said	÷	
	driving license the number of badge in		
	caue of public service vehicle and		
	address of the issuing authority of the		
	badge		
8			
8	Name and address of the owner of the		लिंगा जानबा मंगाम वय ६५ वर्ष रा.झुंझारपुर
	vehicle as it stands on the date of the	÷	ता. केळापुर
	accident		
	Name and address of the insurance		विमा नाही
9	company with whom the vehicle was	÷	
	insured and divisional office of the said		
	insurance company		
10	Namber of the insurance policy /		नाही
	insurance certificate and the date of	÷	
	validity of the insurance policy/		
	insurance certificate		
11	Action taken.if any and Result there of	÷	दोषारोपपत्र दाखल केले.

2/8/

