



## FORM COMP AA

[ SEE RULE 253 [C] (III) 254 (80255(1) (IV))

### REPORT ABOUT MOTOR VEHICLES ACCIDENTS

	Name of the police station		भद्रावती
2	Cr no.		161/2020 क. 279, 337
3	Date time and place of the accident		06/04/20 ये 08/00AM 134 आदमी
4	Name of the injured / deceased		राजू शिम्भन मंहते रा. बंगाली कॅम्प, गुन्धुस
5	Name of hospital to which he / she was removed		ग्रा. रु. भद्रावती
6	Number of vehicle and type of the vehicle		दूक MH84AB3298
7	Name and address of the Driver of the vehicle with particulars or Driving licence 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.		शंभु हरी शेंडे वन-26 रा. बंगाली कॅम्प, गुन्धुस
8	Name and address of the Owner of the vehicle as it stands on the date of the accident.		दिलीप कल्याण पाठे वन-32 रा. शास्त्रीनगर, गुन्धुस
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.		गुन्हा नीह.

*Sulsh*  
पोलीस निरोक्षक  
पो. स्टे. भद्रावती

*[Signature]*  
राजू गो. बेलकर  
स. फौ. २१० पो. स्टे. १/६/१९८१

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