



## 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	:-	Kothari
2.	CR. NO./TAR No./ SDE No.	:-	0154/17 Sec 279, 304(A) IPC
3.	Date, Time and place of the accident.	:-	08/08/17 - 07/15 to 07/30. A.M
4.	Name of the Injured /Deceased	:-	Deceased
5.	Name of Hospital to which he /she was removed.	:-	-
6.	Number of vehicles and type of the vehicle.	:-	Tractor NO. MH.34 4/4791 .
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.	:-	Sumil Kataru choudari Age-30 year at. Ward NO-5 Kothari, Ta-Ballarshah Dist- Chandrapur
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	Sau-Lilabai Sadashiv Bhatarkar at. Ward No. 5 Kothari
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	UNITED INDIA INSURANCE COMPANY LIMITED Abhishek mull Road Chandrapur
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	Expiry of Insurance midnight on 26/08/17
11.	Action taken, if any, and the result thereof.	:-	Prepared 3 Pat Panchanama. Inquest Panchanama, Recorded Statement of witnesses Inspector of Police. ..... देवेन्द्र एस. ताकुर सहा. पोलीस निरीक्षक पो. स्टे. कोठारी.
N.B – This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post –Mortem Report.			