## "FORM COM--- AA" (see rules 253 (c) ,253 (5) (iii) 254 (8) (i) (iv) REPORT ABOUT THE MOTOR VEHICLE ACT

Cr. No./TAR NO./SDE No. :--Date, Time and Place of accident :-Name of Deceased :-Name of the Hospital to which he/she <u>.</u>-was removed No. of vehicle and the Type of vehicle 6 :-Name and address of the Driver of the :-7 vehicle with Particul the address of the issuing authority of the said Badge ars of driving license of the said driver and •--Name and address of the owner of the 8 vehicle as it stands Name of Insurance Company with :-9 whome the vehicle Was insured and the Divisional Office of the said Inusrance Company Number of Insurance policy/Insurance :-10 Certificate and the Date of validity of the Insurance Policy Insurance Certificate Action taken if any and the result :-11 Thereon.

Name of the police station

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- Bhadrawati Dst. Chandrapur :-
- 169/2022 sec 279,,304 (A) ipc rw 184 mv act
- Dt 07/04/2022 Time 19/45 pm, Nagpur to Chandrapur road ghodpeth
- Avinash Ashok Askar Age 28 Years Addghodpeth th. Bhadrawati Dt. Chandrapur
- Genrel Hospital ghodpeth and hospital Sanjivani pdoli chandrapur
- 1)Motar cycal MH 34 T 5117
- Anon Veical / Unicrown vehicle
- Anon Veical/Unichowon vehicle
- **NO Insurance**
- **NO Insurance**
- Cr No. 169/2022 sec sec 279,304 (A) ipc has been ragiterd at ps bhadrawati A Final will file at the court