

FORM COMPAA

Document - (7)

(See Rules 253 (c) 254 (c) (ii) 254 (d) (iv)

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1) Name of the Police Station P. S. Kannad (Rural) near Abad

2) CR NO / AR No / SDE No I 183/13

3) Name of the injured / deceased Ashok Ele Nath Jashar

4) Name of Hospital to which he / She was removed govt primary health centre
Chopani (9. Kannad)

5) Number of vehicle and the type of the vehicle: Bus. Bearing No. MH20BL-2061.

6) Name and address of the Driver: Somnath Sahabhai Kote
DL No. MH20 2058000037
R.T.O. Abad

7) Name and address of the owner of the said vehicle and details of the day of accident: M.S. R.T.C. Anandpur
Division.

8) Name and address of Insurance Company with whom the vehicle was insured and the divisional Office of the said Insurance Company: M.S. R.T.C. Abad

9) Number of Insurance Policy Insurance certificate and the Date of validity of Insurance Policy insurance certificate

10) Action taken, if any and the Result thereof

13/11/14
Inspector of Police
पोलीस निरीक्षक
पोलीस ठाणे कन्नड प्राचीय

NB - This form should accompany with all the necessary documents verified (i.e. FIR, 2) spot Post-mortem & Medical Certificate & 1)