

FORM COMP AA

[See Rules 253©,254 (c) (iii),254 (80)255(1)(iv)]

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

1	Name of the police station	:-	MUNDHWA PST
2	CR.NO/TAR No/SDE No	:-	241/17 IPC 279,337,427 MV ACT 135 (1) (C) ,184,119/177
3	Date, Time and Place of the accident	:-	26/08/17 AT 19/45 MUNDHWA MANJRI ROAD IN FRONT OF SHRI NIWAS MARBAL BOARD, LONKAR WASTI KESHAVNAGAR MUNDHWA PUNE -36
4	Name of the Injured/Deceased (जखमी किंवा मयत इसमाचे नांव व पत्ता)	:-	Injured – 1) MANOJ BHIMRAO RAUT AGE -30, ADD- SWAMI SAMARTH COLONY NEAR RAILWAY TRACK , KUMAWAT BUILDING ,KALEPADAL HADAPSAR PUNE 2) PRASHANT SUBHASH JADAV AGE-26 ADD- LABOUR CAMP ROAD , NEAR WATER POINT , SADESATRA NALI HADAPSAR PUNE 3) HRISHIKESH RAMHARI SAGAR AGE- 22 PERMENANT ADD-427 ,MANGALWAR PETH , STATION ROAD ,NARPATGIRI CHOWK PUNE - 11 CURRENT ADD- KESHAVNAGAR MUNDHWA PUNE-36
5	Name of the Hospital to which he/she was removed. (रवाना केलेल्या हॉस्पिटलचे नांव व पत्ता)	:-	SASSON HOSPITAL PUNE
6	Number of the Vehicles and type of the vehicle. (अपघात झालेल्या वाहनांचा नंबर व वाहन प्रकार)	:-	COMPLAINANT VEHICLE NUMBER - MH-13/BK/5011 ACCUSED UNKNOWN VEHICLE NUMBER WHITE COLOUR PICK-UP
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. (वाहन चालकाचा नांव व पत्ता, ड्रायव्हिंग लायसन्स नंबर तसेच लायसन्स प्रदान करणारे अधिकरीचे नांव व कार्यालयाचा पत्ता .शासकीय वाहन चालक असल्यास त्याचा बॅच नंबर व लायसन्स नंबर व सदर बॅच व लायसन्स नंबर प्रदान करणारे अधिकरीचे नांव व कार्यालयाचा पत्ता)	:-	MANOJ BHIMRAO RAUT AGE -30, ADD- SWAMI SAMARTH COLONY NEAR RAILWAY TRACK , KUMAWAT BUILDING ,KALEPADAL HADAPSAR PUNE COMPLAINANT VEHICLE NUMBER - MH-13/BK/5011 DRIVING LICENSE NIL
8	Name and Address of the Owner of the	:-	BHIMRAO NANA RAUT AGE -30, ADD- A/T

	vehicle as it stands on the date of the accident. (अपघात झालेल्या वाहनांच्या मालकाचा नांव व पत्ता)		ASHTI ,NEAR RAO; WAU STATOION, TAL-MOHOL ,DIST- SOLAPUR
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company. (सदर वाहनाचा विमा असलेल्या इन्शुरन्स कंपनीचे नांव व पत्ता तसेच सदर इन्शुरन्स कंपनीचे विभागीय कार्यालयाचा पत्ता)	:-	Nil
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate. (सदर वाहनाचा विमा असलेल्या इन्शुरन्सचा नंबर, इन्शुरन्स प्रमाणपत्र,वैधता तारीख)	:-	Nil
11	Action taken, if any, and the result thereof. (सदर प्रकरणी केलेली कारवाई (दोषारोप सीसीनंबर /फायनल) निकाल	:-	UNDER INVESTIGATION
			Inspector of Police
			Police station name -
	N.B- This form should accompany with all necessary document viz. 1) F.I.R 2) Panchnama 3) Medical Certificate /Post Mortem Report.		

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