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	:-	VISHRAMBAUG POLICE STATION
2	CR NO/TAR No/SDE No	:-	451/2017 section 279 337 ipc R/W 134 184 MV ACT
3	Date Time and Place of the accident	:-	Date 02/10/2017 at 12:00 to 13:00 place – data chowk to nagnath par chowk
4	Name of the Injured/Deceased	:-	1) Arif gani attar age 35 yrs. Police naik 505 resi -pune
5	Name of the Hospital to which he/she was removed.	:-	Hardikar hospital shivagnagar pune
6	Number of the Vehicles and type of the vehicle	:-	unknown vehicle
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.	:-	unknown vehicle
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident	:-	unknown vehicle
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company	:-	unknown vehicle
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	unknown vehicle
11	Action taken, if any, and the result thereof.	:-	
			SR INSPECTOR OF POLICE VISHRAMBAUG POLICE STATION