

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	:-	282/17 IPC 279,337.338,427,MV ACT 119/177,184
3	Date, Time and Place of the accident	:-	08/10/17 ON 06/30 AT INFORONT OF BADHE VASTI ROAD KESHAVNAGAR MUNDHWA PUNE -36
4	Name of the Injured/Deceased (जखमी किंवा मयत इसमाचे नांव व पत्ता)	:-	INGURED 1) AAKASH DEVRAO BHOGANE, AGE 25, ADD.SAMAKUNJ BUILDING, 2 ND FLOOR, FLAT NO 2, NEAR RENUKAMATA MANDIR,KESHAVNAGAR, MUNDHWA,PUNE 2) SAHYOG MACHINDRANATH PATHAK,AGE 23. ADD.NEAR WATER TANK, VADGAON SHERI,PUNE
5	Name of the Hospital to which he/she was removed. (रवाना केलेल्या हॉस्पिटलचे नांव व पत्ता)	:-	NOBEL HOSPITAL, MAGARAPATTA, HADAPSAR ,PUNE
6	Number of the Vehicles and type of the vehicle. (अपघात झालेल्या वाहनांचा नंबर व वाहन प्रकार)	:-	COMPLAINANT VEHICLE- HERO EXTREEM NUMBER MH-12/NF/6877 ACCUSED VEHICLE- HONDA JAAJ CAR NUMBER MH-12/PH/ 9570
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)	:-	AAKASH DEVRAO BHOJANE, AGE 25, ADD.SAMAKUNJ BUILDING, 2 ND FLOOR, FLAT NO 2, NEAR RENUKAMATA MANDIR,KESHAVNAGAR, MUNDHWA,PUNE DRIVING LICENSE- NIL
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident. (अपघात झालेल्या वाहनांच्या मालकाचा नांव व पत्ता)	:-	AVINASH DEVRAO BHOJANE, AGE-24, ADD CHAVAN NAGAR NEAR SOMESHWAR MANDIR CHANDANNAGAR, PUNE 14
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the	:-	NIL

	said Insurance Company. (सदर वाहनाचा विमा असलेल्या इन्शुरन्स कंपनीचे नांव व पत्ता तसेच सदर इन्शुरन्स कंपनीचे विभागीय कार्यालयाचा पत्ता)		
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.		