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	:-	Khadak police station pune
2	CR.NO/TAR No/SDE No	:-	234/2017 ,IPC 279,304(A),
3	Date, Time and Place of the accident	:-	26/08/2017 , AT 23/30 pm
4	Name of the Injured/Deceased	:-	Somnath Shamrao Late age 62, Add. 195 Shukrawar peth pune
5	Name of the Hospital to which he/she was removed.	:-	Sasun Hospital pune
6	Number of the Vehicles and type of the vehicle.	:-	PMPML Bus No. MH 12 HB 0427
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.	:-	Subhas Ragunath Ombase Age- 42 , Add,18 Hadapsar,Gondhale Nagar Pune
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	PMPML .
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Not Available
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	Not Available
11	Action taken, if any, and the result thereof.	:-	F.I.R. was ragestered
			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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