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	:-	Pimpari Police Station
2	CR.NO/TAR No/SDE No	:-	CR No. 393/17 u/s 304(a),279 ipc r/w 184,132(1),(c),119/177 MV Act
3	Date, Time and Place of the accident	:-	Time 14.30, date 07/07/2017 at Front of Centarl mall service road, pimpri, pune.
4	Name of the Injured/Deceased	:-	Kalwati Balaji Korade , age 47 yrs, Building no. R/990, Mhada Colony, Morwadi, Pimpri, Pune.
5	Name of the Hospital to which he/she was removed.	:-	YCM Hospital, Pimpri, Pune.
6	Number of the Vehicles and type of the vehicle.	:-	Unkown Vehicles
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.	:-	Not available
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Not available
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.	:-	CR No. 393/17 u/s 304(a),279 ipc r/w 184,132(1),(c),119/177 MV Act
			are registerd and under investigation.
			Inspector of Police
			Police station name - Pimpri Police Station