

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	:-	Swargate police station pune
2	CR.NO/TAR No/SDE No	:-	167/2018 s.d.e.no 27/17 seaction IPC,279,338 ,MV ACT 119,177,184,132,134 Sec DATE 02/05/2018
3	Date, Time and Place of the accident	:-	Date – 02/05/2018 10/30amNear Katariya School TMV Colony Mundnagar Pune.
4	Name of the Injured/Deceased	:-	1)Monika AshiSh Desai Age 44 Years Add.10 Tapodham Society lean 2 Mukundnagar Pune.
5	Name of the Hospital to which he/she was removed.	:-	ONP Prime Hospital, pune
6	Number of the Vehicles and type of the vehicle.	:-	MH12JW7013 Driver Name Unknown Driver
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.	:-	Name Unknown Driver
	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Unknown
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	----
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	---
11	Action taken, if any, and the result thereof.	:-	Under invistigation
			Inspector of Police – Chandrakant D.Bhosale Swagate Police Station Pune.
12			Police station name - HC 790 S.A.Pathan swargate ps pune Mob.no.9552595790.