

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	:-	Chandannagar pune city
2	CR.NO/TAR No/SDE No	:-	Cr no.135/2017 ipc 279, 337, 338, MVAct -184, 119/177, 132(1)(k)
3	Date, Time and Place of the accident	:-	Date - 11/6/2017 at 20.25 , kharadi bypass road, pune.
4	Name of the Injured/Deceased	:-	Sarika Lalit Dalavi, Sufiya m. Jamadar
5	Name of the Hospital to which he/she was removed.	:-	Rakshak hospital chandan nagar pune. Colombia hospital kharadi pune
6	Number of the Vehicles and type of the vehicle.	:-	1)Hero Honda plessur No. MH-14/DG/3693 2)Honda Activa moped No. MH-14/ES/2424
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.	:-	1) Sufiya m. Jamadar, r/o - Aple ghar hoc. Soc. Plot no. 11, Kharadi pune. DL NO. - MH - 10/201000278 2) Amol Annasaheb gund, r/o - dinkar pathare vasti, B/H Durgamata mandir, Kharadi pune. No Driving License
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Amol Annasaheb gund, r/o - dinkar pathare vasti, B/H Durgamata mandir, Kharadi pune. Owner of the vehicle Honda Activa moped No. MH-14/ES/2424
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Oriental the Insurance company chinchvad pune.
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	N/A
11	Action taken, if any, and the result thereof.	:-	Accused name - Amol Annasaheb gund, r/o - dinkar pathare vasti, B/H Durgamata mandir, Kharadi pune.is arrested and chargesheet is sent to court.of the JMFC no 5,shivajinagar pune.
			Inspector of Police
			Police station name - Chandannagar pune city

