

## 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	:-	Sangvi Police Station
2	CR.NO/TAR No/SDE No	:-	286/2017 IPC 279,337,427 M.V.Act 119/177
3	Date, Time and Place of the accident	:-	Date 07/07/2017 time 23/30 Brt Bus stop Road Opposite ,Aundh Hospital,Pune Mumbai Highway,pune
4	Name of the Injured/Deceased	:-	Samadhan Kalyan Jhombale Age 26 yrs occupation PMPL Driver res address opposite Chandramauli Gardenbackside of Santoshi mata madi,Kalakhadak,Wakad Pune
5	Name of the Hospital to which he/she was removed.	:-	Aundh Hospital Pune
6	Number of the Vehicles and type of the vehicle.	:-	Three Wheeler Ape Rikshaw MH 12 -DG-8873
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.	:-	Subhash Rambhau Thorat Age 45 yrs Occupation Rikshaw Driver Res add house no.728 Swapnasakar Society Padmavati Sahakarnagar Pune. Rto no MH0319970031566 Pune Rto
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Subhash Rambhau Thorat Age 45 yrs Occupation Rikshaw Driver Res add house no.728 Swapnasakar Society Padmavati Sahakarnagar Pune.
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	NONE
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	NONE
11	Action taken, if any, and the result thereof.	:-	The investigation of said case is Going On.
			Police Sub Inspector
			Police station name – Sangvi Police Station Pune City
<b>N.B- This form should accompany with all necessary document viz. 1) F.I.R 2) Panchnama 3) Medical Certificate /Post Mortem Report.</b>			