

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	:-	Chatushrunji Police Station, Pune City
2	CR.NO/TAR No/SDE No	:-	116/2018 IPC Section 304(a), 338, 279. M. V. Act section 184, 119/177,196
3	Date, Time and Place of the accident	:-	Date 9/3/2018, Time 07.30 Oposite Harilila Housing society Public Road, Balewadi, Pune
4	Name of the Injured/Deceased	:-	Jivan Naranyan Kalmkar Age 41 Y. Add. Serve no. 148, Plot No. 16, Yash Park, Baner, Pune
5	Name of the Hospital to which he/she was removed.	:-	Y.C.M. Hospital, Pimari Pune
6	Number of the Vehicles and type of the vehicle.	:-	MH 42 AB 5040, Unicorn Motor cycle
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.	:-	Sanket Mukesh Yadav Age 24 Y. Add. M/3/80, Mhada colony, Baramati, Dist Pune Driving license No. MH 42 20130012595 Issuing Authority MH42 201336
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Sanket Mukesh Yadav Age 24 Y. Add. M/3/80, Mhada colony, Baramati, Dist Pune
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	No.
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	No
11	Action taken, if any, and the result thereof.	:-	Investigation going on
			T. M. Phad Police Sub Inspector Chatushrunji Police Station, Pune City
	N.B- This form should accompany with all necessary document viz. 1) F.I.R 2) Panchnama 3) Medical Certificate /Post Mortem Report.		