

## 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	:-	Chaturshrungi Police Station Pune City
2	CR.NO/TAR No/SDE No	:-	CR.NO. 70-2018 IPC 279,338,427,304(A) MV ACT 184,119/177
3	Date, Time and Place of the accident	:-	6/02/2018 AT 24:00 In Front Of Kendriya Vidyalay Ganesh Khind Road Pune.
4	Name of the Injured/Deceased	:-	1) Sachin Rohidas Bodre Age 24 R/O – Lakshmi Nagar, Pimpale Gurav, Pune (Injured) 2) Ahamad Nasir Sayyad Age 41 R/O - Lane No 1, Madhuban Sosayti, Old Sangvi Pune (DEATH)
5	Name of the Hospital to which he/she was removed.	:-	1) Sasoon Hospital Pune. 2) Budrani Hospital Pune.
6	Number of the Vehicles and type of the vehicle.	:-	1) MH-14 EF- 6051 Dreem Yuva (Two Whiler) 2) MH-12 DR- 9041 Pulsar (Two Whiler)
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.	:-	Sachin Rohidas Bodre Age 24 R/O – Lakshmi Nagar, Pimpale Gurav, Pune Driving License No. – MH14 20130043264 Issued by RTO Pimpri Chinchwad Ahamad Nasir Sayyad Age 41 R/O - Lane No 1, Madhuban Sosayti, Old Sangvi Pune (DEATH) Driving License No. – MH14 20080033526 Issued by RTO Pimpri Chinchwad
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Rohidas Dharma Bodre Age 53 R/O – Lakshmi Nagar, Pimpale Gurav, Pune Manish Shukla R/o- A-13 Mithila Nagari 15 Aundh Pune
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	1) MH-14 EF- 6051 Dreem Yuva (Two Whiler) No Insurance 2) MH-12 DR- 9041 Pulsar (Two Whiler) No Insurance
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.	:-	Under Investigation
			Ravindra Godse
			Police Sub Inspector
			Chaturshrungi 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>		

