

FORM COMPAA

[See Rules 253©, 254 (c)(iii), 254(80)255(1)(iv)]

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS I

1	Name of the police station	:-	FARASKHANA POLICE STATION
2	CR.NO/TARN No/SDENo	:-	C.R. NO. 26/2018 I.P.C. 279,337, M.V.ACT 119, 177, 32(1)© 177.
3	Date, Time and Place of the accident	:-	DATE 13/02/2018 AT 11.00 AT Shaniwar Peth kasbapeth. PUNE.
4	Name of the Injured/Deceased	:-	Shamu Yamanappa Jadhav, age 55, add. 101 Jantavasahatsaibab at temple pune.
5	Name of the Hospital to which he/she was removed.	:-	Om Hospital pune.
6	Number of the Vehicles and type of the vehicle.	:-	FOUR wheeler MH-12-GD-2974
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	:-	Navnitshrikrushnmaheja, age 26 yrs, add. Flat no. 02 jaavalkar prestige NDA road Shivanepune.
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	As above.
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	:-	
11	Action taken, if any, and the result thereof.	:-	Above CR REGISTERED
			Inspector of Police
			Police station name – FARASKHANA POLICE STATION