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	:-	VISHRAMBAUG POLICE STATION
2	CR NO/TAR No/SDE No	:-	355/2017 section 279 337 427 ipc R/W 119 177 MV ACT
3	Date, Time and Place of the accident	:-	Date 22/07/2017 at 02:10 place – babu genu chowk
4	Name of the Injured/Deceased	:-	1) Ayasha samser sheikh age 35 yrs- 2) Ravindra nathuram pawar age 38 yrs-
5	Name of the Hospital to which he/she was removed.	:-	Sasoon general hospital pune
6	Number of the Vehicles and type of the vehicle.	:-	1)Auto rickshaw no.MH 12 QA 2022 2)SANTRO CAR NO MH 12 TR 6956
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)Auto rickshaw no MH 12 QA 2022 driver name- Ravindra nathuram pawar age 38 yrs- Driving License ---- MH1220010144002 2) SANTRO CAR NO. MH 12 TR 6956 driver name- shubham vijay balkavde Driving License ---- NO-
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Auto rickshaw no. MH 12 QA 2022 owner--- JAYSHRI VASANT WAGH resi.- 229 jogle wada lokmanya vachnalay navi peth pune SANTRO CAR NO. MH 12 TR 6956 owner--- shubham vijay balkavde resi -pune
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 of Validity of the insurance Police /Insurance Certificate.	:-	--------
11	Action taken, if any, and the result thereof.	:-	
			SR INSPECTOR OF POLICE VISHRAMBAUG POLICE STATION