

FORM COMP AA

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

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

01	Name of the Police Station	Chatushrungi Police Station, Pune City
02	CR NO/TAR NO./SDE NO.	CR.NO.596/2017, U/S 279, 338, 304(A) of IPC, R/W U/S 184, 196, 119/177 of M.V. Act
03	Date, Time and Place of the accident	Date :17/12/2017, AT 06.45, Add : Infront of Kohinur Planet Society, On Spicer Collage Road, Aundh, Pune-07.
04	Name of the Injured/Deceased	Dead : 1). Govind Gajanan Devare, Age-60, Add : Sai Chowk, Near R.K. Painter, New Sangvi, Pune
05	Name of Hospital to which he/she was removed	AIMS Hospital, Aundh, Pune By Witnesses
06	Number of vehicles and type of the vehicles	MH-14-DA-5284 ETIOS LIVA TOYOTO
07	Name and address of the Driver 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	Accuse Nilesh Ramesh Shastragar, Add : Shivaji Park, New Sangvi, Pune Driving Licence : MH14 20000020783 (Pimpri-Chinchwad RTO) MCWG 25/08/2000 LMV 04/01/2012
08	Name and address of the Owner of the vehicle as it stands on the date of the date of the accident	Accuse Nilesh Ramesh Shastragar
09	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company	NA
10	Number of Insurance Policy/Insurance certificate and the Date of Validity of the insurance Policy/Insurance Certificate	NA
11	Action taken, if any and the result thereof	Case Registered and Chargesheet Submitted in Court
		Pramod Shirsagar, Assit. Police Inspector Chatushrungi Police Station, Pune City