

## 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. 242/ 2018 IPC 279,338,MV ACT 184,119/177
3	Date, Time and Place of the accident	:-	08/05/2018 AT 09:15 am Near ITI BusStop Ganesh Khind Road Pune.
4	Name of the Injured/Deceased	:-	Injured - Rajan araghav Nerukar age 40 R/O – IVBP Gov Colony Near Bremen Chowk Pune Univarcity Campes Aundh Pune
5	Name of the Hospital to which he/she was removed.	:-	1) Sasoon Hospital Pune.
6	Number of the Vehicles and type of the vehicle.	:-	1) MH-14 EE- 3928 Activa (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.	:-	Vrushali Ashok Kalagate Age 17 R/O 38/1 Sairaj Res B/3 Flat No 4 Pimple Gurav Pune Driving License No. – Not Availible Issued by RTO
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Sangita Ashok Kalagate Age 40 R/O 38/1 Sairaj Res B/3 Flat No 4 Pimple Gurav 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 EE- 3928 Activa (Two Whiler) Not Availible
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy /Insurance Certificate.	:-	Not Availible
11	Action taken, if any, and the result thereof.	:-	Under Investigation
			S. M. Pardhi
			Head Constabel 1270
			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>		