

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	:-	Bharti vidyapeth police staion
2	CR.NO/TAR No/SDE No	:-	300/17
3	Date, Time and Place of the accident	:-	18/6/2017 at kartaj baypass road opp to rudra timber market shop ambegoan budruk pune
4	Name of the Injured/Deceased	:-	shravni gopal shrma
5	Name of the Hospital to which he/she was removed.	:-	bharti hoptial pune
6	Number of the Vehicles and type of the vehicle.	:-	unknwon vehical
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.	:-	unknwon vehical
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	unknwon vehical
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	unknwon vehical
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	unknwon vehical
11	Action taken, if any, and the result thereof.	:-	we are searching vehical and the driver in all police
			area case will not closed we submitt for a final its still closed
			Inspector of Police p y tate police sub inspector
			Police station name - BHARTI VIDYAPETH POLICE STATION
N.B- This form should accompany with all necessary document viz. 1) F.I.R 2) Panchnama 3) Medical Certificate /Post Mortem Report.			

<https://www.microsoft.com/en-in/download/details.aspx?id=7>