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	:-	Chandannagar pune city
2	CR.NO/TAR No/SDE No	:-	Cr no. 156/2017 IPC - 279, 304a, MV act - 119/177
3	Date, Time and Place of the accident	:-	Date 05/07/2017 Time 08.30 At Nagpal road, chandan nagar, pune
4	Name of the Injured/Deceased	:-	Anil pappuram choudhari, r/a kharadi pune (accused)
5	Name of the Hospital to which he/she was removed.	:-	Colambia hospital, Kharadi pune
6	Number of the Vehicles and type of the vehicle.	:-	Bus – MH12KQ4154 Bullet –MH12PB8819
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.	:-	Vishal Bhagwan Yadav, R/A- chandan nagar pune Driving License No. mh2520080001781
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Wings travel Management pvt. Lmt.
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Chola MS
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	3373/00478126/000/00
11	Action taken, if any, and the result thereof.	:-	Investigation under process
			Inspector of Police
			Police station name - Chandannagar pune city