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	:-	Kondhwa police station pune city.
2	CR.NO/TAR No/SDE No	:-	3077/17 ipc279,337m.v act199/177,184
3	Date, Time and Place of the accident	:-	13/08/2017 time05/06 e-square theter ashirwad chowk kondhwa.
4	Name of the Injured/Deceased	:-	Sandip yogiraj salunke age43 yr R/A66 guruwar peth shiyla devi chowk gavliwada pune.
5	Name of the Hospital to which he/she was removed.	:-	Satyanand hospital pune.
6	Number of the Vehicles and type of the vehicle.	:-	1)pago tempo MH12/DG6274 2)Ricksha MH12/DG8813
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.	:-	Tushar anil dhone age24 yr R/A wadachi wadi undri pune.
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Laxman machindra pawar R/A chimbli TQ:pandharpur dist:pune
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	UNITED genral insurance company No:1608013117P104490786(pago tempo)
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	Validty:22/06/2018
11	Action taken, if any, and the result thereof.	:-	Chargesheet is submitted against the accuse Charge sheet no:
			Inspector of Police
			Police station name – KONDHWA POLICE STATION