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	:-	CHINCHWAD POLICE STATION PUNE CITY
2	CR.NO/TAR No/SDE No	:-	220/2017 IPC-279 3387 MV ACT-119/177 132 1 c
3	Date, Time and Place of the accident	:-	16/08/2017
4	Name of the Injured	:-	KUSUM GOVINDRAO BIHANI
6	Name of the Hospital to which he/she was removed.	:-	NEW CHAITNYA HOSPITAL CHINCHWAD PUNE
7	Number of the Vehicles and type of the vehicle.	:-	No Vehicle avilable
8	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.	:-	Injured person by waking
9	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	MORYA RAJ PARK CHINCHWAD PUNE Date-16/08/2017
10	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	NO Insurance
11	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	NO avilable
12	Action taken, if any, and the result thereof.	:-	CHARSHEET IN PROCESS
			Inspector of Police
			Police station name -