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	:-	Marketyard police station
2	CR.NO/TAR No/SDE No	:-	104/2017,ipc 279,304(A) MVACT 184,119,177
3	Date, Time and Place of the accident	:-	6/6/2017 ,17.45 AT – Gala no .76, Infront of Balkisan Dharamchand & company, marketyard pune - 37
4	Name of the Injured/Deceased	:-	Sarnath Vithalrao Taksande,58
5	Name of the Hospital to which he/she was removed.	:-	Kamal Nursing Home, marketyard pune
6	Number of the Vehicles and type of the vehicle.	:-	Accused – Truck no.MH 12,LT 9657, Deceased – Yamaha alfa MH 12 LX 3499
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.	:-	Sunil Rajaram Kolape, 35 ,plot no 14, s no. 273/2, Rameshwar colony, Pravin park Jalgaon MH0120030002014 MH – 19 201551
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Sachin Keshav Jambhulkar,at post – karandi, tal shirur 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.	:-	The New India insurance company ltd. commanwealth building laxmi road pune
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	15040031160100011048 29.12.2016 to 28.12.2017
11	Action taken, if any, and the result thereof.	:-	on investigation
			Inspector of Police
			Police station name - marketyard 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