

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	:-	
2	CR.NO/TAR No/SDE No	:-	
3	Date, Time and Place of the accident	:-	
4	Name of the Injured/Deceased	:-	
5	Name of the Hospital to which he/she was removed.	:-	
6	Number of the Vehicles and type of the vehicle.	:-	
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.	:-	
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	
11	Action taken, if any, and the result thereof.	:-	
			Inspector of Police
			Police station name -
N.B- This form should accompany with all necessary document viz. 1) F.I.R 2) Panchnama 3) Medical Certificate /Post Mortem Report.			

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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	:-	khadak policre station pune
2	CR.NO/TAR No/SDE No	:-	338/2017 IPC 337,279, MVAct.119/177
3	Date, Time and Place of the accident	:-	11/08/2017 at.13/45 pm to 14/00 pm.place – 7 loves chowak pune
4	Name of the Injured/Deceased	:-	Shrenik Ramesh Davane
5	Name of the Hospital to which he/she was removed.	:-	Sasun Hospital ouno
6	Number of the Vehicles and type of the vehicle.	:-	1.S.T.Bus No.MH 14 BT 3419 2.Honda Shine No. MH 12 ND 8612 (two wheeler)
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.	:-	1) S.T.Bus No.MH 14 BT 3419 Driver Name – Sanjeev Tukaram Tupe A/P – Malegaon BK. Tal – Baramati, Dist. – Pune Driving Licence No. – MH42 20090001620 .Badge No. 38249... RTO. Baramati. 2) Honda Shine No. MH 12 ND 8612 (two wheeler) Driver Name - Shrenik Ramesh Davane A/P – 66/75 Taljaimata Vasahat, Khandale Chowak, Padmavati Pune.Driving Licence No.MH 12/015378/2017 ..RTO - Pune
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	1.S.T.Bus No.MH 14 BT 3419 Owner Name - State Government 2.Honda Shine No. MH 12 ND 8612 (two wheeler) Owner Name – Suvarna Ramesh Davane Davane A/P – 66/75 Taljaimata Vasahat, Khandale Chowak, Padmavati Pune.
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	1.S.T.Bus No.MH 14 BT 3419 .. Insurance Companay Name – Not Available 2.Honda Shine No. MH 12 ND 8612 (two wheeler) .. Insurance Companay Name –ICICI Lombard Motar Insurance.. Add.- 414 ICICI Lombard house Veer Savarkar Marg ,Near Siddivinayak Tempal Main Gate Prabhadevi Mumbai.400025
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	1.S.T.Bus No.MH 14 BT 3419 .. Insurance Companay Name – Not Available 2. Honda Shine No. MH 12 ND 8612 (two wheeler) .Insurance policy no.3005/201783980/B1/0000027426.validity from 18/08/2017 To 17/08/2019
11	Action taken, if any, and the result thereof.	:-	Case is Ragesterd ..

			Inspector of Police
			Police station name -
	N.B- This form should accompany with all necessary document viz. 1) F.I.R 2) Panchnama 3) Medical Certificate /Post Mortem Report.		

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REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

1	Name of the police station	:-	Khadak
2	CR.NO/TAR No/SDE No	:-	353/2017 ,IPC 279,337,MV Act.119/177,3(1)181,5/180
3	Date, Time and Place of the accident	:-	26/08/2017 , AT 23/30 pm
4	Name of the Injured/Deceased	:-	Lila vasant Dharmadhikari
5	Name of the Hospital to which he/she was removed.	:-	Naik hospital
6	Number of the Vehicles and type of the vehicle.	:-	Activa no. MH 12 MN 4516
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.	:-	Shrikant kalyan Bharaskar age.19 ,add.429/30 Gultekadi,Dayas plot, Market yard pune. No Driving Licence..
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Sachin Chandrakant Shinde add.1591 shukrawar peth pune.
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	No insurance
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	No insurance
11	Action taken, if any, and the result thereof.	:-	F.I.R. is ragedstered
			Inspector of Police
			Police station name -
N.B- This form should accompany with all necessary document viz. 1) F.I.R 2) Panchnama 3) Medical Certificate /Post Mortem Report.			

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REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

1	Name of the police station	:-	Khadak police station pune
2	CR.NO/TAR No/SDE No	:-	234/2017 ,IPC 279,304(A),
3	Date, Time and Place of the accident	:-	26/08/2017 , AT 23/30 pm
4	Name of the Injured/Deceased	:-	Somnath Shamrao Late age 62, Add. 195 Shukrawar peth pune
5	Name of the Hospital to which he/she was removed.	:-	Sasun Hospital pune
6	Number of the Vehicles and type of the vehicle.	:-	PMPML Bus No. MH 12 HB 0427
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.	:-	Subhas Ragonath Ombase Age- 42 , Add,18 Hadapsar,Gondhale Nagar Pune
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	PMPML .
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Not Available
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	Not Available
11	Action taken, if any, and the result thereof.	:-	F.I.R. was ragestered
			Inspector of Police
			Police station name -
N.B- This form should accompany with all necessary document viz. 1) F.I.R 2) Panchnama 3) Medical Certificate /Post Mortem Report.			

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REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

1	Name of the police station	:-	Khadak police station pune
2	CR.NO/TAR No/SDE No	:-	325/2017, IPC 279,304(A),427,MVAct.184,119/177
3	Date, Time and Place of the accident	:-	29/07/2017 at.02/15 am.Nava Vishnu Chowak,Bajirao road pune
4	Name of the Injured/Deceased	:-	Ambarish Mangesh Mahadik age.25, Sajjangadh society Kotharud pune.
5	Name of the Hospital to which he/she was removed.	:-	Sasun Hospital Pune
6	Number of the Vehicles and type of the vehicle.	:-	1.Private Bus no.MH15 EF 0999 2. Two Wheller Bullet no.MH 12 LU 0619
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.	:-	1. Private Bus no.MH15 EF 0999 Bus driver name – Sunil John Avhad age.46 ,add.at post home no.410, Panchshil Nagar, Ganjmal,Nashik...Driving Licence No.MH1519920003197. Badge No.26990/BUS.. Issued by Nashik RTO 2. Two Wheller Bullet no.MH 12 LU 0619 Driver Name - Ambarish Mangesh Mahadik age.25, Sajjangadh society Kotharud pune. Driving Licence No.MH1220120027192 Issued by PUNE RTO.
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	1.Private Bus no.MH15 EF 0999 Owner Name – Bankar Chetan Babasaheb .Add.Lokhande mala,Jail Road,Nashik. 2. Two Wheller Bullet no.MH 12 LU 0619. Owner Name – Amol Uttam Mazire Add. N D A Road Near Bhaji Market Uttam Nagar Khadakwasala Pune.
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	1.Private Bus no.MH15 EF 0999 Insurance Company name - UNITED INDIA INSURANCE Company ,24, WHITES ROAD,CHENNAI 2. Two Wheller Bullet no.MH 12 LU 0619 Insurance Company name - NOT AVAILABLE
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	1.Private Bus no.MH15 EF 0999 Insurance Company name - UNITED INDIA INSURANCE Company ,24, WHITES ROAD,CHENNAI Vailidity 06/01/2017 to

			05/01/2018
11	Action taken, if any, and the result thereof.	:-	Case is Registered at Khadak police station. And investigation is going on.
			Inspector of Police
			Police station name -
N.B- This form should accompany with all necessary document viz. 1) F.I.R 2) Panchnama 3) Medical Certificate /Post Mortem Report.			

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