

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 :- Deccan police station
- 2 CR.NO/TAR No/SDE No :- 282/2017 ipc- 279,427.m v act -119/177 ,
- 3 Date, Time and Place of the accident :- 15.11.2017 AT 15.20 at- Selarmama chwok , deccan pune
- 4 Name of the Injured/Deceased :- Nitin krusnrao nachane ,aeg 33 Year, Add- Galli no 3 , laxminager Pimpale gurav pune Mob no 8551964250
- 5 Name of the Hospital to which he/she was removed. :- Sahyadri Hospital Deccan Pune
- 6 Number of the Vehicles and type of the vehicle. :- Four wheeler MH 14 EC5195
- 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. :- Nitin ramchanrda Pange , aeg- 33 year, Add- Ravet pradikaran Roon no 13 , bhondhave vashti Pune 412101 Mob 9850962044
- 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. :- FIR registerd against accuse

Inspector of Police

**Police station name - Deccan police station,
pune**

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

