

## 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	:-	UTTAMNAGAR POLICE STATION
2	CR.NO/TAK No/SDE No	:-	CR.NO. 49/2018 U/S IPC 304 (a), 279. MV.ACT-3(1),181,132(1) C
3	Date, Time and Place of the accident	:-	10/06/2018, AT 22/00. ADD- NEAR LAXMI CO. OFF BANK, BULET GAYREG, DESHMUKH WADI, SHIVNE,NDA ROAD, PUNE
4	Name of the Injured/Deceased	:-	Deceased -SHANTANA BHOJRAO PATIL, AGE 60, AT- MAHADEV DESHMUKH CHAL, BEHIND LAXMI CO. OF BANK, DESHMUKH WADI, SHIVNE,NDA ROAD, PUNE
5	Name of the Hospital to which he/she was removed.	:-	NAVLE HOSPITAL, NARHE PUNE SASUN HOSPITAL, PUNE
6	Number of Vehicles and type of the vehicle.	:-	BAJAJ AUTO RICKSHAW NO. MH-12/DG-4316
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.	:-	ANUP ASHOK KANOJIYA AGE 31, ADD-ASHIRVAD PARK, 56/2, MUHAMADWADI ROAD, HADAPSAR, PUNE - Driving license no. - Issued by R.T.O. -
8	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	ABBAS YASIN KHAN 984, BHAWANI PETH A D CAMP CHOWK PUNE-411002
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 Policy /Insurance Certificate.	:-	---
11	Action taken, if any, and the result thereof.	:-	In investigation.

Inspector of Police  
Uttamnagar police station  
Pune city