

## 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	:-	BIBWEWADI POLICE STATION
2	CR.NO/TAR No/SDE No	:-	326/2017
3	Date, Time and Place of the accident	:-	19/11/2017 21.40 Near Aaimata Mandir, opp. Yush Treding Banbu Company, Bibwewadi, Pune.
4	Name of the Injured/Deceased	:-	Deceased – Shahabuddin Rihaluddin chodhri, Age- 45 R/O. Pansare Nagar, Galli no. 3, Yevlewadi, Kondhva.
5	Name of the Hospital to which he/she was removed.	:-	SASOON HOSPITAL, PUNE.
6	Number of the Vehicles and type of the vehicle.	:-	Deceased - MH 12 NY 6617 Honda Activa Accused - MH 12 AQ 4358 Bajaj Auto Rickshaw
	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.	:-	Bablu Kisan Shinde, Age- 46, R/O. 580, Anandnagar, Marketyard, Pune.
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Balkrushna Dnyndev Pansare, Age- 48, R/O. 1178, Kashewadi, Bhavani Peth, Opp. Kashewadi Police Chouki, Pune.
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.	:-	Under Investigation.
			Inspector of Police
			Police station name – Bibwewadi Police Station, Pune.