

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	:-	Vimantal Police Station
2	CR.NO/TAR No/SDE No	:-	260/17 u/s I.P.C.279.337.mvact 184(1)
3	Date, Time and Place of the accident	:-	27/06/2017 21/00 pm at
4	Name of the Injured/Deceased	:-	Rehan Altaf Saiyad
5	Name of the Hospital to which he/she was removed.	:-	RUBI HALL
6	Number of the Vehicles and type of the vehicle.	:-	MH-12 KK-4313 &MH-12 KQ2133 M.C
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.	:-	Rehan Altaf Saiyad MH12 201200814229 RTO PUNE
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	NAGNATH VINAYAK MULE AT PO-SARNI TQ-AWASA DIST-LATUR
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 ANSURANCE CO.LTD 87 MG MARG FORT MUMBAI 400001
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	152900301170100003264 05/06/2017 TO 04/06/2018
11	Action taken, if any, and the result thereof.	:-	Invesnigation Complated Charg Sheet Send To Hon Court Shivajinagar Pune (JMFC)

Inspector of Police

Vimantal Police Station
Pune City

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REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

1	Name of the police station	:-	Vimantal Police Station
2	CR.NO/TAR No/SDE No	:-	258/17 u/s I.P.C.279.337.mv Act 184,119/177
3	Date, Time and Place of the accident	:-	10/06/2017 on 22/15 pm at Trimurti Mill Lohegaon
4	Name of the Injured/Deceased	:-	Sandeep Murlidhar Kunte
5	Name of the Hospital to which he/she was removed.	:-	Rubi Hall Clinic Pune
6	Number of the Vehicles and type of the vehicle.	:-	1)MH-14 DC-593 Hero Honda Shine & 2) RJ-20 CA-7348 Maruti 800
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)MH-14 DC-593 Sandeep Murlidhar Kunte Rto-Pimpri Chichwad 2) RJ-20 CA-7348 Bhatia & Company 23-24 B Industrial Easret Kota (Raj) Rto -Kota Rj-700A7348
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Harshwardhan Pravin Nibalkar Ambai Housing Deffence
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Bajaj Allianz Insurance 1 st Floor Vimannagar Pune
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	OG -17-9906-1801-00099275 14/02/2017 TO 13/02/2018
11	Action taken, if any, and the result thereof.	:-	Invesnigation Is In Progress

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Vimantal Police Station
Pune City

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REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

1	Name of the police station	:-	Vimantal Police Station
2	CR.NO/TAR No/SDE No	:-	335/17 u/s I.P.C.279.304(A).mv Act 184,119/177
3	Date, Time and Place of the accident	:-	03/07/2017 on 15/30 pm at Four Point Hotel Nagar Road
4	Name of the Injured/Deceased	:-	Ramesh Shankarrao Anuaram
5	Name of the Hospital to which he/she was removed.	:-	Imax Mulltispecility Hospital Wagholi Pune
6	Number of the Vehicles and type of the vehicle.	:-	Not -Known
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.	:-	N / A
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	N / A
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	N / A
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	N / A
11	Action taken, if any, and the result thereof.	:-	Progress in Invesnigation Un –Known Vechical and DVR form is going on.

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Pune City

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REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

1	Name of the police station	:-	Vimantal Police Station
2	CR.NO/TAR No/SDE No	:-	338/17 u/s I.P.C.279.337.Mv Act 134,119/177
3	Date, Time and Place of the accident	:-	01/07/2017 on 06/30 am at Nico Garden Vimannagae pune
4	Name of the Injured/Deceased	:-	Mrs.Nandi Bora
5	Name of the Hospital to which he/she was removed.	:-	Sanchati Hospital Shivajinagar Pune
6	Number of the Vehicles and type of the vehicle.	:-	MH-14 EU-7728 Maruti Swift 4 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.	:-	Subeshin Siril Sathe Rto- Pimpri Chinchwad
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Marsarate Siril Sathe
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	N / A
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	N / A
11	Action taken, if any, and the result thereof.	:-	Invesnigation in Progress

Inspector of Police

Vimantal Police Station
Pune City