

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	:-	Swargate police station pune
2	CR.NO/TAR No/SDE No	:-	192/2018 s.d.e.no 9/18 seaction IPC,279,338 ,MV ACT 132(1),(B) Sec DATE 20/05/2018
3	Date, Time and Place of the accident	:-	Date – 19/05/2018 13.00 Pm VISHWA HOTEL CHOWK SARASBAG ROAD PUNE
4	Name of the Injured/Deceased	:-	1) LATIKA SHRIKAN KHATAVKAR ADD FLAT NO 501 ALOK NAGARI KASBA PETH PUNE
5	Name of the Hospital to which he/she was removed.	:-	APOLO Hospital Swargate Pune
6	Number of the Vehicles and type of the vehicle.	:-	Unknown white car Driver
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.	:-	Name Unknown Driver
	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Unknown
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 – Chandrakant D.Bhosale Swargate Police Station Pune.
12			Police station IO – Police Sub inspector Shrikant A patil swargate ps pune Mob.no.9552826003