

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/TAR No/SDE No	:-	CR.NO. 87/2017 U/S IPC - 279, 338 R/W M.V ACT - 119/177, 132(1) c, 3(1) 181, 5/180.
3	Date, Time and Place of the accident	:-	11/10/2017 AT 13/45 ADD- Kondhve dhavde grampanchayat samor, NDA road , - Kondhve dhavde, pune
4	Name of the Injured/Deceased	:-	Injured- 1) Abdul majeet musthakin Ansari at- dangat chal, maseali, uttamnagar, TAL- haveli, DIS- pune
5	Name of the Hospital to which he/she was removed.	:-	1) SANJEEVANI HOSPITAL, UTTAMNAGAR PUNE 2) NAVLE HOSPITAL, NARHE, PUNE
6	Number of the Vehicles and type of the vehicle.	:-	Honda Acciva MOTARCYCLE NO. MH-12/NQ -1723
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.	:-	ROHIT DHALARAM CHOUDHARY AGE 20, SADGURU HIGHT, AAIMATA SUPER SHOPI, NDA ROAD, SEVALAL BILDING SAMOR, Kondhve dhavde, TAL- haveli, DIS- pune Driving license no. - Not available Issued by R.T.O.
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	CHOUDHARY CHETANA DHALARAM ADD- S NO 132 RAJIV GANDHI NAGAR NEAR ISHWAR LAUNDRY SINHAGAD RD PUNE- 411030
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	ICICI LUMBARD MOTER INSURANCE, PRABHADEVI,MUMBAI 400025
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance-Police /Insurance Certificate.	:-	PNo.3005/2011061068/00/0000000502 Date. 31/10/2016 to 30/10/2017
11	Action taken, if any, and the result thereof.	:-	Chargesheet file in court agains ROHIT DHALARAM CHOUDHARY

Inspector of Police
Uttamnagar police station
Pune city