

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 :- Deccan police station
- 2 CR.NO/TAR No/SDE No :- 145/2017 ipc- 279, 337,338.m v act 184,132(1)(c) ,
119/177
- 3 Date, Time and Place of the accident :- 11/06/2017 AT 16.30 in front of sharda
centre,shevale hostel samor ,erandwane , pune
- 4 Name of the Injured/Deceased :- Anjali balaji devane
- 5 Name of the Hospital to which he/she was
removed. :- -----
- 6 Number of the Vehicles and type of the
vehicle. :- Mh 12 kp 2874
- 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. :- Unknown
- 8 Name and Address of the Owner of the
vehicle as it stands on the date of the
accident. :- -----
- 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. :- FIR registerd against unknown accuse

Inspector of Police

**Police station name - Deccan police station,
pune**

**N.B- This form should accompany with all necessary document viz. 1) F.I.R 2)
Panchnama 3) Medical Certificate /Post Mortem Report.**