

FORM COMP AA

[See Rules 253©,254 (c) (iii),254 (80)255(1)(iv)]

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REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

1	Name of the police station	:-	MUNDHWA PST
2	CR.NO/TAR No/SDE No	:-	273/17 IPC 279,337,338,427 MV ACT-119/177
3	Date, Time and Place of the accident	:-	25/09/17 AT 16/30 to 16/45 MUNDHWA CHOUK MUNDHWA PUNE -36
4	Name of the Injured/Deceased (जखमी किंवा मयत इसमाचे नांव व पत्ता)	:-	Injured – 1) LOCKNATH BABURAO JADHAV AGE- 56 ADD- VINAYAK APPRIMANT NEAR- MORYA GOSAVI MANDAR FLAT NO -9 GANESH PATH CHINCHWAD PUNE
5	Name of the Hospital to which he/she was removed. (रवाना केलेल्या हॉस्पिटलचे नांव व पत्ता)	:-	NOBALE HOSPITAL HADAPSAR PUNE 28
6	Number of the Vehicles and type of the vehicle. (अपघात झालेल्या वाहनांचा नंबर व वाहन प्रकार)	:-	COMPLAINANT VEHICLE NUMBER - MH-12/FZ/7069 ACCUSED VEHICLE NUMBER - MH-14/AJ/9083
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. (वाहन चालकाचा नांव व पत्ता, ड्रायव्हिंग लायसन्स नंबर तसेच लायसन्स प्रदान करणारे अधिकारीचे नांव व कार्यालयाचा पत्ता .शासकीय वाहन चालक असल्यास त्याचा बॅच नंबर व लायसन्स नंबर व सदर बॅच व लायसन्स नंबर प्रदान करणारे अधिकारीचे नांव व कार्यालयाचा पत्ता)	:-	ALLAUDDIN TASU SHAIKH AGE- 27 ADD- GOPAL PATTI NEAR-MARATHI SCOOOL , MAGARI PUNE -- LICEN NO- MH- 1320090036993 SOLAPUR RTO COMPLAINANT VEHICLE NUMBER -- - MH-14/AJ/9083 , DRIVING LICENSE -- MH- 1420110037459
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident. (अपघात झालेल्या वाहनांच्या मालकाचा नांव व पत्ता)	:-	SUNIL ARJUN MATE AGE -40, ADD- GHULE PARK ,GOPAL PATTI NEAR-MARATHI SCOOOL , MAGARI PUNE
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company. (सदर वाहनाचा विमा असलेल्या इन्शुरन्स कंपनीचे नांव व पत्ता तसेच सदर इन्शुरन्स कंपनीचे विभागीय कार्यालयाचा पत्ता)	:-	THE NEW INDIA ASSURANCE COMPANY LTD. ADD--NO
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	NIL

	(सदर वाहनाचा विमा असलेल्या इन्शुरन्सचा नंबर, इन्शुरन्स प्रमाणपत्र, वैधता तारीख)		
11	Action taken, if any, and the result thereof. (सदर प्रकरणी केलेली कारवाई (दोषारोप सीसीनंबर /फायनल) निकाल	:-	UNDER INVESTIGATION
			Inspector of Police
			Police station name -
	N.B- This form should accompany with all necessary document viz. 1) F.I.R 2) Panchnama 3) Medical Certificate /Post Mortem Report.		