

## 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	:-	Chaturshrungi Police Station Pune City
2	CR.NO/TAR No/SDE No	:-	CR 367/17 IPC 279,338,427 MV Act 184, 185, 3(1)181, 119/177
3	Date, Time and Place of the accident	:-	Date 09/07/2017 Time 18/00, Opposite to Mitcon College Chowk Balewadi Pune
4	Name of the Injured/Deceased	:-	Ajinkya Rajendra Ghonge Add Golden Teleej Society Building No. B-200 Balewadi Pune & Usha Colony Sai Nagar Amrawati
5	Name of the Hospital to which he/she was removed.	:-	Sai Shree Hospital Aundh Pune
6	Number of the Vehicles and type of the vehicle.	:-	MH 12 JF 3943, Ashok Leyland Tempo
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.	:-	Pramod Ramrao Borade, Age 27 Add A/P Patoda Tal Mantha, Dist Jalana & Mhatoba Nagar Rohidas Balwadkar Chal Balewadi Pune Driving Licence No. - No Issuing Authority - No
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Dhanaji Mahadev Dange Add A/P Kasaramboli Ambedveth Tal Mulashi Pune
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	No
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	No
11	Action taken, if any, and the result thereof.	:-	Chargsheet is Complete
			H.C.5544 KAKDE
			Chaturshrungi Police Station Pune City
<b>N.B- This form should accompany with all necessary document viz. 1) F.I.R 2) Panchnama 3) Medical Certificate /Post Mortem Report.</b>			

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