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	:-	Bharti vidyapeth police staion
2	CR.NO/TAR No/SDE No	:-	325/2017
3	Date, Time and Place of the accident	:-	01/07/2017 at opp to g great society katraj baypass road ambegaon pune
4	Name of the Injured/Deceased	:-	kamini laxman konde
5	Name of the Hospital to which he/she was removed.	:-	sasoon hospital pune
6	Number of the Vehicles and type of the vehicle.	:-	unknown vechical
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 vechical
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	unknown vechical
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	unknown vechical
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	unknown vechical
11	Action taken, if any, and the result thereof.	:-	unknown vechical its hit and run case we are still
			seaching vechiacal and the person who was driving
			the vechial its still not closed its on pending
			Inspector of Police
			Police station name - BHARTI VIDYAPETH POLICE STATION
	N.B- This form should accompany with all necessary document viz. 1) F.I.R 2) Panchnama 3) Medical Certificate /Post Mortem Report.		

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