

# 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 296/17 IPC 279,337,338,427 MV Act 184,119/177,132(1) C
3	Date, Time and Place of the accident	:-	Date 02/06/2017, Time 10/30 A.M. Samsung Mart Filecita Society Baner Pashan Link Road Pune
4	Name of the Injured/Deceased	:-	Pratima Shivaji Patil Age 38 Add. A-23 police Yantriki Bhavan Aundh Pune
5	Name of the Hospital to which he/she was removed.	:-	Aims Hospital Aundh Pune
6	Number of the Vehicles and type of the vehicle.	:-	MH 12 CD 7704, Toyota Corolla 1.8 Car
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.	:-	Jamalnaser gulnabi Ahmadzai, Age 22 Add Bhagwati Aasiyana Flat No. 603 Pashan Pune & Sharenew Kabul Afaganistan Passport No. STO28794 Visa No. VJ6620049 Driving Licence No. – Not Required Issuing Authority – Not Required
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Alankar Ganpatrao Jagtap Add S.No. 15/6 Shreenath Chandrangan Complex Dhankawadi 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
			HC 5476 S.B.DHAMAL
			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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