

## 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	:-	Marketyad Police Station Pune
2	CR.NO/TAR No/SDE No	:-	Cr.No.159/2017 IPC 279,304(A), MVACT 119,177
3	Date, Time and Place of the accident	:-	4/8/2017 ,17.05 AT WAKHAR MAHAMANDAL CHOWK MARKETYARD PUNE
4	Name of the Injured/Deceased	:-	Khandu Shring Borade, At Khagarwadi, Tal – Kalamb, Dist - Usmanabad
5	Name of the Hospital to which he/she was removed.	:-	Sasson General Hospital, pune
6	Number of the Vehicles and type of the vehicle.	:-	Truck No. RJ 19,GB 4641 Padchari
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.	:-	Girdhari Ram choturam Bishnoi, Age 45, at post dayapur, tal – lohahor, dist jodhapur, Rajasthan RJ311998002036 YEAR 1998 jodhapur Rto
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Girdhari Ram choturam Bishnoi, Age 45, at post dayapur, tal – lohahor, dist jodhapur, Rajasthan 4/8/2017 , 17.05
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	The New india Insurance Gov of india,196, S S Tower,akhaliya circle, Jodhpur Road, Rajasthan
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	33130031170100001423 6/5/2017 to 5/5/2018
11	Action taken, if any, and the result thereof.	:-	On Investigation
			Inspector of Police
			Police station name - marketyad police station pune
	<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>		

**<https://www.microsoft.com/en-in/download/details.aspx?id=7>**