

FORM COMP AA

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

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS 1

1	Name of the police station	:-	FARASKHANA POLICE STATION
2	CR.NO/TAR No/SDE No	:-	110/2018 IPC 279,337,427 M.V ATC 132(1)©, 119/177,184.
3	Date, Time and Place of the accident	:-	DATE 05/06/2018 TIME 12.55 AT TIKONE GARDEN KASBA PETH PUNE.
4	Name of the Injured/Deceased	:-	VINOD GANESH GODHANE, AGE 21 YRS, VRUNVAVAN COLONY KALEVADI FATA THERGAV PUNE.
5	Name of the Hospital to which he/she was removed.	:-	SURYA HOSPITAL AND D.Y. PATIL HOSPITAL
6	Number of the Vehicles and type of the vehicle.	:-	2 VEHICLES MARUTI FOUR WHEELER MH-14-EY-6175 INNOVA MH-14-EP-6560. ZEN CAR VX MH-12-YA-2336.
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.	:-	MAHESH GAUTAM KAMBALE, AGE 31 YRS, KURULI, AT POST KHED DIST PUNE.
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	MAHESH GAUTAM KAMBALE, AGE 31 YRS, KURULI, AT POST KHED DIST PUNE.
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	
11	Action taken, if any, and the result thereof.	:-	Above CR REGISTERED
			Inspector of Police
Police station name – FARASKHANA POLICE STATION			