

## FORM COMP AA

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

### REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

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| 1  | Name of the police station   | :- | Alankar police station pune-38   |
| 2  | CR.NO/TAR No/SDE No  | :- | 02/17  |
| 3  | Date, Time and Place of the accident   | :- | 22/06/17' 10.20 min 'karve road  |
| 4  | Name of the Injured/Deceased   | :- |  |
| 5  | Name of the Hospital to which he/she was removed.  | :- |  |
| 6  | Number of the Vehicles and type of the vehicle.  | :- | Mh-14cw5472 private bus  |
| 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. | :- | Satywandagdukamble age -42 years old work bus driver' address- vijayprabha housing socitypimripune ,licience no- |
| 8  | Name and Address of the Owner of the vehicle as it stands on the date of the accident.   | :- | Satywandagdukamble age -42 years old work bus driver' address- vijayprabha housing socitypimripune ,licience no  |
| 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.  | :- | Ipc 279,304a,mv act119,177   |
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|    |  |    | Inspector of Police  |
|    |  |    | Police station name –alankar police station pune-38  |