

## 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.NO. 108/2018 IPC 279,338 MV ACT 119/177, 132 (1) C
3	Date, Time and Place of the accident	:-	09/02/2018 AT 12/45 p.m. Opposite Ratna Hospital S.B.Road Pune
4	Name of the Injured/Deceased	:-	1) Kasam Aahmad Shaikh Age 65 R/O. 718 Nana Peth Near Chandtara Masjid Pune (Injured) 2) Ismil Abbas Khan Age 63 R/O. 718 Nana Peth Near Chandtara Masjid Pune (Injured)
5	Name of the Hospital to which he/she was removed.	:-	Joshi Hospital, Shivajinagar Pune.
6	Number of the Vehicles and type of the vehicle.	:-	MH 14 DQ 5007 BAJAJ PULSAR
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.	:-	Ajay Sanjay Aahire Age 24 R/O. Rajiv Gandhi Zopadpatti lane No. 5 Kashid Chowl Pimpale Nilakh Pune 411027 Driving License No.- Not Available
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Ajay Sanjay Aahire Age 24 R/O. Rajiv Gandhi Zopadpatti lane No. 5 Kashid Chowl Pimpale Nilakh Pune 411027
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	1) MH 14 DQ 5007 BAJAJ PULSAR Insurance - Not Available
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy /Insurance Certificate.	:-	Not Available
11	Action taken, if any, and the result thereof.	:-	Under Investigation
			D. N. Kadam
			Head Constabel 5481
			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>		