

FORM COMP AA

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

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

1	Name of the police station	:-	VISHRAMBAUG POLICE STATION
2	CR NO/TAR No/SDE No	-	438/2017 section 304(a) IPC R/W 134 mv act.
3	Date, Time and Place of the accident	-	Date 06/09/2017 at 08 30 place - in front of vidya parishad, kumthekar road pune
4	Name of the Injured/Deceased	-	1) Laxman vithal mangalvedhekar age 32 yrs.
5	Name of the Hospital to which he/she was removed	-	Poona hospital pune
6	Number of the Vehicles and type of the vehicle.	-	1) TRACTOR NO. MH 14 BM 3322
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.	-	TRACTOR NO. MH 14 BM 3322 driver name- shailendra haribhau kalbhor age 37 yrs resi lonikalbhor tal haveli. Dist pune Issuing Authority - Maharashtra state motor driving licence Licence no. D.L.NO.MH12200101175003
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident	-	shailendra haribhau kalbhor age 37 yrs. Resi- lonikalbhor tal haveli 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.	-	TATA ALG.GENERAL INSURANCE CO.
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	-	One Insurance Policy VALIDITY- TILL.03/01/2018
11	Action taken, if any, and the result thereof.	-	
			SR INSPECTOR OF POLICE VISHRAMBAUG POLICE STATION