

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	:-	Dighi Police Station Pune City
2	CR.NO/TAR No/SDE No	:-	124/2017 Date 30/06/2017 u/s of IPC 279,338, MV Act . 184, 132 (1) C, 181
3	Date, Time and Place of the accident	:-	Date - 29/06/2017 Time – 20/05 Pride World City , Charholi Bk Tal. Haveli Dist Pune
4	Name of the Injured	:-	Pedestrian – Woman – Ms. Deepa Sanjay Patole R/O .Flat no 901 B - Pride World City , Charholi Bk Tal. Haveli Dist Pune
5	Name of the Hospital to which he/she was removed.	:-	Sparsh Orho. Hospital Dhanori , Lohgovn main Road Pune
6	Number of the Vehicles and type of the vehicle.	:-	TVS Jupiter NO - MH-14-FP-8795
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.	:-	TVS Jupiter NO - MH-14-FP-8795 - Sharad Shashee Narayanan Age 24 r/o Flat NO – 1203, C-1 B - Pride World city , Charholi Bk Tal. Haveli Dist Pune Mob No - 9975337387
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	TVS Jupiter NO - MH-14-FP-8795 Owner – Divya kumari Nandlal singh r/o Flat NO – 1203, C-1 B - Pride World city , Charholi Bk Tal. Haveli Dist Pune / COD Gate Ramsagar Nainee, Alahabad , Uttar Pradesh Mob. No- 7391097162
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	NO -
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	NO
11	Action taken, if any, and the result thereof.	:-	
			Chargsheet is submitted against the accused name Sharad Shashee Narayanan Chargsheet NO- /2017
			K. D. Khaire - Sr . Inspector of Police
			Police station name - Dighi Police Station PUNE CITY