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	:-	Bharti vidyapeth police staion
2	CR.NO/TAR No/SDE No	:-	334/2017
3	Date, Time and Place of the accident	:-	09/07/2017 at 23.00 katraj bypass highway opp agam society divider katraj to narhe highway kartaj pune
4	Name of the Injured/Deceased	:-	Nagesh subhash bhosale
5	Name of the Hospital to which he/she was removed.	:-	Rubee hospital pune
6	Number of the Vehicles and type of the vehicle.	:-	Mh/46/h/4062 ashok lelyend multi axel trailer continer
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.	:-	Tukaram vithoba javale driving licenece no mh2820100003082 buldhana rto Maharashtra (tr) validity 11/06/2020
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Jyoti transport corporation add – office no d/284 disma tower kwc kalmboli panvel jilha raygad
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Future general india insurance company add office code 18 shop no 404 406 4th floor sun magntica building off service road estarn express highway next to thane new rto luice wadi thane west
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	Insurance no – 2017-v5085 457 –fcv validity 18/6/2017 to 17/6/2018
11	Action taken, if any, and the result thereof.	:-	Driver areested and stand in lto court its on bail..
			Inspector of Police - PSI P Y Tate
			Police station name - BHARTI VIDYAPETH POLICE STATION
	N.B- This form should accompany with all necessary document viz. 1) F.I.R 2) Panchnama 3) Medical Certificate /Post Mortem Report.		

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