# 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 | :- | VISHRAMBAUG POLICE STATION |
| 2 | CR.NO/TAR No/SDE No | :- | 373/2017 section 279 ,337,338 IPC R/W 134 MV ACT |
| 3 | Date, Time and Place of the accident | :- | Date 06/08/2017 at 15:30 TO 15:45<br>place - Garud ganpati chowk laxmi road pune |
| 4 | Name of the Injured/Deceased | :- | Madubala anil panpatte |
| 5 | Name of the Hospital to which he/she was removed. | :- | rode hospital dighi bhosari pune |
| 6 | Number of the Vehicles and type of the vehicle. | :- | PMT BUS NO. MH 12 EQ 3191<br>PMPL PUNE CITY 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. | :- | PMT BUS NO. MH 12 EQ 3191 driver name-----<br>-laxman dullappa shinde age 49 yrs.resi.thevur tal haveli. Dist pune<br>Issuing Authority – Maharashtra state motor driving licence<br>Licence no. D.L.NO.MH1220030396538<br>Batch billa no. 1120 |
| 8 | Name and Address of the Owner of the vehicle as it stands on the date of the accident. | :- | GOVT---<br>PMPL PUNE CITY BUS |
| 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. | :- | |
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| | | | SR.INSPECTOR OF POLICE<br>VISHRAMBAUG POLICE STATION |