

**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 :- Deccan police station
- 2 CR.NO/TAR No/SDE No :- 168/2017 ipc- 279, 427 m.v.act-119/177
- 3 Date, Time and Place of the accident :- 29/06/2017 AT 18/00 khandoji baba chouk che thode pudhe,karve road ,deccan ,pune.
- 4 Name of the Injured/Deceased :- Sanjay chandrakant maraneage 51,flat no.5/5 sunita prk soc ,shivajinagar,poud road,pune.
- 5 Name of the Hospital to which he/she was removed. :- Sahyadri hospital, pune.
- 6 Number of the Vehicles and type of the vehicle. :- Pmpl bus no. MH 12 HB 1013
- 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. :- Mahadev shivaji bhad,age 25,shivane pune.
- 8 Name and Address of the Owner of the vehicle as it stands on the date of the accident. :- -----
- 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. :- Accuse arrested

Inspector of Police

Police station name - Deccan police station, pune

**N. B- This form should accompany with all necessary document viz. 1) F.I.R 2) Panchnama 3) Medical Certificate /Post Mortem Report.**