

FORM COMP AA

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

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS 1

1	Name of the police station	:-	FARASKHANA POLICE STATION
2	CR.NO/TAR No/SDE No	:-	54/2018 IPC 279,337,427 M.V ATC 119/177, 184.
3	Date, Time and Place of the accident	:-	DATE 10/03/2018 TIME 04.55 AT KAGADI POORA MASJID 930 KASBA PETH PMC COLONY PUNE.
4	Name of the Injured/Deceased	:-	BAPU SHANKAR SHEDAGE, SARVE NO. 24 BOPODI GAV BHAU PATIL CHAL PUNE.
5	Name of the Hospital to which he/she was removed.	:-	SASOON HOSPITAL AND YCM HOSPITAL
6	Number of the Vehicles and type of the vehicle.	:-	6 VECHILE ZEN CAR MH-12YA-5058 HONDA ACTVA MH-12-KB-9593 TVS VICTOR MH-12NY-8561 YAMAHA R 15 BAJAJ MOTAR MH-12-P-2759 BAJAJ MOTAR SAYCAL MH-16-AX-7626 HONDA ACTIVA MH-14CV-9072
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.	:-	TAJ UDDIN HUSEN KURESHI, AGE 40 ADD. 904 KAGADI POORA KASBA PETH PUNE.
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	TAJ UDDIN HUSEN KURESHI, AGE 40 ADD. 904 KAGADI POORA KASBA PETH PUNE.
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.	:-	Above CR REGISTERED
			Inspector of Police
Police station name – FARASKHANA POLICE STATION			