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	:-	VISHRAMBAUG POLICE STATION
2	CR.NO/TAR No/SDE No	:-	457/2017 section 279 337 427 ipc R/W 119 177,132 MV ACT
3	Date, Time and Place of the accident	:-	Date 06/10/2017 at 20.15 place – gupta wine shope
4	Name of the Injured/Deceased	:-	1) Rajendra dattatray vitankar age 63 yrs-
5	Name of the Hospital to which he/she was removed.	:-	Deenanath mangeshkar hospital pune
6	Number of the Vehicles and type of the vehicle.	:-	Honda active MH 14 3047
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	:-	Driving License ---- NO-
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident	:-	Honda active MH 14 3047 owner--- Rajendra dattatray vitankar age 63 yrs-
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.	:-	
			SR.INSPECTOR OF POLICE VISHRAMBAUG POLICE STATION