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	:-	Kondhwa police station pune city
2	CR.NO/TAR No/SDE No	:-	246/17 ipc 279,338,427 m.v act 119/177
3	Date, Time and Place of the accident	:-	22/06/2017 time09:15 yeshraj stone kreshor company tilekar nager kondhwa.
4	Name of the Injured/Deceased	:-	Injured:chetan mahdev mahajan age20yr r/a vidhya vcihar building gokul nager katraj pune.
5	Name of the Hospital to which he/she was removed.	:-	Adarsh hospital kondhwa pune.
6	Number of the Vehicles and type of the vehicle.	:-	1)honda MH12/LF1893 2)dumperMH12/CT 5436
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.	:-	Mahdev(mahadev)dhanshwar kupanwar age24 yrr/a kad chal pisoli pune. Lic.no :mh26 20130021520
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Amol rajendra kamthe r/a yewlewadi pune
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	BAJAJ ALIANGE genral insurance company No:04-16-2281-3114-027922279
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	Validty:1/10/2016 TO 30/09/2017
11	Action taken, if any, and the result thereof.	:-	Chargesheet is submitted against the accuse Charge sheet no: s.c.c no 3704/2017
			Inspector of Police
			Police station name - kondhwa