

**FORMCOMP AA**

[see Rules 253 (c), 254(c)(iii); 254(80), 255(1)(iv)]

**REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS**

1	Name of the police station	warje Malwadi police station pune city
2	CR.NO/TAR NO./SDE NO.	CR.NO.239/2017 IPC ..279,304(A)
3	Date time and place of the accident	11/06/2017 AT 00/15. Pushkar billding in frant of Mumbai bangolar high-way road servish road warje pune ..
4	Name of the Injured / Deceased	Apurv Sarthak kinkar Age.27 yr.. At.Flat.no.201' mauli Kurpa Appartment Hutatma Chouk Bavdhan pune..(Death)
5	Name of Hospital to Which he/she was removed	Mai mangeshakar Hospital pune ..(Death)
6	Number of vehicles and type of the vehicle	Super Spelender drk.MH-14/AP/4016
7	Name and address of the Driver of the said Driver and the address of 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	Apurv Sarthak kinakar Age.27 yr.. At.Flat.no.201' mauli Kurpa Appartment Hutatma Chouk Bavdhan pune..(Death)
8	Name and address of the Owner of the vehicle as it stands on the date of the date of the accident	Nausad Alam At.Flat.no.1906 H- Bldg.Ashwari Nanded City . Driving License.no.CG1620100003386 R.T.O Chhattisgarh state
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 Policy/Insurance Certificate	-----
11	Action taken, if any and the result thereof	Chargessheet is submitted against the accuse (Chargessheet no / date-

Inspector of police  
Warje Malwadi police station  
Pune city