

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	:-	Swargate police station pune
2	CR.NO/TAR No/SDE No	:-	101/2018 s.d.e.no 34/17 seaction IPC,279,337,338,427 ,MV ACT 184 Sec DATE 21/03/2018
3	Date, Time and Place of the accident	:-	Date – 21/03/2018 18/00 pm sant namdev school maharshinagar zanjale road pune.
4	Name of the Injured/Deceased	:-	1)Sakshi Ramesh Tiwari age 15 Years Add.Gultekadi pune. 2)Riti Sachin Jain age 8 years Add.Edinath society pune. 3) Rajendra Kisan Renuse Age 40 years Add.243 shukriwar peth pune 4) Ranjana Jain Age 32 years Add.Adinath sosisety pune.
5	Name of the Hospital to which he/she was removed.	:-	Ranka hospital Mukunnagar pune
6	Number of the Vehicles and type of the vehicle.	:-	Creta Hundai MH14KK2165 Driver Name Mohit Gajanan Dhut Add.Shivaji nagar Pune.
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.	:-	Name Mohit Gajanan Dhut Add.Shivaji nagar Pune
	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Unknown
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.	:-	Under invistigation
12			Police station name - psi Bhosale swargate ps pune Mob.no.9527317527.