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	:-	Khadak
2	CR.NO/TAR No/SDE No	:-	353/2017 ,IPC 279,337,MV Act.119/177,3(1)181,5/180
3	Date, Time and Place of the accident	:-	26/08/2017 , AT 23/30 pm
4	Name of the Injured/Deceased	:-	Lila vasant Dharmadhikari
5	Name of the Hospital to which he/she was removed.	:-	Naik hospital
6	Number of the Vehicles and type of the vehicle.	:-	Activa no. MH 12 MN 4516
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.	:-	Shrikant kalyan Bharaskar age.19 ,add.429/30 Gultekadi,Dayas plot, Market yard pune. No Driving Licence..
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Sachin Chandrakant Shinde add.1591 shukrawar 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.	:-	No insurance
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	No insurance
11	Action taken, if any, and the result thereof.	:-	F.I.R. is ragestered
			Inspector of Police
			Police station name -
	N.B- This form should accompany with all necessary document viz. 1) F.I.R 2) Panchnama 3) Medical Certificate /Post Mortem Report.		

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