

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 :- Deccan police station
- 2 CR.NO/TAR No/SDE No :- 283/2017 ipc- 279,337,427.m v act -184,119/177 ,
132(1)
- 3 Date, Time and Place of the accident :- 20.11.2017 AT 21.00 at- Apate road, Asmita
Apartment , deccan pune
- 4 Name of the Injured/Deceased :- Ravsaheb babagonda patil ,aeg 53 Year, Add- Srave
no 20 bharat colny karvenager pune Mob no
9503605412

2.Sushila dattatray shind , 60 Year , Add
- 5 Name of the Hospital to which he/she was :- Prayag Hospital Deccan Pune
removed.
- 6 Number of the Vehicles and type of the :- Four wheeler
vehicle.
- 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.
- 8 Name and Address of the Owner of the :- -----
vehicle as it stands on the date of the
accident.
- 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. :- FIR registerd against accuse

Inspector of Police

**Police station name - Deccan police station,
pune**

**N.B- This form should accompany with all necessary document viz. 1) F.I.R 2)
Panchnama 3) Medical Certificate /Post Mortem Report.**

