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	:-	3064/17 ipc279,337,427 m.v act119/177,184,132(1)(c)
3	Date, Time and Place of the accident	:-	25/06/2017 time22:45 shatrunjai madir kondhwa pune.
4	Name of the Injured/Deceased	:-	Ankush abaji dhebe age24yr r/asr.no 47 kedareshwar wasti gokul mager pune.
5	Name of the Hospital to which he/she was removed.	:-	Sai snhe hospital pune.
6	Number of the Vehicles and type of the vehicle.	:-	1)motar cycle MH12/HG8902 2)car MH12/BP8324
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.	:-	Vijay bablu satpute Age25 yr r/a shivshambo nager sr.no 26 katraj kondhwa road pune. Lic.no:learner licence
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Vijay bablu satpute Age25 yr r/a shivshambo nager sr.no 26 katraj kondhwa road pune.
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	N/A
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	N/A
11	Action taken, if any, and the result thereof.	:-	Chargesheet is submitted against the accuse Charge sheet no:s.cc no 3302/2017
			Inspector of Police
			Police station name -