

FORM COMP AA

[See Rules 253©,254 (c) (iii),254 (80)255(1)(iv)]

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS 1

1	Name of the police station	:-	FARASKHANA POLICE STATION
2	CR.NO/TAR No/SDE No	:-	76/2018 IPC 279,427 M.V ATC 184.185
3	Date, Time and Place of the accident	:-	DATE 12/04/2018 TIME 00.45 TO 00.50 AT SURYA HOSPITAL KASBA PETH PUNE.
4	Name of the Injured/Deceased	:-	NIRANJAN CHANDRASHEKHAR MAHESHWARI AGE 33 YRS, MAAYA BEKARI 791 KASBA PETH PUNE.
5	Name of the Hospital to which he/she was removed.	:-	SASOON HOSPITAL AND YCM HOSPITAL
6	Number of the Vehicles and type of the vehicle.	:-	8 VEHICLES POLO CAR MH-12HZ-6381 PASSION MOTAR SAYCAL MH-14-ET-3436. YAMAHA PEJAR MH-12-GL-3334 HONDA SHAINA MH-12-HW-9076 ACIVA MH-12-GH-2475 JUPITAR MO.SA. MH-12-MJ-4021 DISCOVER MH-12-BQ-2981 ACIVA MH-45-Z-1597.
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.	:-	NIRANJAN CHANDRASHEKHAR MAHESHWARI AGE 33 YRS, MAAYA BEKARI 791 KASBA PETH PUNE.
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	NIRANJAN CHANDRASHEKHAR MAHESHWARI AGE 33 YRS, MAAYA BEKARI 791 KASBA 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.	:-	
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.	:-	Above CR REGISTERED
			Inspector of Police
Police station name – FARASKHANA POLICE STATION			