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	:-	Chandannagar pune city
2	CR.NO/TAR No/SDE No	:-	Cr no.334/2017 ipc 279, 304a, MVAct –119/177,
3	Date, Time and Place of the accident	:-	Date – 24/9/2017 time 00.30, kharadi pune
4	Name of the Injured/Deceased	:-	Sandip Shivajirao shirale, r/a- chandannagar pune
5	Name of the Hospital to which he/she was removed.	:-	Colambia hospital kharadi pune
6	Number of the Vehicles and type of the vehicle.	:-	Truck traler no. MH43E2117
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.	:-	Ganesh Babu khandale, r/a shirambe satara DL no. MH1120110009869
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Ram shiv prajapati r/a wpm colony mumbai
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Bajaj Allianz General Insurance
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	OG-17-1927-18310000010 Date 23/12/2016 to 22/12/2017
11	Action taken, if any, and the result thereof.	:-	Accused Ganesh babu khandale is Arrested and Investgation under procces
			Inspector of Police
			Police station name - Chandannagar pune city