

**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 :- 288/2017 ipc- 279,338,.m v act -184, 132(1)C
- 3 Date, Time and Place of the accident :- 1.12.2017 AT 23.05 at- J M road , sambhaji Udyan Gate , deccan pune
- 4 Name of the Injured/Deceased :- Nitin ambhadas bansode ,aeg 23 Year,Add - bangrade , Post mandavgan , tal Srigonda , Ahamadnaer Mob no 8806268751  
2. balaji sakharam gaiykwad aeg 23 Year, Add - bangrade , Post mandavgan , tal Srigonda , Ahamadnaer
- 5 Name of the Hospital to which he/she was removed. :- Sasun Hospital Deccan Pune MLC No 24476/17
- 6 Number of the Vehicles and type of the vehicle. :- Four wheeler
- 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.**

