

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	:-	Nigadi police station
2	CR.NO/TAR No/SDE No	:-	
3	Date, Time and Place of the accident	:-	
4	Name of the Injured/Deceased	:-	
5	Name of the Hospital to which he/she was removed.	:-	
6	Number of the Vehicles and type of the 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.	:-	
			Inspector of Police
			Police station name -

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

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

1	Name of the police station	:-	Nigadi Police Station
2	CR.NO/TAR No/SDE No	:-	CR-358/2017 IPC 279-304(A)
3	Date, Time and Place of the accident	:-	Date 28-06-2017 Time-22-10 Place-Bajaj Company Main Gate Mumbai pune road akurdi pune
4	Name of the Injured/Deceased	:-	Ashok kondiba Thakur-age-61 yrs. at-post chaudhariwada datta mandir bopodi pune
5	Name of the Hospital to which he/she was removed.	:-	1) Ycm hospital pimpri pune 2) Sasun hospital pune
6	Number of the Vehicles and type of the vehicle.	:-	Maruti Siwft car –No MH-12-ET-276
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.	:-	1) Name and address Yogesh jagnath surve-age 26 yrs.At-post-H.NO-79 Pawarwada dat mandir Bopodi Pune-411003
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Perisastry Tatiparti Flat no 6 Meghali apts.orion.complex 46 c Aundh Road Khadki Pune city
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Reliance General Insurance Heritage house ground floor 6 Ramabai Ambedkar road Pune 411001
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	1701272311023998 12 April 2017 to 11 april 2018
11	Action taken, if any, and the result thereof.	:-	Nigadi Police Station CR-358/2017 IPC 279-304(A) offence register in same matter.Accuse name Yogesh jagnath surve-age 26 at-post-H.NO-79 Pawarwada datta mandir bopodi pune -411003 and Accuse Arrest 29/06/2017 /22.10 pm produced in the JMFC Pimpri court 30/06/2017 Investigation completed and chargesheet filed in JMFC pimpri court
			Inspector of Police
			Police station name - Nigadi Police Station

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REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

1	Name of the police station	:-	Nigadi Police Station
2	CR.NO/TAR No/SDE No	:-	CR-272/2017 IPC 279-304(A)
3	Date, Time and Place of the accident	:-	Date 21-05-2017 Time-04/55 Place-Bhakti Shakti Chowk Nigadi Pune
4	Name of the Injured/ Deceased	:-	Parmananda Birkhya Joshi age-52 yrs At-Post Gwalack Dashrathchand Corporation -9 Dist-Baitadi State-Mahakali.Nepal
5	Name of the Hospital to which he/she was removed.	:-	1) Ycm hospital pimpri pune
6	Number of the Vehicles and type of the vehicle.	:-	PMPL Bus No MH-14-CW-1855
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.	:-	1) Name and address Kishor Prabhkar Sontakke age-36 Yrs.Ganesh Hoosing Society Tulja Bhavani Mandri Near-Chikhali Pune Permant address- 26/182 Bank Colony Usmanabad Maharashtra
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Mahalaxmi Transport Shivaji Nagar Model Colony Prime Center Second Floor Shivaji Nagar Pune.
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	The New India Insurance Company Add-The New India Insurance Company Bld-No-87 MG Road Fort Mumbai 400001
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	15010031150100013968 Date 13/04/2018
11	Action taken, if any, and the result thereof.	:-	Nigadi Police Station CR-272/2017 IPC 279-304(A) offence register in same matter. Accuse Kishor Prabhkar Sontakke age-36 Yrs.Ganesh Hoosing Society Tulja Bhavani Mandri Near-Chikhali Pune and Accuse Arrest 21/05/2017 /19.15 pm. Accuse Produced in the JMFC Pimpri court 22/05/2017 Investigation completed and chargesheet filed in JMFC pimpri court
			Inspector of Police