

FORM COMP AA
[See Rules 253 (c),254(c)(iii), 254 (80),255(1)(iv)]
REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

01 Name of the Police Station	Warje malwadi police station, pune city
02 CR.NO/TAR NO./SDE NO. CR.NO	328/2017 u/s 279, 337, 427, M.V.Act 184, 185, 119/177
03 Date, Time and place of the accident	23/08/2017 at 03/00 Near shivneri hotel, in front of aaditya pratisthan, cammins road, karvenagar, pune.
04 Name of the Injured/Deceased	Mahesh Baban Jadhav pune.
05 Name Of Hospital to Which he/she was removed	Sasoon hospital, pune
06 Number of vehicles and type of the vehicle	1] Scorpio car no. MH-04/CD-7203 2] Car no. MH-12/JC-9561
07 Name and address of the Driver of the said Driver and the address of 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	Nagorao Bhalchadra Jadhav age- 23 yrs. R/O Flat no. 15, jawalkar properties, deshमुख wadi, uttamnagar, pune.
08 Name and address of the Owner of the vehicle as it stands on the date of the date of the accident	Nagorao Bhalchadra Jadhav age- 23 yrs. R/O Flat no. 15, jawalkar properties, deshमुख wadi, uttamnagar, pune.
09 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 Policy/Insurance Certificate	No-Validity-
11 Action taken, if any and the result Thereof	

Inspector of police
Warje malwadi police station
Pune city