

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	:-	Bhosari Police Station Pune City
2	CR.NO/TAR No/SDE No	:-	407/2017 Date 14/09/2017 IPC 279. 338. 427 304 A . M.V.Act . -119/ 177 184
3	Date, Time and Place of the accident	:-	Date -14/09/2017 Time - 10/43 Babar petrol pamp opposite pune nashik heyway bhosari pune.
4	Name of the Injured/Deceased	:-	Deceased -shravan apparav shinde add. Charoli alandi
5	Name of the Hospital to which he/she was removed.	:-	Ayush MultispecialityHosoital
6	Number of the Vehicles and type of the vehicle.	:-	Auto Riksha - MH/12/BD/5867
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.	:-	No
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	NO
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	NO
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	NO
11	Action taken, if any, and the result thereof.	:-	Chargsheet is submitted against the accused Chargsheet NO- /2017
			D.K. Kulkarni Sr . Inspector of Police
			Police station name Bhosari Police Station PUNE CITY

