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	:-	CHINCHWAD POLICE STATION PUNE CITY
2	CR.NO/TAR No/SDE No	:-	09/2018 IPC-279 338 MV ACT-119/177.184.132(1)(c)
3	Date, Time and Place of the accident	:-	13/01/2018
4	Name of the Injured	:-	NINIAD ANAND TULPULE
6	Name of the Hospital to which he/she was removed.	:-	LOKMANY HOSPITAL NIGADI PUNE
7	Number of the Vehicles and type of the vehicle.	:-	TN-43 5347 COMPLATE NOUMER NOT FOUND
8	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.	:-	UNKNOWN
9	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	UNKNOWN
10	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	NOT FOUND
11	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	NOT FOUND
12	Action taken, if any, and the result thereof.	:-	CHARSHEET IN PROCESS
			Inspector of Police
			Police station name -