

## 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	:-	Swargate police station pune
2	CR.NO/TAR No/SDE No	:-	137/2018 s.d.e.no 25/17 seaction IPC,279,337,338,427 ,MV ACT 184 ,119,177 Sec DATE 19/04/2018
3	Date, Time and Place of the accident	:-	Date – 16/04/2018 07/00 am Laxmi Narayan chowk Swargate pune.
4	Name of the Injured/Deceased	:-	1)Umesh Nagnath Shinde Age 27 Years Add.429/30,Dayasplot Gultakadi Pune 2) Sidhharam Hanumant Natekar Age 47 Years Add.2 Maya Apparment Syalasbari park pune.
5	Name of the Hospital to which he/she was removed.	:-	Puna hospital pune
6	Number of the Vehicles and type of the vehicle.	:-	Bus No.MH14CW1729 Driver Name Mahesh Nijamrao Jadhav Age 38 Years Add.1Ramgitai Niwas Ambegaon Pune.
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.	:-	Name Mahesh Nijamrao Jadhav Age 38 Years Add.1Ramgitai Niwas Ambegaon Pune.
	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Unknown
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.	:-	Under invistigation
			Police station name - psi Patil swargate ps pune Mob.no.