

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	:-	Koregaon Park Police Station, Pune City
2	CR.NO/TAR No/SDE No	:-	13/2018, IPC – 304(A), 279 & Mv. Act 119/177, 134 (a)(b),
3	Date, Time and Place of the accident	:-	Date – 12/01/2018, Time - 10/30, Place – Opp. Wadiya Collage gate, Road, Pune
4	Name of the Injured/Deceased	:-	1) Yusuf Farid Shaikh, age 65, Address – A/P Bodhegaon, Tal. Rahuri, Dist. Ahmadnagar (Deceased)
5	Name of the Hospital to which he/she was removed.	:-	SASSOON HOSPITAL, PUNE
6	Number of the Vehicles and type of the vehicle.	:-	No Information
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.	:-	Unknow Person
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	No Information
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	No Information
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	No Information
11	Action taken, if any, and the result thereof.	:-	Crime Register Under Section, IPC – 304(A), 279 & Mv. Act 119/177, 134 (a)(b),
			Inspector of Police
			Koregaon Park Police station, Pune