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
2	CR.NO/TAR No/SDE No	:-	166/2017 IPC 304(A),279,338, MV ACT 184,119/177
3	Date, Time and Place of the accident	:-	25/06/2017, 23/30 PM, NEAR SAINKAR BUILDING, CHINCHWAD , PUNE
4	Name of the Injured	:-	PRATHMESH SANJAYKUMAR DAS
5	Name of the Deceased	:-	INDRAJEET KALIDAS FARANDE
6	Name of the Hospital to which he/she was removed.	:-	Y.C.M HOSPITAL PIMPARI PUNE
7	Number of the Vehicles and type of the vehicle.	:-	BAJAJ PULSAR 220 MH-14-FU-5203.
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.	:-	INDRAJEET KALIDAS FARANDE AGE – 25 AT-VAKAD PUNE. Driving License Not Avelabale
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	REKHA PRASHANT THAKRE, AT- SR.NO 26 MUNJABA VASAHAT, NEAR SWARA MAHILANAGARI, CHINCHWADENAGAR CHINCHWAD PUNE
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	BAJAJ ALLIANZ DAMRAT ASHOK PATH YERODA, PUNE
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	OG17-2047-1802-00018486 DATE – 29/07/2016 TO 28/07/2017
11	Action taken, if any, and the result thereof.	:-	Investigation proces
			Inspector of Police
			Police station name – Chinchwad police station