

FORM COMPAA

[See Rules 253©, 254(c)(iii), 254(80)255(1)(iv)]

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS 1

1	Name of the police station	:-	FARASKHANAPOLICE STATION
2	CR.NO/TAR No/SDENo	:-	52/2018IPC 279,427 M.VATC 184.
3	Date, Time and Place of the accident	:-	DATE 08/03/2018 TIME 10.30 ATKUNBHAR WESCHAUKKASBAPETH PUNE.
4	Name of the Injured/Deceased	:-	N,A.
5	Name of the Hospital to which he/she was removed.	:-	N.A.
6	Number of the Vehicles and type of the vehicle.	:-	HUNDAICAR MH-14-U-0277 AND MH-11-BD-6768.
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 Bad ge in case of Public Service Vehicle and the address of the Issuing Authority of the said Badge.	:-	BALASAHEB SHIVAJIDHAR PADE, AGE 24 YRS, ADD.SADOLAAT POST MAAJALGA V DIST BEED NOW AT SAINATHNAGAR NIGADEE PUNE.
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	BALASAHEB SHIVAJIDHAR PADE ANDRANJIT DILIPJADHAV
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 Policy/In	:-	
11	Action taken, if any, and the result thereof.	:-	Above CR REGISTERED
			Inspector of Police
Police station name – FARASKHANAPOLICE STATION			