

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	:-	173/2017, IPC – 279, 337, 427 & Mv. Act 184, 131(A)(B)
3	Date, Time and Place of the accident	:-	Date – 07/10/2017, Time – 07/30, Place – Lane No. 4, North Main Road, Koregaon Park, Pune 1
4	Name of the Injured/Deceased	:-	1) Rajesh Bansi Sansare, Age – 46, Address – B/1, Plat No. 104, Satyam Serenety, Wadgaonsheri, Pune - 14 (Complainer & Injured)
5	Name of the Hospital to which he/she was removed.	:-	Budhrani Hospital, Koregaon Park, Pune 1
6	Number of the Vehicles and type of the vehicle.	:-	1) Hero Honda Splender Motor Cycle No. MH-12/JC/7548 (Complainer vehicle) 2) Car No. CG-04-DA-3345 (Accused vehicle)
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.	:-	No Information
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 – 279, 337, 427 & Mv. Act 184, 131(A)(B)
			Inspector of Police
			Koregaon Park Police Station