

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	:-	Sangvi Police Station
2	CR.NO/TAR No/SDE No	:-	249/2017 IPC 279,337,338 M.V.Act 134,177
3	Date, Time and Place of the accident	:-	13/06/2017 Time 19/05Near, Narsimha highschool,Shitole Nagar,Juni Sangvi,Pune
4	Name of the Injured/Deceased	:-	Balasaheb Namdev Sonanwane,age 63 yrs res address Near Nrusigh highschool shitole nagar juni sangvi pune
5	Name of the Hospital to which he/she was removed.	:-	Shree Sai Shree hospital Aundh Pune
6	Number of the Vehicles and type of the vehicle.	:-	Two wheeler moped TVS jupitar MH 14 -8873
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.	:-	UNKNOWN
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Balasaheb Namdev Sonanwane,age 63 yrs res address Near Nrusigh highschool shitole nagar juni sangvi pune
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	None
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	NONE
11	Action taken, if any, and the result thereof.	:-	The accuse of said offence was not confirmed because of the accuse two wheeler RTO number was not identified clearly.the investigation of said case is Going.
			Police Sub Inspector
			Police station name – Sangvi Police Station Pune City
N.B- This form should accompany with all necessary document viz. 1) F.I.R 2) Panchnama 3) Medical Certificate /Post Mortem Report.			