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	:-	Chandannagar pune city
2	CR.NO/TAR No/SDE No	:-	3062/2017 us 279, 337, 427 IPC r/w 119/177 MV act
3	Date, Time and Place of the accident	:-	Date 18/07/2017 Time 10.20, Mundawa Kharadi bypass Road, front at Living comport Furnishers, Kharadi Pune
4	Name of the Injured/Deceased	:-	Bharat Shubhash Pandure, Kharadi, Pune.
5	Name of the Hospital to which he/she was removed.	:-	Rakshak Hospital, Kharadi, Pune
6	Number of the Vehicles and type of the vehicle.	:-	MH-12/KP-3672 mahindra Tempo
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.	:-	Victim Name . Bharat Shubhash Pandure, Kharadi, Pune. Driving License No. mh1220150000077 Accused name - Vishal Shivaji Madane, kharadi pune Driving License No.
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	MH-12/GE-9666 Honda Dewo Moped Owner name - Bharat Shubhash Pandure, Kharadi, Pune.
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	Reliance genral Insurance
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	Number of Insurance Policy no. 1701262349000535
11	Action taken, if any, and the result thereof.	:-	Accused namly Vishal Shivaji Madane, kharadi pune is arrested in this crime, and chargsheet is sent to court.
			Inspector of Police
			Police station name - Chandannagar pune city