

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	:-	BIBWEWADI POLICE STATION
2	CR.NO/TAR No/SDE No	:-	312/2017
3	Date, Time and Place of the accident	:-	06/11/2017 TIME 11.20 RAJIV GANDHI NAGAR, SUKHSAGARNAGAR ROAD, PUNE.
4	Name of the Injured/Deceased	:-	Deceased - KALURAM VNAJI NKUMPRMAR, AGE- 47, R/O. SR.NO. 5, GALLI NA. 6, ASHRAF NAGAR, KONDHVA-BU., PUNE. Injured - YOGESH RAGHUNATH KUDLE, AGE- 42, R/O. B-82/4, SUPPER INDIRANAGAR, BIBWEWADI, PUNE. (INJURED)
5	Name of the Hospital to which he/she was removed.	:-	1. SASOON HOSPITAL, PUNE. 2. BHARTI VIDYAPITH HOSPITAL, PUNE.
6	Number of the Vehicles and type of the vehicle.	:-	Accused - PMPML BUS NO. MH 14 CW 1723
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.	:-	MAONJ DHONDIBA BALSHANKER, AGE- 24, R/O. SR.NO.35, SAINAGAR, AKKALKOT ROAD, NEAR VISHVBHUSHN SCHOOL, SOLAPUR. RICEN ADD. GALLI NO. 3, SAINAGAR, KONDHVA, PUNE.
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	PMPML, PUNE & Mahalaxmi Automotive pvt. Ltd.
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	The New India Assurance Co. ltd. A/P- New India Assurance bldg, 87 M. G. Road, Fort, Mumbai.
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	Policy no. 15010031160100011586 Date- 29/12/2017
11	Action taken, if any, and the result thereof.	:-	Under Investigation.
			Inspector of Police
			Police station name – Bibwewadi Police Station, Pune.