

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	:-	Bhosari Police Station Pune City
2	CR.NO/TAR No/SDE No	:-	251/2017 Date 17/06/2017 IPC 279. 337
3	Date, Time and Place of the accident	:-	Date – 17/06/2017 Time – 17/29 OPOSITE BHOSARI GOANTHAN BHAJIMANDAI BHOSARI
4	Name of the Injured/Deceased	:-	Surekha Navnath chikne add. Gavhane Vasti Bhosari pune.
5	Name of the Hospital to which he/she was removed.	:-	Sai accident @ Genral Hospital
6	Number of the Vehicles and type of the vehicle.	:-	AUTO RIKSHA - MH/12/HC/5925
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
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	NO
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	NO
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	NO
11	Action taken, if any, and the result thereof.	:-	Chargsheet is submitted against the accused Chargsheet NO- /2017
			D.K. Kulkarni Sr . Inspector of Police
			Police station name - Bhosari Police Station PUNE CITY