

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	>-	UTTAMNAGAR POLICE STATION
2	CR.NO/TAR No/SDE No	>-	CR.NO. 97/2017 U/S IPC 304 (a), 338,279, 427.
3	Date, Time and Place of the accident	>-	08/12/2017 AT 12/00. THE TURN OF KUDJEGAON PASS, TAL- haveli, DIS- pune
4	Name of the Injured/Deceased	>-	Deceased - MANOJ SAHEBRAO GHORPADE, AGE 32, SAYLASBARI PARK CORTER, MARKETYARD, PUNE Injured- RAJESH JACOB GANDI ,AGE 32, LULANAGER, KONDVE BUD. PUNE. AND - SR NO 4 KAMELA SLATOR KONDHWA PUNE-411048
5	Name of the Hospital to which he/she was removed.	>-	NAVLE HOSPITAL, NARHE, PUNE
6	Number of the Vehicles and type of the vehicle.	>-	Honda UNICORN MOTARCYCLE NO. MH-12/PU-3831
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.	>-	Injured- RAJESH JACOB GANDI, AGE 32, LULANAGER, KONDVE BUD. PUNE. AND - SR NO 4 KAMELA SLATOR KONDHWA PUNE-411048 Driving license no. - MH 12 20110062169 Issued by R.T.O. - PUNE
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	>-	RAJESH JACOB GANDI, ADD- SR NO 4 KAMELA SLATOR KONDHWA PUNE-411048
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	>-	ICICI LUMBARD MOTER INSURANCE, PRABHADEVI,MUMBAI 400025
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	>-	3005/2011061068/00/0000001532 DATE- 22/10/2017 TO 21/10/2018
11	Action taken, if any, and the result thereof.	>-	Chargesheet file in court agains RAJESH JACOB GANDI

Inspector of Police
Uttamnagar police station
Pune city