

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	:-	Swargate police station pune
2	CR.NO/TAR No/SDE No	:-	311/2017 s.d.e.no 14/17 seaction IPC 304(A),279,mv act 134 A,B,184,187 DATE 03/10/17
3	Date, Time and Place of the accident	:-	26/09/2017 at 17/00am savarkar chwok singhad road pune
4	Name of the Injured/Deceased	:-	Kalpana dilip limbane age 20 years add- unknown
5	Name of the Hospital to which he/she was removed.	:-	Sasun hospital pune
6	Number of the Vehicles and type of the vehicle.	:-	Unknown vehical
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
	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	Unknown
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	----
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Police /Insurance Certificate.	:-	---
11	Action taken, if any, and the result thereof.	:-	Under invistigation
			Inspector of Police
			Police station name - psi gurav swargate ps pune