

FORM COMP AA

[See Rules 253 @ (iii), 254 (80 255 (1) (iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of the police station	Kankawali
2	Cr no/ tar/no/sde no	Cr no 230/2017 IPC 279, M 184, 134/187
3	Date, time and place of the accident	19/7/17 12:45 Kankawali Shayadri Naka
4	Name of the injured/deceased	Vilas Gangaram Thakur, Age 45, At & Post – Halval Bhakarwadi
5	Name of the the hospital to which he/she was removed	Civil Hospital Kankawali
6	Number of vehicles and type of the vehicle	Tata 2515 cex Truk MH12/FC- 8578 Motor cycle no. MH07/K-5991
7	Name and address of the drive 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 numbers of badge in case of public service vehicle and the address of the issuing authority of the said badge	--
8	Name and address of the owner of the vehicle as it stands on the date of the accident	Jithedra Shivaji Gagthap, Age 26, At & Post – Morgaon Baramati Dist- Pune Vilas Gangaram Thakur, Age 45, At & Post – Halval Bhakarwadi
9	Name of insurance policy /	

	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 policy/ insurance certificate	
11	Action taken if any and the result there of	CRIME REGISTERED U/S IPC 304 (A), 279, M 184, 134/187 CHRSHEET SUMIT
		INSPECTOR OF POLICE
		KANKAVALI POLICE STATION
	N.B. This should accompany with all the necessary document viz (1) f.i.r (2) panchanama 3() medical certificate/post- mortem report	