FORM COMP AA

{See Rules 253 c,254 ©(iii),254 (20 255(1)(iv)}

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name Of the Police S tation	Alandi Police Station
2	CR.NO/TAR NO/SDE NO	04/2026,BNS ,281,125 (A),125(B) M.V.Act 184,194 (A)
3	Date,Time and Place Of the accident	Date 01/01/2026 on 09.30 A.M.Solu Markal Road var
4	Name Of the Injured /Deceased	Satish Sudam Bhaskare Age 33 Year,At post sonvane wasti kuruli Tal Khed Dist Pune Dinesh Kambale Age 18 Year other 30 to 35
5	Name of Hospital to Which he/she Was removed.	K.K.Hospital,Alandi rural Hospital ,YCM Hospita
6	Number Of vehicles and type of the vehicle.	Pikap Gadi number MH 14 LB 3097
7	Name and address of the Drive of the vehicle with particulars or Driving license 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.	Satish Piragi Vagmare Age 36 Year At Post Kuruli Tal Khed Dist Pune
8	Name and Address of the owner of the vehicle as it stands on the date of the accident	
9	Name and Address of the Insurance Company with whom thr vehicle was insures and the divisional office of the said Insurance Company.	
10	Name of Insurance policy/ Insurance Cerificate and the Date of Validity of the Insurance policy /Insurance Certificate.	
11	Action taken,if any,and the result there of	The Crime is under investigation
	N.B.-This Form Should Accompany with All the necessary document viz (1) f.I.R. (2) Panchnama (3)Medical Certicate / Pose – Mortem Report.	

वरिष्ठ पोलीस निरीक्षक
Alandi Police Station
आळंदी पोलीस स्टेशन
पिंपरी चिंचवड