5)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 Station	एमआयडीसी भोसरी पोलीस स्टेशन
2.	CR.NO/TAR NO/ SDE No	३१/२०२६, भारतीय न्याय संहिता कायदा २०२३ चे कलम २८१, १२५(ए), १२५(बी), सह मोटर वाहन कायदा १८४,११९/१७७ प्रमाणे.
3.	Date,Time and Place Of the accident	दि.१४/०१/२०२६ रोजी १८.४० वा. चे सुमा. पुणे नाशिक हायवे, दोस्ती हॉटेल समोरील रोडवर, मोशी पुणे येथे
4.	Name Of the Injured/Deceased	अनुसया पाटुल लोखंडे वय ८३ वर्षे
5.	Name of Hospital to which he/she was removed.	वायसीएम हॉस्पिटल पिंपरी पुणे
6.	Number Of vehicles and type of the vehicle .	होंडा शाईन मोटर सायकल नं. एम.एच.१४/एम डब्लु/ ६६१०
7.	Name and address of the Drive of the vehicle with particulars or Driving license of the said driving license.the numberof badge in case of Public Service vehicle and the address of the Issuing Authority Of the Said Badge.	प्रशांत रामेश्वर घेवारी, वय २५ वर्षे, रा. सी/ओ बबन आल्हाट, आल्हाटवाडी, जुना मोशी आळंदी रोड, मोशी पुणे.
8.	Name and Address of the owner of the vehicle as it stands on the date of the accident	प्रशांत रामेश्वर घेवारी, वय २५ वर्षे, रा. सी/ओ बबन आल्हाट, आल्हाटवाडी, जुना मोशी आळंदी रोड, मोशी पुणे.
9.	Name and Address of the Insurance Company with whom the vehicle was insures and the divisional office of the said Insurance Company	----
10.	Name 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	----
		Inspector Of Police
		MIDC Bhosari Police Station
	N.B – This Form Should Accompany with All the necessary document viz.(1) F.I.R(2) Panchnama (3) Medical Certicate/Pose-Mortem Report.	