FORM COMP AA		
[see Rules 253 (c)254(c),(iii),254 (80 255 (1)(1)]		
REPORTABOUT THE MOTAR VEHICLES ACCIDENTS		
1	Name Of the Police Station	Bhosari Police Station
2	CR.NO/TAR NO/SDE NO	35/2025, 2023 including Indian Judiciary Sections 106 (2),281, 125 (a), 125 (b) Motor Vehicles Act Sections 132 (1), 184, 119/177 (as amended by Sections 279,337,338,304 (a))
3	Date,Time and Place Of the accident	It happened on 24/01/2026 at around 10:00 pm in front of Roshan Garden, Nashik Purna Highway Road, Bhosari, Pune
4	Name Of the Injured /Deceased	Bhimraaya Amritgouda Patil, age 40 years, resident of Mahadevnagar Colony No. 4. Chakrapani Vasahat,
5	Name of Hospital to Which he/she Was removed.	Ycm Hospital Primpri Chinchawad
6	Number Of vehicles and type of the vehicle.	Ashok Leled Company Bus MH 14 CW 3985
7	Name and address of the Drive of the Unknown 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.	Kuldeep Manik Thorat, age 32 years, business driver, behind Sai Madiramage, Dichi Aldi Road,Bhosari, Pune Mo No 9373352445
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 in under Investigetion
	पोलीस निरीक्षक भोसरी पोलीस स्टेशन पिंपरी चिंचवड शहर सत्यमेव जयते	वरिष्ठ पोलीस निरीक्षक भोसरी पोलीस स्टेशन पिंपरी चिंचवड
N.B.-This orm Should Accompany with All the necessary document viz (1) f.I.R. (2) Panchnama (3)Medical Certicate / Pose – Mortem Report.		