2)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	४०/२०२६ भारतीय न्याय संहिता कलम १०६(१),१२५(बी) मोटार वाहन कायदा कलम १८४,११९/१७७ प्रमाणे.
3.	Date,Time and Place Of the accident	दि.२३/०१/२०२६ रोजी १८/४५ वाजताचे सुमारास केएसबी चौकाकडून भोसरीकडे जाणाऱ्या रोडवर, अंडरपास संपल्याठिकाणी, टेल्कोरोड, भोसरी एमआयडीसी, पुणे येथे सार्वजनिक रोडवर.
4.	Name Of the Injured/Deceased	हन्नप कुलसिंग सिंग वय ३९ वर्षे रा अकेत ता पिपराई जि अशोकनगर मध्यप्रदेश
5.	Name of Hospital to which he/she was removed.	वायसीएम हॉस्पीटल पिंपरी
6.	Number Of vehicles and type of the vehicle .	दुचाकी क्रः- MH14 MM3467
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.	आदित्य अनंत नाईकनवरे वयः-२२ वर्षे धंदाः-नोकरी राः-जिजामाता चौक, एकविरा बिल्डींग, वाल्हेकरवाडी रोड, आकुर्डी, पुणे.
8.	Name and Address of the owner of the vehicle as it stands on the date of the accident	धिरज नानासाहेब वाघमारे रा धाराशिव ९३७३६८०४१८
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.	