6)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	४२/२०२६, भा.न्या.सं.कलम २८१, १२५(अ), १२५(ब), मोटार वाहन कायदा कलम ११९/१७७, १३२(१)(क) प्रमाणे
3.	Date,Time and Place Of the accident	दि.२४/०१/२०२६ रोजी सकाळी ०८.३० वाजताचे सुमारास टेल्को रोड, भोसकडे जाणाऱ्या रोडवर केएसबी चौकातील अंडरपास, चिचवड पुणे येथे
4.	Name Of the Injured/Deceased	अजिंक्या हेमंत रत्नपारखी, वय २७ वर्षे, धंदा नर्स, रा. सुदर्शननगर, चिखली पुणे मुळ रा. मु.पो. पाबळ, ता. शिरूर, जि. पुणे
5.	Name of Hospital to which he/she was removed.	वायसीएम हॉस्पिटल पिंपरी पुणे
6.	Number Of vehicles and type of the vehicle .	अज्ञात वाहनावरील चालक
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.	अज्ञात वाहनावरील चालक
8.	Name and Address of the owner of the vehicle as it stands on the date of the accident	अज्ञात वाहनावरील चालक
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.	