7)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	५४/२०२६, भारतीय न्याय संहिता कायदा २०२३ चे कलम २८१, १२५(बी), ३२४(४), सह मोटर वाहन कायदा १८४,११९/१७७ प्रमाणे.
3.	Date,Time and Place Of the accident	दि.२७/०१/२०२६ रोजी ११/३० वा. चे सुमा. स्पाईन रोड, क्रांती चौक ते सरदार चौक दरम्यान रोडवर, मोशी, पुणे येथे
4.	Name Of the Injured/Deceased	राहूल विठ्ठल गाडेकर, वय २६ वर्षे, धंदाः-नोकरी, राः-सुखदा कॉलनी, समर्थ व्हिला, स्वामी विवेकानंद नगर, थेरगाव, पुणे. मोक्रः-९५४५७०२९७२.
5.	Name of Hospital to which he/she was removed.	वायसीएम हॉस्पिटल पिंपरी पुणे
6.	Number Of vehicles and type of the vehicle .	हिरो एचएफ डिलक्स मोटर सायकल नं. MH13 DA 4962
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.	केदार हनुमंत विभुते, वय २३ वर्षे, राः-श्री स्वामी समर्थ हौसिंग सोसायटी, टॉवर लाईन, त्रिवेणीनगर, तळवडे, पुणे. मुळ राः-मु-भालगाव, पो-युसुफ वडगाव, ताः-केज, जिः-बीड.
8.	Name and Address of the owner of the vehicle as it stands on the date of the accident	**हनुमंत बसलिंग विभते मु.भालगाव पो युसुफ वडगाव ता केज जि बिड**
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.	