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 S tation	Alandi Police Station
2	CR.NO/TAR NO/SDE NO	59/2026,BNS ,281,125 (A),125(B) M.V.Act 184,
3	Date,Time and Place Of the accident	Date 04/02/2026 on 22.50 P.M.Vadgaon Ghenad Road var gatamade
4	Name Of the Injured /Deceased	Suraj Naneswar Hagavane Age 23 Year,At post dehugaonTal Haweli Dist Pune
5	Name of Hospital to Which he/she Was removed.	Danshiri Hospital ,Moshi
6	Number Of vehicles and type of the vehicle.	Unknow Vahan Speldar number MH 14,JG 9740
7	Name and address of the Drive of the 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.	
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 is under investigation
	N.B.-This Form Should Accompany with All the necessary document viz (1) f.I.R. (2) Panchnama (3)Medical Certicate / Pose – Mortem Report.	

वरिष्ठ पोलीस निरीक्षक
आळंदी पोलीस स्टेशन
पिंपरी चिंचवड