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	60/2026,BNS ,281,125 (A),125(B) M.V.Act 184,
3	Date,Time and Place Of the accident	Date 06/02/2026 on 21.15 P.M.Visrant vad Near Vadgaon Alandi Road var
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.	Bule number MH 04,HP 5736
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.	Kanif Mahendr Avati Age 19 Year At Post Shelpipalgaon Tal Khed Dist Pune.
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 पो. स्टे., पिंपरी चिंचवड