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	74/2026,BNS ,281,125 (A),125(B) M.V.Act 184,
3	Date,Time and Place Of the accident	Date 18/02/2026 on 10.05 A.M.Visrant vad Near Vadgaon Alandi Road var
4	Name Of the Injured /Deceased	Kunal Kapil rasole Age 17 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.	Temp number MH 14,MT 7630 Speldar Plas number MH 21,AF 7949
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.	Barat uttam Shinde Age 32 Year At Post Kadhe 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., पि.चिं.पो.आयु.
सत्यमेव जयते

वरिष्ठ पोलीस निरीक्षक
Senior Police Inspector
Alandi Police Station
आळंदी पोलीस स्टेशन
पिंपरी चिंचवड