# 8)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 | ७७/२०२६ भारतीय न्याय संहिता २०२३ चे कलम २८१,१२५(अ), १२५(ब), मोटर वाहन कायदा कलम १३४,१८४,११९/१७७ प्रमाणे |
| 3. | Date,Time and Place Of the accident | दि.०८/०२/२०२६ रोजी रात्रौ १०/३० वा. चे सुमा. साधुराम मंगल कार्यालयासमोरील पुणे - नाशिक हायवेरोड, मोशी पुणे येथे |
| 4. | Name Of the Injured/Deceased | हिराबाई बळीराम निकम वय ७० वर्षे, राहणार महाराष्ट्र चौक, दुर्गामाता मंदिरा जवळ, भोसरी पुणे हि सेक्टर नं.४, मोशी प्राधिकरण |
| 5. | Name of Hospital to which he/she was removed. | वायसीएम हॉस्पिटल पिंपरी पुणे |
| 6. | Number Of vehicles and type of the vehicle . | **अज्ञात** |
| 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** |
| 8. | Name and Address of the owner of the vehicle as it stands on the date of the accident | **अज्ञात** |
| 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. | |