9)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	७८/२०२६, भा.न्या.सं.कलम १२५(अ), १२५(ब), २८१, सह मोटार वाहन कायदा कलम १८४, ११९, १७७ प्रमाणे
3.	Date,Time and Place Of the accident	दि.०८/०२/२०२६ रोजी रात्री ०९:३० वा. चे सुमारास पुणे-नाशिक हायवेवर, नागेश्वर हायस्कुल, मोशी, पुणे येथे
4.	Name Of the Injured/Deceased	चंदन कोमलकांत झा, वय ३८ वर्षे, धंदा-नोकरी, रा.फ्लॅट नं.१०३/सी, साईहिरा क्लासिक हौ.सो. शिवाजीवाडी, मोशी, पुणे.
5.	Name of Hospital to which he/she was removed.	वायसीएम हॉस्पिटल पिंपरी पुणे
6.	Number Of vehicles and type of the vehicle .	महिंद्रा कंपनीचा पिकअप क्र. MH 14 EM 2717
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.	अक्षय मल्हारी भोर, वय ३२ वर्षे, रा.बोरवाडी, नारायणगाव, पुणे.
8.	Name and Address of the owner of the vehicle as it stands on the date of the accident	अक्षय मल्हारी भोर, वय ३२ वर्षे, रा.बोरवाडी, नारायणगाव, पुणे.
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.	