3)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	१०२/२०२६ बीएनएस कलम १०६, २८१ सह मो.वा.का.कलम ११९/१७७ प्रमाणे
3.	Date,Time and Place Of the accident	दि.२३/०१/२०२६ रोजी १८/४५ वाजताचे सुमारास केएसबी चौकाकडून भोसरीकडे जाणाऱ्या रोडवर, अंडरपास संपल्याठिकाणी, टेल्कोरोड, भोसरी एमआयडीसी, पुणे येथे सार्वजनिक रोडवर.
4.	Name Of the Injured/Deceased	विशाल अनिल कोटावले, वय १९ वर्षे,रा.देवेंद्र कुटे यांच्या रुममध्ये, गणेश मंदीर कॉलनी, सदगुरुनगर, भोसरी, पुणे.
5.	Name of Hospital to which he/she was removed.	वायसीएम हॉस्पीटल पिंपरी
6.	Number Of vehicles and type of the vehicle .	टाटा कंपनीच्या ट्रक नं. MH 14 GC 2460
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.	सुरेश गंगाराम गवळी सर्वे नं ११/३ मोरया कॉलनी चिंचवड ९८२२८३७५३९
8.	Name and Address of the owner of the vehicle as it stands on the date of the accident	सुरेश गंगाराम गवळी सर्वे नं ११/३ मोरया कॉलनी चिंचवड ९८२२८३७५३९
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.	