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	105/2026,BNS ,281,324 (4) M.V.Act 3(1),181, 184,185
3	Date,Time and Place Of the accident	Date 25/03/2026 on 18.45 P.M Visrant Vad Charoli Kurd,Tal Khed ,Dist Pune.
4	Name Of the Injured /Deceased	Nil
5	Name of Hospital to Which he/she Was removed.	Nil
6	Number Of vehicles and type of the vehicle.	Verna Car number MH 12,HL3978 Creta Car number MH 43,AT5495
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.	Prasad Tukaram Tathe Age 32 Year,At Post Chakrapani Vasat Road Durgamata collaniy Bhosari Pune.
8	Name and Address of the owner of the vehicle as it stands on the date of the accident	Vaishnavi Harish Vishwakarma At Post Flat no 101 Pankaj Complex Lohgaon Pune.
9	Name and Address of the Insurance Company with whom thr vehicle was insures and the divisional office of the said Insurance Company.	Indian Union Vehicle Registration Certificate Date Regn 01/11/2011 Regn Validiey 31/10/2026
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
Inspector Of Police
Alandi Police Station
पिंपरी चिंचवड