10)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	१०८/२०२६ भारतीय न्याय संहिता २०२३ चे कलम २८१, १२५(अ), १२५(ब), ३२४(४), मोटर वाहन कायदा कलम १८४ ,११९/१७७, १३४ प्रमाणे
3.	Date,Time and Place Of the accident	दि.२१/०२/२०२६ रोजी सायंकाळी ०७.३० वा. चे सुमा.वैशाली स्वीट मार्ट, मोशी देहु रस्ता मोशी पुणे समोरील रोडवर
4.	Name Of the Injured/Deceased	१. चेतन सुकलाल माळी, वय ३१ वर्षे, २. अश्विनी कुशल माळी वय २९ वर्षे, ३. नेत्रा कुशल माळी वय ०५ वर्षे, सर्व रा. सदर
5.	Name of Hospital to which he/she was removed.	वायसीएम हॉस्पिटल पिंपरी पुणे
6.	Number Of vehicles and type of the vehicle .	एका अज्ञात मोटार सायकलवरील अज्ञात चालक
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.	एका अज्ञात मोटार सायकलवरील अज्ञात चालक
8.	Name and Address of the owner of the vehicle as it stands on the date of the accident	एका अज्ञात मोटार सायकलवरील अज्ञात चालक
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.	