

FORM COMP AA

(See Rules 253 @, 254© (iii), 254 (80 255(1)(iv))

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

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| 1 | Name of the Police Station | - Alandi, Pune (R) |
| 2 | CR. No/TAR No/SDE No | - 137/2017 I.P.C. 279, 304(A),337, 338, 427 Mv Act 184, |
| 3 | Date Time and place of the accident | - Date- 29/05/2017 Time – 20.30 pm Place – Markal Tal- Khed Dist- Pune, Alandi – Markal Road |
| 4 | Name of the Injured/ Deceased | - Death 1) Nitin Narayan Pednekar Age-40, At- Kondhawa Budruk, tal – Haweli, Dist Pune. |
| 5 | Name Of Hospital to which he/she was removed. | - Sasun Hospital Pune, Dist- Pune. |
| 6 | Number of vehicles and type of the vehicle | - 1) Motor cycle no. MH 12 FR 7432 |
| 7 | Name and address of the Driver of the vehicle with Particulars or Driving License of the said Driver and the address of the Issuing Authority 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. | - Nitin Narayan Pednekar Age-40, At- Kondhawa Budruk, tal – Haweli, Dist Pune. Driving License no. – MH 12 20030429262 Issuing authority – R.T.O Pune, Dist- Pune. |
| 8 | Name and address of the Owner of the vehicle as it stands on the date of the accident. | - Nitin Narayan Pednekar Age-40, At- Kondhawa Budruk, tal – Haweli, Dist Pune. |
| 9 | Name and address of the Insurance Company with whom the vehicle was insurance company. | - United India Assurance Co.LTD |
| 10 | Number of insurance Policy/insurance Certificate and the Date of validity of the insurance policy/Insurance Policy/Insurance Certificate. | - 16080/3116P112563447 22/12/2017 |
| 11 | Action taken, if any, and the result thereof. | - 1) investigation completed and charge sheet has been sent in hon.court 2) D.A.R. form has been send to hon.court |



N. P. Pednekar
सहायक पोलीस निरीक्षक
Ghodegaon Police Station
आळंदी पोलीस स्टेशन.