

## FORM COMP AA

[See Rules 253©,254(c) (iii)]254(80) 255(1)(iv)]

### REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	:-	Shahupuri Police Station
2.	CR NO/TAR No/SDE No	:-	73/2017
3.	Date,Time and place of the accident	:-	15/1/2016 at 02.00 Samarth Temple Junction
4.	Name of the injured/deceased	:-	Nil
5.	Name of the Hospital to which he/she was removed	:-	Nil
6.	Number of vehicles and type of the vehicle	:-	1) white color pickup No MH-11/5496
7.	Name and address of the Driver of 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 inssuing Authority of the said Badeg.	:-	Unknown Driver of white colour pickup No MH-11/5496
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident	:-	Nil
9.	Name and address of the Insurance Company with whom the vehicles was insured and the Divisional Office of the said Insurance Company.	:-	Nil
10.	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the Insurance Policy/Insurance Certificate	:-	Nil
11.	Action taken,if any and the result thereof.	:-	73/2017 A Final Date 20/6/2017
			sd/- Sr.Inspector of Police Shahupuri P.S.Satara
	N.B.-This form should accompany with all the necessary document viz.(1)F.I.R.(2)Panchnama(3) Medical Certificate/Post - Mortem Report.		

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