

FORM COMP AA

[See Rules 253 (c),254(c)(iii), 254 (80),255(1)(iv)]
REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

01	Name of the Police Station	Jodbhavipeth police station, solapur city
02	CR.NO/TAR NO./SDE NO.	CR.NO. 337/2017 U/S IPC 279,337,338 R/W M.V ACT 184, 177
03	Date, Time and place of the accident	06/07/2017 AT 18.30 Near D-Mart Service road, Pune- Hyderabad highway, solapur
04	Name of the Injured/Deceased	Injured- 1.Ramesh Kayappa Koli age-32 yrs R/O wadar galli, Balivesh, Solapur 2. Gaurabai Dattray Naik age-40 yrs R/O wadar galli, Budhwar Peth, Solapur
05	Name Of Hospital to Which he/she was removed	1. CIVIL HOSPITAL, SOLAPUR 2. CHIDGUPKAR HOSPITAL, SAMRAT CHOWK, SOLAPUR.
06	Number of vehicles and type of the vehicle	Motarcyle HF-DELUX No. MH-13/CM-4532
07	Name and address of the Driver of the said Driver and the address of 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	Ramesh Kayappa Koli age-32 yrs R/O wadar galli, Balivesh, Solapur No Driving license
08	Name and address of the Owner of the vehicle as it stands on the date of the date of the accident	Nagesh Shankar koli age- 28 yrs R/O- 69, Ramling Nagar, vijapur road, solapur
09	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company	THE ORIENTAL INSURANCE COMPANY LIMITED. WEST MANGALWAR PETH, CHATI GALLI, SOLAPUR
10	Number of Insurance Policy/Insurance certificate and the Date of Validity of the insurance Policy/Insurance Certificate	Policy/Insurance certificate no. 1164203330 Validity -18/10/2016 to 17/10/2017.
11	Action taken, if any and the result thereof	FIR is registered against accuse.

Inspector of police
Jodbhavipeth police station
Solapur city