

FORM COMP AA

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

1	Name of the Police Station	:-	Vijapur Naka Police Station, Solapur City
2	Cr. No./ TAR No./ SDE No.	:-	314/17 U/s 279, 304(A), 337, 338 IPC 184 MVA
3	Date, Time and Place of the accident	:-	25/06/2017 16.45 In Front of Khan Chacha Hotel, Attarnagar, Vijapur road, Solapur
4	Name of the Injured/ Deceased	:-	Shreeram Hrithik Amar M 22yrs R/o- Karnik nagar, Near Shubaham karoti Ganpati Temple, Solapur
5	Name of Hospital to which he/ she was removed	:-	Ashwini Hospital Solapur
6	Number of vehicles and type of the vehicle	:-	1) ST No. KA 22 F 2115 (Accused Vehi) 2) Hero Honda Passion Pro M/c No. MH 13 BJ 0334 (Deceased Vehi.)
7	Name and address of the Driver of the vehicle with particulars or Driving Licence of the said Driver and the address of the issuing Authority of the said Driving Licence. The number of Badge in case of Public Service Vehicle and the address of the Issuing Authority of the said Badge	:-	Laxmappa Moruti Koni M 34yrs (ST Driver) R/o- at- Kurabgatti Post- Kodaliwada Tal- Saudatti Dist- Belgavi State- Karnataka Dri. Lic. No. KA24 20040000673 RTO, Bailhongal State- Karnataka Badge No. 3505
8	Name and address of the Owner of the vehicle as it stands on the date of the accident	:-	Govt. of State- Karnataka
9	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company	:-	---
10	Number of Insurance Policy/ Insurance Certificate and the Date of Validity of the insurance Policy/ Insurance Certificate	:-	---
11	Action taken, if any, and the result thereof	:-	Investigation is in progress
			Inspector of Police, Vijapur Naka Police Station, Solapur City