

## 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.	:-	<b>317/17</b> U/s 279, 427 IPC 184 MVA
3	Date, Time and Place of the accident	:-	06/06/2017 12.45 In Front of Sanchar press, Hotgi road, Solapur
4	Name of the Injured/ Deceased	:-	Nil
5	Name of Hospital to which he/ she was removed	:-	Nil
6	Number of vehicles and type of the vehicle	:-	1) M/c No. MH 13 M 1925 (Accused Vehi) 2) Innova Car No. MH 13 AY 9797 (Complainant 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	:-	Appasha Shivningappa Bake M 69yrs R/o- at- Kudal Post- Barur Tal- South Solapur Dist- Solapur Dri. Lic. No. MH 13 20150018093 RTO, Solapur
8	Name and address of the Owner of the vehicle as it stands on the date of the accident	:-	Rajkumar Appasha Bake R/o- at- Kudal Post- Barur Tal- South Solapur Dist- Solapur
9	Name and address of the Insurance Company with whom the vehicle 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	:-	Chargesheet submitted against the accused
			Inspector of Police, Vijapur Naka Police Station, Solapur City