

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.	:-	356/17 U/s 279, 427 IPC, 135/184, 3/181, 5/180 MVA
3	Date, Time and Place of the accident	:-	17/06/2017 09.30 21/22 Paparamnagar, Near Nutan Prashala, 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) Honda Verena Car No. MH 12 DY 6731 (Accused Vehicle) 2) Tata Vesta Car MH 13 AZ 2662 (Complainants Vehicle 2 to 4) 3) Activa Scooty No. MH 13 BX 2594 4) Hero Passion Plus M/c No. MH 13 AS 6797
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	:-	Jatin Subhash JadhavM 16yrs, R/o- 109, Yamininagar, Vijapur road, Solapur Dri. Lic. No. Nil
8	Name and address of the Owner of the vehicle as it stands on the date of the accident	:-	Sau. Nirmala Subhash Jadhav F 42yrs, R/o- 109, Yamininagar, Vijapur road, 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/ Insuran2ce 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

