FORM COMM AA

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

1.	Name of the Police Station	:-	NERAL POLICE STATION
2.	CR NO/TAR No/SDE No	:-	CR. NO. 151/2017
3.	Date, Time and place of the accident	:-	DATE 09.09.2017 at 04.30 am NEAR KALAMBGAON, CHAHUCHI WADI, TAL. KARJAT
4.	Name of the injured/deceased	:-	deceased - AMBADAS GANPAT GOFANE
5.	Name of the Hospital to which he/she was removed	:-	-
6.	Number of vehicles and type of the vehicle	:-	MH14VJ7086 TRUCK
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 Badge.	:-	TRUCK DRAIVER :- VILAS MURALIDHAR GOSAVI, AT. SAMGAMNER, AHMADNAGAR
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident	:-	VILAS MURALIDHAR GOSAVI
9.	Name and address of the Insurance Company with whom the vehicles 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 there of.	:-	- PI/- NERAL POLICE STATION
	N.B.-This form should accompany with all the necessary document viz.(1)F.I.R.(2)Panchnama(3) Medical Certificate/Post - Mortem Report.		

FORM COMM AA

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

1.	Name of the Police Station	:-	MANGAON POLICE STATION
2.	CR NO/TAR No/SDE No	:-	CR. NO. 125/2017
3.	Date, Time and place of the accident	:-	DATE 11.09.2017 at 01.30 am NEAR INDAPURGAON, TAL. MANGAON
4.	Name of the injured/deceased	:-	INJURED :- 1) SUNANDA BHIKU SATPUTE, 2) JAY MEGHNATH SATPUTE, 3) MEGHNATH SATPUTE AT. TALASHET, INDAPUR MANGAON
5.	Name of the Hospital to which he/she was removed	:-	CIVIL HOSPITAL MANGAON
6.	Number of vehicles and type of the vehicle	:-	BUS ;- MH04GP 9570
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 Badge.	:-	BUS :- SAMBHAJI BHAU SHINDE , AT. MURBAD THANE
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident	:-	-
9.	Name and address of the Insurance Company with whom the vehicles 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 there of.	:-	- PI/- MANGAON POLICE STATION
	N.B.-This form should accompany with all the necessary document viz.(1)F.I.R.(2)Panchnama(3) Medical Certificate/Post - Mortem Report.		

FORM COMM AA

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

1.	Name of the Police Station	:-	PEN POLICE STATION
2.	CR NO/TAR No/SDE No	:-	CR. NO. 129/2017
3.	Date, Time and place of the accident	:-	DATE 25.07.2017 at 16.00 am AT. NEAR UTARSHANAGAR, ON PEN KHOPOLI ROAD
4.	Name of the injured/deceased	:-	INJURED :- 1) SANMESH SATOSH CHAVHAN AT. PEN, 2) MANGESH MAHADU PATIL, AT. VARSAI PEN, 3) SHRUTI NANDKUMAR PATIL AT. CHINCHPADA PEN
5.	Name of the Hospital to which he/she was removed	:-	-
6.	Number of vehicles and type of the vehicle	:-	MOTAR CYCLE :- MH06BK0315 ACCESS SCOOTER :- MH06BA9507
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 Badge.	:-	MOTAR CYCLE :- SANMESH SATISH CHAVHAN ,
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident	:-	SANMESH SATISH CHAVHAN ,
9.	Name and address of the Insurance Company with whom the vehicles 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 there of.	:-	- PI/- PEN POLICE STATION
	N.B.-This form should accompany with all the necessary document viz.(1)F.I.R.(2)Panchnama(3) Medical Certificate/Post - Mortem Report.		

FORM COMM AA

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

1.	Name of the Police Station	:-	KHOPOLI POLICE STATION
2.	CR NO/TAR No/SDE No	:-	ACCIDENT NO. 120/2017
3.	Date, Time and place of the accident	:-	DATE 11.09.2017 at 01.00 am AT. PUNE MUMBAI HIGHWAY, NEAR ADOSHI GAON, KHOPOLI, TAL. KHALAPUR
4.	Name of the injured/deceased	:-	-
5.	Name of the Hospital to which he/she was removed	:-	-
6.	Number of vehicles and type of the vehicle	:-	TEMPO :- MH14F4572 CUNTAINER :- AP16PF7679
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 Badge.	:-	TEMPO DRAIVER :- RAJESH NABAJI GHULE
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident	:-	RAJESH NABAJI GHULE
9.	Name and address of the Insurance Company with whom the vehicles 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 there of.	:-	- PI/- KHOPOLI POLICE STATION
	N.B.-This form should accompany with all the necessary document viz.(1)F.I.R.(2)Panchnama(3) Medical Certificate/Post - Mortem Report.		