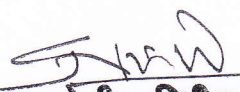


[See Rules 253 ©, 254 (c) (iii), 254 (80), 255 (1) (iv)] REPORT ABOUT THE MOTAR VEHICLES
ACCIDENTS

	Name of the Police Statoin	:- TOKAWDE POLICE STATION
	CR.NO./TAR No./SDE No.	CR No 77/2025 BNS 281 125 A 125 B with MV ACT 184 187 196
3	Date, Time and Place of the accident.	DATE- 24 .04.2025 TIME 20.30 PM on JAYGAON TALUKA MURBAD DIST THANE
4	Name of the Injured / Deceased	1.VILAS VASANT NICHITE 2.ROHAN HIRAMAN KHAPRE
5	Name of Hospital to which he / she was removed	RURAL HOSPITAL MURBAD
6	Number of vehicles and type of the vehicle.	KRUJAR MH 14AE2469
7	Name and address of the Driver of the vehicle with particulers 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 Issuing Authority of the said Badge.	VANDIP HIRAMAN BHUNDERE Driving Licence – MH0520120013550 issued by RTO, KALYN
8	Name and address of the Owner of the vehicle as it stands on the date of the accident	SACHIN BABAN DIWEKAR OTUR TALUKA JUNNAR DIST PUNE
9	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	NO
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy / Insurance Certificate.	NO
11	Action taken, if any. And the result there of.	CR No 77/2025 BNS 281 125 A 125 B with MV ACT 184 187 196
		Inspector of Police.  सहा. पोलीस निरीक्षक टोकावडे पोलीस स्टेशन (ठाणे प्र.) TOKAWADE Police Station

N.B – This form should accompany with all the necessary documents (1) F.I.R (2) Panchanama (3) Medical Certificate/Post – Mortem Report