पो.स्टे.वाशिम ग्रामीण
जा. क्र. 885/26
दिनांक 02/06/26

**Form -Comp.AA**

(See rules 253(c),234(5)(III)254(2)255(1)(IV)) REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

| | | |
|---|---|---|
| 1 | Name of Police Station | Washim Rural Dist. Washim |
| 2 | CR.NO/TAR NO/SDE | 01/26 us 106(1), 281, 285 BNS |
| 3 | Date Time and Place of the Accident | 27/12/2025 to 05/00 AM |
| 4 | Name of the Injured/Deceased | Ambadas Gyanba Dhule age 40 Years R/O Panchashil Nagar Kalamanuri Ta. Kalamanuri Dist. Hingoli |
| 5 | Name of Hospital to which he/she was removed | Civil Hospital Washim |
| 6 | Number of vehicles and type of vehicle | Track No. MH 38 X 3701 |
| 7 | Name and address of the Driver of the vehicle with particulars 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 | Shaikh Jaber Shaikh Jahur age 29 Years R/O Nuri Mohalla, Kalamanuri Ta. Kalamanuri Dist. Hingoli<br>IUDL Issued by Government of Maharashtra<br>DL No. MH 38 20200000232 |
| 8 | Name and the address of the owner of the vehicle as it sends on the date of the accident | Akbar Amar Chaus age 39 Years R/O Kalamanuri Ta. Kalamanuri Dist. Hingoli |
| 9 | Name and address of the insurance company with whom the vehicle was insured and the divisional officer of the said insurance Company | Shriram General Insurance Company Limited |
| 10 | Number of Insurance Police/Insurance certificate and the date of validity of the insurance Police/Insurance certificate | 10003/31/26/484967<br>07/11/2025 to 06/11/2026 |
| 11 | Action taken if any and the result thereof | Offence Register |
| 12 | In charge of Police Station | API Shridevi B. Patil |

Signature and Stamp of the Police Inspector