FORM-COMP.AA

(See Rues 253(C), 234(5) (Iii) 254 (2) 255(I) (Iv)

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

01	Name Of Police Station	पोलीस स्टेशन मालेगाव
02	Cr.No./Tar No/Sde No	11/2026 कलम 281,125(A),125(B) Bns सहकलम 184 मोवाका
03	Date Time And Pace Of The Accident	31/12/2026 चे 14.00
04	Name Of The Injured/Deceased	1.रमेश मारोती कांबळे वय 55 वर्षे 2.शोभा रमेश काबळे वय 50 वर्षे दोन्ही रा.वांजोळा ता.सेनगाव जि.हिगोली
05	Name Of Hospital To Which He/She Was Removed	रावणकर मल्टीस्पेशीलिस्ट हॉस्पीटल,अकोला
06	Number Of Vehices And Type Of Vehicle	बोलेरो पिकअप क्रमांक MH 30BD8969 चा चालक
07	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	बोलेरो पिकअप क्रमांक MH 30BD8969 चा चालक नामे ओम सुभाष वाडेकर वय 20 वर्षे रा.पुनोती बुजुर्ग ता.बार्शीटाकळी जि.अकोला
08	Name and the address of the owner of the vehicle as it sends on the date of the accident	बोलेरो पिकअप क्रमांक MH 30BD8969 चा चालक नामे ओम सुभाष वाडेकर वय 20 वर्षे रा.पुनोती बुजुर्ग ता.बार्शीटाकळी जि.अकोला
09	Name and address of the insurance company with whom the vehicle was insured and the divisional officer of the said insurance Company	महिंन्द्रा&महिंन्द्रा फायनान्स
10	Number of Insurance Police/Insurance certificate and the date of validity of the insurance Police/Insurance certificate	
11	Action taken if any and the result thereof	कलम 281,125(A),125(B) Bns सहकलम 184 मोवाका प्रमाणे गुन्हा दाखल
12	In charge of Police Station	

(किशोर चिंचोळकर)
पोहवा/०९
पो.स्टे.मालेगांव,जि.वाशिम.

Signature and Stamp
of the Police Inspector
पो.स्टे.मालेगाव जि.वाशिम

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