Form - Comp.AA

(See rules 253 (c), 234 (5) (III) 254 (2) 255(I) (Iv))

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

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

01	Name of Police Station	Ps. Station washim (Rural)
02	CR.NO/TAR NO/SDE No	162/2025. 106(1), 281 Bns
03	Date Time and Place of the Accident	18/05/2025 Time 19/30 Hr.
05	Name of th Injured/Deceased	Vishu Datta Jadho age 27. Rishad Dist. washim
05	Name of Hospital to which he/she was removed	Civil Hospital washim
06	Number of vehicles and type of vehicle	MH 37 B 1498
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	Rahul shankar Jadhao age 32 Bhumka Tq. Dist washim RTO washim DL. NO→MH 37 2021/0009925
08	Name and the address of the owner of the vehicle as it sends on the date of the accident	Rahul shankar Jadhao.
09	Name and address of the insurance company with whom the vehicle was insured and the divisional officer of the said insurance Company	TATA insurance Company
10	Number of Insurance Police/Insurance certificate and the date of validity of the insurance Police/Insurance certificate	16/07/2025 to 30/06/2025
11	Action taken if any and the result thereof	Absence Register
12	In charge of Police Station	API Shridevi B. Patil

Signature and Stamp of the Police Inspector

ठाणेदार
पो.स्टे.वाशिम (ग्रा.) जि.वाशिम

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