Form - Comp.AA

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

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

01	Name of Police Station	Shirpur
02	CR.NO/TAR NO/SDE No	171/2026 section 106(1),125(a),125(b),281 BNS r/w section 184,134,177 MV act
03	Date Time and Place of the Accident	At Chnadas TQ Malegao Dist washim Date 24/03/2026 time 20/18
04	Name of th Injured/Deceased	Unknown
05	Name of Hospital to which he/she was removed	District Hospital washim, District Hospital Akola
06	Number of vehicles and type of vehicle	Unknown
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	1) Deceased is Unknown 2) Accuse is Unknown
08	Name and the address of the owner of the vehicle as it sends on the date of the accident	Unknown
09	Name and address of the insurance company with whom the vehicle was insured and the divisional officer of the said insurance Company	Unknown
10	Number of Insurance Policy/Insurance certificate and the date of validity of the insurance Policy/Insurance certificate	Unknown
11	Action taken if any and the result thereof	Investigation is undergoing
12	In charge of Police Station	Police inspector Keshav wagh shirpur jain police station

Signature and Stamp

पोलीस निरीक्षक
पो.स्टे.शिरपूर जि.वाशिम