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	शिरपुर जि. वाशिम
02	CR.NO/TAR NO/SDE No	अप क्र. 233/2026 दि.22/05/2026
03	Date Time and Place of the Accident	पिंपरी सरहद रोड ता.रिसोड दि. 20/05/2026 दुपारी 04/00 ते 04/15
05	Name of th Injured/Deceased	राधेश्याम वामन इंगळे
05	Name of Hospital to which he/she was removed	ग्रा. रु. - मालेगाव
06	Number of vehicles and type of vehicle	मोटार सायकल MH37U7031
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	राधेश्याम वामन इंगळे वय 41 वर्षे रा - पिंपळी ता. मालेगाव जि. वाशिम परवाना -
08	Name and the address of the owner of the vehicle as it sends on the date of the accident	राधेश्याम वामन इंगळे वय 41 वर्षे रा. पिंपळी ता. मालेगाव जि. वाशिम
09	Name and address of the insurance company with whom the vehicle was insured and the divisional officer of the said insurance Company	निरंक
10	Number of Insurance Police/Insurance certificate and the date of validity of the insurance Police/Insurance certificate	निरंक
11	Action taken If any and the result thereof	कार्यवाही कामाची तजविज केली आहे.
12	In charge of Police Station	पो.नि. केशव वाघ पो.स्टे. शिरपुर

Signature and Stamp of the Police Inspector

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