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	234/2026 section 106(1), 281 BNS r/w section 184,134,177 MV act
03	Date Time and Place of the Accident	At Dapuri fata TQ Risod Dist washim Date 21/05/2026 time 07/30
04	Name of th Injured/Deceased	Dhondu Namdev Gaikwad r/o waghi khurda TQ Risod Dist washim
05	Name of Hospital to which he/she was removed	Rural Hospital Risod
06	Number of vehicles and type of vehicle	Mh37 AB 0386 (Motorcycle)
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 Dhondu Namdev Gaikwad r/o waghi khurda TQ Risod Dist washim 2) Accused Vishal santosh gavhane r/o pachamba TQ Risod Dist washim Driving License No- MH37 20220009181 Issuing authority- RTO Washim
08	Name and the address of the owner of the vehicle as it sends on the date of the accident	Vishal santosh gavhane r/o pachamba TQ Risod Dist washim
09	Name and address of the insurance company with whom the vehicle was insured and the divisional officer of the said insurance Company	Without insurance
10	Number of Insurance Policy/Insurance certificate and the date of validity of the insurance Policy/Insurance certificate	Without insurance
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