# Form - Comp.AA

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

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

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|---|---|---|
| 01 | Name of Police Station | P.S. Shirpur Dist. Washim |
| 02 | CR.NO/TAR NO/SDE No | 236/2026 Dade 23/05/26 |
| 03 | Date Time and Place of the Accident | 24/04/2026 Radha krishna Laun, risod road shirpur |
| 05 | Name of th Injured/Deceased | Pandharri Dattaram Godghase at. Waghali Ta. Rokadgav, Ta. Dist. Washim |
| 05 | Name of Hospital to which he/she was removed | Vitthal Hos. Washim and Sigma Hos. Sambhajinagar. |
| 06 | Number of vehicles and type of vehicle | Red colour, Appe without No. |
| 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 | - |
| 08 | Name and the address of the owner of the vehicle as it sends on the date of the accident | - |
| 09 | Name and address of the Insurance company with whom the vehicle was insured and the divisional officer of the said Insurance Company | - |
| 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 | in the Investigation. take a Action. |
| 12 | In charge of Police Station | P.I Keshav Wagh sir. |

Signature and Stamp of the Police Inspector