# FORM-COMP.AA
## (See Rues 253(C), 234(5) (Iii) 254 (2) 255(I) (Iv)
## REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

| | | |
|---|---|---|
| 01 | Name Of Police Station | पोलीस स्टेशन - आसेगाव |
| 02 | Cr.No./Tar No/Sde No | 247/2026 कलम 281,106,125(B),Bns सहकलम 184,134 मोवाका |
| 03 | Date Time And Pace Of The Accident | 16.08.2026 चे 14.15 वाजता |
| 04 | Name Of The Injured/Deceased | विनोद रामप्रसाद राठोड वय 53 वर्ष रा. इंगलवाडी ता. मानोरा जि. वाशिम |
| 05 | Name Of Hospital To Which He/She Was Removed | जि.सा.रु.वाशिम |
| 06 | Number Of Vehices And Type Of Vehicle | हिरो होन्डा कं मो.सा. एम एच. 27 टी 7429 |
| 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 | हिरो होन्डा कं मो.सा. एम एच. 27 टी 7429 विनोद रामप्रसाद राठोड वय 53 वर्ष रा. इंगलवाडी ता. मानोरा जि. वाशिम |
| 08 | Name and the address of the owner of the vehicle as it sends on the date of the accident | विनोद रामप्रसाद राठोड वय 53 वर्ष रा. इंगलवाडी ता. मानोरा 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 | |
| 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 | कलम 281,106 ,125(बी), Bns सहकलम 184,134 मोवाका प्रमाणे गुन्हा दाखल |
| 12 | In charge of Police Station | |

ठाणेदार
पोलीस स्टेशन आसेगाव

Signature and Stamp
of the Police Inspector

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