पो.स्टे.वाशिम ग्रामीण
सा/जा. क्र. 835/26
दिनांक 02/06/26

Form -Comp.AA

(See rules 253(c),234(5)(III)254(2)255(1)(IV)) REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

1	Name of Police Station	Washim Rural Dist. Washim
2	CR.NO/TAR NO/SDE	275/25 us 106(1), 281 BNS R/w 184 MV Act
3	Date Time and Place of the Accident	05/09/2025 to 07/30 AM
4	Name of the Injured/Deceased	Ku. Sandhya Umesh Saraskar age 16 years R/O Gram Kakaddati Ta. Washim Dist. Washim
5	Name of Hospital to which he/she was removed	Civil Hospital Washim
6	Number of vehicles and type of vehicle	MP 09 DH 0492 Travel Bus
7	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	Vijay Prabhu Chavhan R/O Gram Sakhara Ta. Digras Dist. Yavatmal IUDL Issued by Government of Maharashtra DL No. MH29 20230002242 Badge No. – B002762725
8	Name and the address of the owner of the vehicle as it sends on the date of the accident	Amjad Hamid Shaikh age 39 years R/o Ghas galli, Near Nijam Kirana Stors Kothala Maidan Ahamadnagar Dist. Ahamadnagar
9	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	Offence Register
12	In charge of Police Station	API Shridevi B. Patil

Signature and Stamp of the Police Inspector