पो.स्टे. ग्रामीण
अ/जा. क्र. 885/26
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 | 284/25 us 324(4),281, 125 (A), 125 (B) BNS rw 184 MV Act |
| 3 | Date Time and Place of the Accident | 20/09/2025 to 06/00 AM |
| 4 | Name of the Injured/Deceased | Injured – Ankit Ramdas Bhagat age 30 years R/O Gram Dhotra Ta. Mangrulpir Dist Washim |
| 5 | Name of Hospital to which he/she was removed | Civil Hospital Washim |
| 6 | Number of vehicles and type of vehicle | ST Bus No. MH 20 GC 3781 |
| 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 | Vikas Omkar Samdure age 40 years R/O Gram Sayat Ta. Bhatkuli Dist. Amravati<br>(S.T. Bus Driver)<br><br>IUDL Issued by Government of Maharashtra<br>DL No. MH 27 20090001894<br>Badge No. – B006193317 |
| 8 | Name and the address of the owner of the vehicle as it sends on the date of the accident | The Secretary M S R T C |
| 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