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	Washim Rural
02	CR.NO/TAR NO/SDE No	29/2025 sec. 106(1), 281 B.N.S.
03	Date Time and Place of the Accident	06/02/2025 चे 16/00 वा. मौजे साळा फाटा
05	Name of th Injured/Deceased	Ajay Govindrao Ingole
05	Name of Hospital to which he/she was removed	District Hospital Washim
06	Number of vehicles and type of vehicle	2 vehicle ① MH-26, BC-1391 ② MH-32, AJ-1485
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	Ganesh Ramchandra Kadam, Manded Licence No-MH-2620180012162
08	Name and the address of the owner of the vehicle as it sends on the date of the accident	Sanjay Gangadhar Kadam
09	Name and address of the Insurance company with whom the vehicle was insured and the divisional officer of the said insurance Company	IFFCO-TOKIO GENERAL Insurance Co. LTD
10	Number of Insurance Police/Insurance certificate and the date of validity of the insurance Police/Insurance certificate	N12332718 validity -07/11/2025
11	Action taken if any and the result thereof	
12	In charge of Police Station	

Signature and Stamp of the Police Inspector

पोहेकॉ.जगन्नाथ कोंडुजी घाटे
ब.नं.४४० पो.स्टे.वाशिम ग्रामीण

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