पो.स्टे.वाशिम ग्रामीण
अ/जा. क्र...888/25
दिनांक.....02/06/26

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	P.S. Washim Rural.
02	CR.NO/TAR NO/SDE No	420/25 Section 281, 125(a), BNS RW 184, 187 M.V. Act.
03	Date Time and Place of the Accident	10/12/2025 time 07/00 am.
05	Name of th Injured/Deceased	Ram Vishnu Kumbhare age-23yer. dh. Pandavumeo ta. Dst - washim.
05	Name of Hospital to which he/she was removed	Sai hospital washim.
06	Number of vehicles and type of vehicle	~~MH29~~ MH29 BQ4974 Hero splender plus.
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	Ravi vasanta kalaphad age 36 yer at talkhoda Ta maleyao Dst washim. IVDL Issued by MH37 maharastra. ~~Badge~~ No MH37 20111003446 D. L.
08	Name and the address of the owner of the vehicle as it sends on the date of the accident	Ganesh haibati dhangar. at. UH ta manegao Dst yeratmal.
09	Name and address of the insurance company with whom the vehicle was insured and the divisional officer of the said insurance Company	No information.
10	Number of Insurance Police/Insurance certificate and the date of validity of the insurance Police/Insurance certificate	——— 11 ———
11	Action taken if any and the result thereof	offence Regrster.
12	In charge of Police Station	API Shrideri. B. path.

Signature and Stamp of the Police Inspector

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