पो.स्टे.वाशिम ग्रामीण
आ/ज. क्र. 885/26
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.O Station Washim (Rural)
02	CR.NO/TAR NO/SDE No	42/2025 section 106(a), 281 125(b) BNS. R/O 184. M.V. Act.
03	Date Time and Place of the Accident	18/02/2025 At. 14100 TO 14115.
05	Name of th Injured/Deceased	Ashok Pralodhh Jadhao age 55.y. at. kandhala mahali T.q. Dst - Washim
05	Name of Hospital to which he/she was removed	civil Hospital Washim
06	Number of vehicles and type of vehicle	1) MH37 X. 1419 HERO splender plus. 2) MH37 X. 2086
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	Shreyas Sunil lahe age 23 at. Bharhpura Ta.karanja Dst. washim No license.
08	Name and the address of the owner of the vehicle as it sends on the date of the accident	Ram Swalal gategat. age 55.yr. at. Near Renukamata mander karanja.
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	No
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

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