Form - Comp.AA

(See rules 253 (c), 234 (5) (III) 254 (2) 255(I) (Iv))

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

पो.स्टे.वाशिम ग्रामीण
अ/जा. क्र...885/26...
दिनांक...02/06/26.....

01	Name of Police Station	police Stasion. washim. Rural
02	CR.NO/TAR NO/SDE No	455/26 - Section. 106(1) 281, 324(4) BNS. कलम 184. MV. Act.
03	Date Time and Place of the Accident	Gram. pachmali. fata, Risod, Road. Date- 24/12/26 time - 20/00pm.
05	Name of th Injured/Deceased	vilas Digamber. solanke. Age28. Add. Nagthan tal'st washim.
05	Name of Hospital to which he/she was removed	civil Hospital. washim.
06	Number of vehicles and type of vehicle	MH. 04. FD. 5617.
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	Sudhakar. Bhikaji. gaikwad. Add. chichamba. Dist. Hingoli. 431513. issued. by. RTO. Hingoli. maharastra. issued. date 21/2/25 to. 20/02/2030. MH.38-200 8000 1095.
08	Name and the address of the owner of the vehicle as it sends on the date of the accident	Sudhakar. Bhikaji. gaikwad.
09	Name and address of the insurance company with whom the vehicle was insured and the divisional officer of the said insurance Company	TATA. INSURANCE. company. Limited.
10	Number of Insurance Police/Insurance certificate and the date of validity of the insurance Police/Insurance certificate	6370014049000 0 7/10/2025 to 6/10/2026
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

हाणेदार
पो.स्टे.वाशिम (ग्रा.) जि.वाशिम

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