## FROM COMP AA

## [Sce Rules 253,254©(iii),254(80 255(1)(iv)]

## REPORT ABOUT THEMOTAR VEHICLES ACCIDENTS

१	Name of the police station	:-	baramati city				
2			•				
۲	CR.No/TAR No/SDE No	:-	803/2021 IPC 279, , 337,338 , MVACT 184,134, 177				
3	Date Time and place of the Accident	:-	DT- 31/12/2021 AT 21/18 PM IN DORLEWADI				
			ROADVAR BARAMATI TAL- BARAMATI – DIST				
			PUNE				
8	Name of the /Deceased	:-	KURSHANA BALASAHEB KALE AGE- 30 AP				
	•		ZARGADWADI TAL- BARA MATI DIST PUNE				
Ч	Name of the Hospital to Which	:-	NIL				
	he/she Was Removed						
	Number of vehicles and type of the	:-	1] TEMPO NO MH 42 AR 9642				
	vehicle						
9	Name and address of the Driver of the	:-	UNKNOWN				
	vaehicle With praticules or driving						
	license of the side driver and address of						
	the Issuing Authority of the side Driving						
	license of the number of badge in case						
	of publice service vehicle and the						
	address of the Issuing Authority of the						
	side Badge.						
۷	Name and Address of the owner of the	:-	ARCHANA KRUSHANA KALE AGE- 23 AP-				
	vehicle as it Stands on the date of		ZARGADWADI TAL- BARA MATI DIST PUNE				
9	Accident	_					
7	Name and Address of the Insuranse	:-					
	Company With Whom the vehicle Was						
	insured and the DivisionL Office Of The						
१०	said Insuranse Company Number Of insurance		NIL				
	policy.insuranseCeritificate And date Of		INIL				
	Validity of the Insuranse						
	policy/insurance Certificate						
११	Action Taken If any and the Result thre	:-	NIL				
, ,	of		1112				
			Inspector Of police				
			Baramati city police station				
MR	this form should accompany with all the necessary document vi. FIR nanchanama medical						

N.B- this form should accompany with all the necessary document vi, FIR, panchanama, medical certificate, post mortem Repot.