FROM COMP AA

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

REPORT ABOUT THEMOTAR VEHICLES ACCIDENTS

| | | | |
|---|---|---|---|
| १ | Name of the police station | :- | Baramatitaluka police station |
| २ | CR.No/TAR No/SDE No | :- | 62/2022 IPC 427,279,337,338, mvact 134,184,177 |
| ३ | Date Time and place of the Accident | :- | Dt-04/02/2022 AT 06/30 kalyani corner baramati BARAMATI DIST PUNE |
| ४ | Name of the Injured/Deceased | :- | NIRUTI LAKSHMAN SHIRKE AGE 48 A/P VITHALWADI KHANDAJ TAL BARAMATI DIST PUNE |
| ५ | Name of the Hospital to Which he/she Was Removed | :- | UNKNOW |
| | Number of vehicles and type of the vehicle | :- | UNKNOW |
| ७ | Name and address of the Driver of the vaehicle With praticules or driving license of the side driver and address of the lssuing Authority of the side Driving license of the number of badge in case of publice service vehicle and the address of the lssuing Authority of the side Badge. | :- | UNKNOW |
| ८ | Name and Address of the owner of the vehicle as it Stands on the date of Accident | :- | NO |
| ९ | Name and Address of the Insuranse Company With Whom the vehicle Was insured and the DivisionL Office Of The said Insuranse Company | :- | NO |
| १० | Number Of insurance policy.insuranseCeritificate And date Of Validity of the Insuranse policy / insurance Certificate | :- | NO |
| ११ | Action Taken If any and the Result thre of | :- | NO |
| | | | पोलीस निरीक्षक<br>बारामती तालुका पोलीस स्टेशन |
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N.B- this form should accompany with all the necessary document vi, FIR, panchanama, medical certificate , post mortem Repot.