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
२	CR.No/TAR No/SDE No	:-	08/2022 IPC 279, , 337,338 , MVACT 184,134,177
3	Date Time and place of the Accident	:-	DT- 03/1/2022 AT 06/15 PM CHINCHBAN NIRA
	•		BARAMATI ROAD TAL BARAMATI DIST PUNE
8	Name of the /Deceased	:-	1] RAMCHANDRA DATTATRAY GADADE AGE 58
			AP MALEGAON ROAD HANUMANNAGER TAL
			BARAMATI DIST PUNE
			2]DANSHREE SATISH JAGTAP AP DHAKALE
ч	Name of the Hospital to Which	:-	NIL
	he/she Was Removed		
	Number of vehicles and type of the	:-	1] MH42 BA 1759
	vehicle		
O	Name and address of the Driver of the	:-	KIRAN DADASO KOLEKAR AGE 26 AP
	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.		41.044.044.04.00.04.04.04.04.04.04.04.04.0
6	Name and Address of the owner of the	:-	1] RAMCHANDRA DATTATRAY GADADE AGE 58
	vehicle as it Stands on the date of		AP MALEGAON ROAD HANUMANNAGER TAL
	Accident		BARAMATI DIST PUNE
	N 1 A 1 1 C - 1 X		2]DANSHREE SATISH JAGTAP AP DHAKALE
9	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	•	
	<u> </u>		
			Inspector Of police
	1	1	1

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