

FROM COMP AA

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

REPORT ABOUT THEMOTAR VEHICLES ACCIDENTS

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| १ | Name of the police station | :- | baramati city |
| २ | CR.No/TAR No/SDE No | :- | 11/2022 IPC 279, , 337,338 ,427, MVACT 184,134,177 |
| ३ | Date Time and place of the Accident | :- | DT- 07/1/2022 AT 21/00 PM SHARDANAGAR AGREE CULCHAR BARAMATI DIST PUNE |
| ४ | Name of the /Deceased | :- | 1] PRASHANT VASATRAO JAGTAP AGE-48 AP- SANGHAVI BARAMATI DIST PUNE |
| ५ | Name of the Hospital to Which he/she Was Removed | :- | NIL |
| | Number of vehicles and type of the vehicle | :- | 1] MH 42AM 6226 2] FOREWHEELAR CAR NO MH 14AV4009 |
| 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. | :- | AVINASH SUDHAKAR GEETE AGE- 36 AP BHIGVAN WARD NO 2 TAL INDHAPUR DIST PUNE |
| ८ | Name and Address of the owner of the vehicle as it Stands on the date of Accident | :- | 1] RAMCHANDRA DATTATRAY GADADE AGE 58 AP MALEGAON ROAD HANUMANNAGER TAL BARAMATI DIST PUNE 2]DANSHREE SATISH JAGTAP AP DHAKALE |
| ९ | Name and Address of the Insuranse Company With Whom the vehicle Was insured and the DivisionL Office Of The said Insuranse Company | :- | |
| १० | Number Of insurance policy.insuranseCeritificate And date Of Validity of the Insuranse policy/insurance Certificate | :- | NIL |
| ११ | Action Taken If any and the Result thre of | :- | NIL |
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| | | | Inspector Of police Baramati city police station |
| N.B- this form should accompany with all the necessary document vi, FIR, panchanama, medical certificate , post mortem Repot. | | | |

