

FROM COMP AA

[See 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	:-	14,/2022 IPC 279, , 337,338 ,427, MVACT 184,134,177
३	Date Time and place of the Accident	:-	DT- 30/12/2021 AT 01/00 PM IN GUNVADI CHOWK BARAMATI TAL BARAMATI DIST PUNE
४	Name of the /Deceased	:-	SANTOSH BHARATGAIKWAD AGE-36 AP GUNWADI ROAD BARAMATI TAL BARAMATI DIST PUNE
५	Name of the Hospital to Which he/she Was Removed	:-	NIL
	Number of vehicles and type of the vehicle	:-	1]MOTAR SAYKAL NO MH 12 AA9424 2] MOTAR SAYKALNO MH 42 J 6173
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.	:-	
८	Name and Address of the owner of the vehicle as it Stands on the date of Accident	:-	LATIF HANUMANT GAHVANE AGE- 2] ANIL SOMNATH GAJARE AGE- AP BARAVKARNAGAR KAMBLESHOR TAL BARAMATI DIST PUNE
९	Name and Address of the Insuranse Company With Whom the vehicle Was insured and the DivisionL Office Of The said Insuranse Company	:-	SANTOSH BHARATGAIKWAD AGE-36 AP GUNWADI ROAD BARAMATI TAL BARAMATI DIST PUNE
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
			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.			

