## FROM COMP AA

## [Sce Rules 253,254©(iii),254(80 255(1)(iv)] REPORT ABOUT THEMOTAR VEHICLES ACCIDENTS

	REFORT ADOUT THEMO	1	T
१	Name of the police station	:-	Baramatitaluka police station
२	CR.No/TAR No/SDE No	:-	98/2023 IPC 279 ,337,338, MVACT 184
3	Date Time and place of the Accident	:-	DATE 15/02/2023 AT 21/15 PM A/P PENCIL CHOWK MIDC BARAMATI TAL BARAMATI DIST PUNE
8	Name of the Injured/Deceased	:-	MILIND SUDHAKAR TAKSALE AGE 45 A/P ASHOKNAGAR BARAMATI
ц	Name of the Hospital to Which he/she Was Removed	:-	MAHILA HOSPITAL BARAMATI
	Number of vehicles and type of the vehicle	:-	MH/12/KJ/7173 MH/12/SF/7526
9	Name and address of the Driver of the 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.	:-	MADHAVRAV CHANNAPPA BENE A/P KATRAJ PUNE
۷	Name and Address of the owner of the vehicle as it Stands on the date of Accident	:-	YES
9	Name and Address of the Insuranse Company With Whom the vehicle Was insured and the DivisionL Office Of The said Insuranse Company	:-	YES
१०	Number Of insurance policy.insuranseCeritificate And date Of Validity of the Insuranse policy / insurance Certificate	:-	YES
११	Action Taken If any and the Result thre of	:-	MADHAVRAV CHANNAPPA BENE A/P KATRAJ PUNE
	this form should accompany with all th		पोलीस निरीक्षक बारामती तालुका पोलीस स्टेशन

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