## FROM COMP AA

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

	REFORT ABOUT THEMO		
१	Name of the police station	:-	Baramatitaluka police station
२	CR.No/TAR No/SDE No	:-	465/2022IPC279,337,MVACT 184
3	Date Time and place of the Accident	:-	Dt-28/08/2022 AT 20/00 SURAYNAGARI TAL BARAMATI DIST PUNE
8	Name of the Injured/Deceased	:-	JUE ATUL HIVARKAR AGE 30 A/P SHIRSUPHAL TAL BARAMATI DIST PUNE
Ч	Name of the Hospital to Which	:-	YES
	he/she Was Removed		
	Number of vehicles and type of the vehicle	:-	UNKNOW
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.	:-	UNKNOW
۷	Name and Address of the owner of the vehicle as it Stands on the date of Accident	:-	NO
9	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	:-	UNKNOW
			पोलीस निरीक्षक बारामती तालका पोलीस स्टेशन
N.F.	this form should assembly with all th		

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

मा.पोलीस निरीक्षक सो बारामती तालुका पोलीस स्टेंशन कारणे विनंती अर्ज करतो की, मी वरीलठ ठिकाणी रहाणेस असुन माझे स्व:ताचे असणारे रेशनकार्ड नंबर ९२६ हे माझेकडुन काटेवाडी परिसरात दिनांक २०/७/२०२२ रोजी गहाळ झाले असुन मला पोलीस स्टेशनचा दाखल गहाळा दाखला मिळणेसाठी विनंती आहे.