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

| १ | Name of the police station | :- | Baramatitaluka police station |
|--|--|--------|--|
| े | • | :- | 656/2022IPC 279 337 427 ,304 A , |
| | CR.No/TAR No/SDE No | :- | MVACT 184 |
| N ² | Date Time and place of the Accident | :- | DATE 2/12/2022 AT 11/30 AM A/P MAHILA HOSPITAL JAWAL TAL BARAMATI DIST PUNE |
| 8 | Name of the Injured/Deceased | :- | SANTOSH MANIK TATHE AGE 46 A/P DADA PATIL NAGAR TANDULWADI TAL BARAMAI DIST PUNE |
| ų | Name of the Hospital to Which he/she Was Removed | :- | MAHILA HOSPITAL BARANTI |
| | Number of vehicles and type of the vehicle | :- | 1)MH/43/Y/6160 2)MH/42/P/2410 |
| ٩ | 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. | :- | JOGENDAR LAL MOHAR YADAV A/P PATANA |
| ٤ | Name and Address of the owner of the vehicle as it Stands on the date of Accident | :- | YES |
| ۶ | Name and Address of the Insuranse Company With Whom the vehicle Was insured and the DivisionL Office Of The said Insuranse Company | :- | YES |
| १० | NumberOfinsurancepolicy.insuranseCeritificateAnd date OfValidityoftheInsurancepolicyinsurancecertificate | :- | YES |
| ११ | Action Taken If any and the Result thre of | :- | ARREST |
| | | | |
| ND | this form should account with all the | | |
| | this form should accompany with all the | ie neo | cessary document vi, FIR, panchanama, |
| medical certificate , post mortem Repot. | | | |