## FROM COMP AA (See Rules 253©, 254(c) (iii), 254(80), 255(1)(iv) ) REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

|    |  |    | (C)  |
|----|--|----|--|
| 1  | Name of the Police Station   | :- | बार्शी शहर पोलीस ठाणे                            |
| 2  | CR.NO/ TAR No./SDE No.   | :- | गुर नं ०८/२०२३ भा द वि क                         |
|    |  |    | २७९,३३७,३३८,४२७,                                 |
|    |  |    | एम व्ही ॲक्ट कलम १८४                             |
| 3  | Date, Time and place of the accident   | :- | दि.३१/१२/२०२२ रोजी ११.४५ वा चे                   |
|    |  |    | सुमारास कुर्डुवाडी ते बार्शी जाणारे रोडवर धनश्री |
|    |  |    | फब्रिकेशन वेर्ल्डींग वर्क्सचे समोर बार्शी        |
| 4  | Name of the Injured/Deceased   | :- | मोहीनी महेश जाधव वय ३३ वर्ष रा.भवानी पेठ         |
|    |  |    | गवत गल्ली बार्शी                                 |
| 5  | Name of Hospital to which he/she was   | .: | सुविधा हॉस्पीटल बार्शी                           |
| -  | removed  |    | 0) 2-2 02 05 05                                  |
| 6  | Number of vehicles and type of the vehicle   | :- | १) वेगो स्कुटी नं एम एच १३ बी डब्ल्यु ४६९६       |
|    |  |    | २) नेक्सॉन कार नं एम एच १३ डी ई १४१५             |
| 7  | Name and address of the Driver of the vehicle with particulars or Driving License of the said      | :- | विजयकुमार साहेबराव डुरे वय ४९ वर्ष रा.इर्ले      |
|    | Driver and the address of the Issuing Authority  |    | ता.बार्शी, सध्या रा.पाटील प्लॉट बार्शी           |
|    | of the said Driving License. The number of   |    |  |
|    | Badge in case of public Service Vehicle and  |    |  |
|    | the address of the Issuing Authority of the said   |    | 2.2  |
| -  | Badge.  Name and address of the Owner of the vehicle   | _  | 7  |
| 8  | as it stands on the date of the accident.  | ;- | विजयकुमार साहेबराव डुरे वय ४९ वर्ष रा.इर्ले      |
|    | do it oldings on the date of the desident.   |    | ता.बाशी, सध्या रा.पाटील प्लॉट बाशी               |
| 9  | Name and adderss of the Insurance Company  | :- | मॅग्मा एच डी आय जनरल इन्शुरन्स कंपनी लि.         |
|    | with whom the vehicle was insured and the  |    | g  |
|    | Divisional Office of the said Insurance  | 1  |  |
| 10 | Company.  Number of Insurance policy/Insurance   |    | <u> </u>   |
| 10 | Certificate and the Date of validity of the  | -  | पॉलीसी नं. P0022000100/4114/804557               |
|    | insurance policy/Insurance Certificate.  |    | वैधता - दि.१२/०७/२०२१ ते दि.                     |
|    |  |    | 99/0७/२०२२                                       |
| 11 | Action taken, if any, and the result thereof.  | :- | आरोपीस सीआरपीसी ४१(अ)(१) प्रमाणे                 |
|    |  |    | नोटीस दिली आहे. १) वेगो स्कुटी नं एम एच          |
|    |  |    | 9३ बी डब्ल्यु ४६९६ २) नेक्सॉन कार नं एम          |
|    |  |    | पन वर में ने वर्गाय की से नि                     |
|    |  |    | एच १३ डी ई १४१५ ची यांत्रीक तपासणी करून          |
|    | N.B. This form should  |    | घेवुन प्रमाणपत्र हस्तगत केले आहे.                |
|    | N.B - This form should accompany with all the necessary document viz. (1) F.I.R. (2) Panchanama (3 |    |  |
|    | Medical Certificate/Post-Mortem Report.  |    |  |