

From COMP AA

(See Rules 253,(c),254(c)(iii),254(80255(1)(iv)

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

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| 1 | Name of Police station | Kalamnuri Police Station Date 17/02/2023 |
| 2 | CR NO/Tar no /Sde No | 94/2023 IPC 279,337,338,427 भादवी |
| 3 | Date time and place of the accident | Date 03/01/2023 at 22/00 At Malegaon phata Ta.Kalamnuri |
| 4 | Name of injured/Deceased | Injured - Bhagwan Shelke R/O Zara Ta.Kalamnuri |
| 5 | Name of hospital to which he/she was removed | -- |
| 6 | Number of vechile and type of the vechile | Two Wheeler No-MH38Z7912 |
| 7 | Name and address of the driver of vechile with particulars or Driving license of the side driver and the address of the issuing authority of the side driving license the no of badge in case of public service vehicle and the address of the issuing authority of the side badge | Driver OF Two Wheeler No-MH38Z7912 |
| 8 | Name of address of owner of the vehicle as it stands date of accident | --- |
| 9 | Name and address of the insurance campony with whom the vehicle was insured and the divisional office the side insurance campony | ---- |
| 10 | No of insurance policy/ insurance certificate and the date of validity of insurance policy/ insurance certificate | ---- |
| 11 | Action taken if any and the result there of | As above |
| | | Police Inspector Kalamnuiri Police Station |