

From COMP AA

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

## REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

|    |  |  |
|----|--|--|
| 1  | Name of Police station   | Akhada Balapur Station Date 10/05/2024             |
| 2  | CR NO/Tar no /Sde No   | 259/2024 IPC 279,337                               |
| 3  | Date time and place of the accident  | Date 06/05/2024 at 13:15 At Ghoda To YeleGaon Road |
| 4  | Name of injured/Deceased   | Injured 1) Gajanan Madhav Selgavkar                |
| 5  | Name of hospital to which he/she was removed   |  |
| 6  | Number of vehicle and type of the vechile  | Car No. MH 12 HZ 6874                              |
| 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 | Car No. MH 12 HZ 6874                              |
| 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<br>Akhada Balapur Police Station  |