FROM COMP AA

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

1	Name of the Police Station	:-	बार्शी शहर पोलीस ठाणे
2	CR.NO/ TAR No./SDE No.	:-	गुर नं ७८८/२०२२ भा द वि क २७९,३३८ व
3	Date, Time and place of the accident	:-	एम व्ही ॲक्ट कलम १८४ वि.२६/११/२०२२ रोजी सकाळी ११.३० वा चे सुमारास बार्शी ते सोलापुर रोडवर महावीर किराणा स्टोअर्स दुकानासमोर बार्शी
4	Name of the Injured/Deceased	:-	किरण अरूण कंगले रा.बालाजी कॉलनी सोलापुर रोड बार्शी
5	Name of Hospital to which he/she was removed	:-	जगदाळेमामा हॉस्पीटल बार्शी
6	Number of vehicles and type of the vehicle	:-	9) क्रेन नं एम एच १६ बी वाय १२७८ २) मो.सा. नं एम एच १३ बी के ५६०२
7	Name and address of the Driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authority 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 Badge.	:-	किरण अरूण कंगले रा.बालाजी कॉलनी सोलापुर रोड बार्शी
8	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	किरण अरूण कंगले रा.बालाजी कॉलनी सोलापुर रोड बार्शी
9	Name and adderss of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	.1.	चोला एम एस जनरल इन्शुरन्स
	Number of Insurance policy/Insurance Certificate and the Date of validity of the insurance policy/Insurance Certificate.	.i.	पॉलीसी नं.3380217082600000 वैधता - दि.३०/०६/२०२३
11	Action taken, if any, and the result thereof.	:-	आरोपीस सीआरपीसी ४१(अ)(१) प्रमाणे नोटीस दिली आहे. १) क्रेन नं एम एच १६ बी वाय १२७८ २) मो.सा. नं एम एच १३ बी के ५६०२ ची यांत्रीक तपासणी करून घेवुन प्रमाणपत्र हस्तगत
	N.B - This form should accompany with all the necessary document viz. (1) F.I.R. (2) Panchanama (3) Medical Certificate/Post-Mortem Report.		