

FORMCOMPAA

[See Rules 253©, 254 (c)(iii), 254(80) 255(1)(iv)]

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

1	Name of the police station	:-	फरासखाना पोलीस स्टेशन
2	CR.NO/TARN No/SDENo	:-	३१/२०१८ भा.द.वि. कलम २७९, ३३७ मा.वा.का. कलम १२३, १८४,
3	Date, Time and Place of the accident	:-	दि. १५/०२/२०१८ रोजी सकाळी ०८.०० वा. लाल महल चौकातून देसाई कॉलेज ला जाणाऱ्या रस्त्यावर सिग्नल मिळाल्यावर रस्ता क्रॉस करीत असताना
4	Name of the Injured/Deceased	:-	सोमनाथ दत्तात्रय तांदळे, वय ४५ वर्षे, रा. ९५६ रविवार पेठ कुडले निवास पुणे
5	Name of the Hospital to which he/she was removed.	:-	ससून हॉस्पिटल पुणे.
6	Number of the Vehicles and type of the vehicle.	:-	अज्ञात मोपेड स्कूटर
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	:-	अज्ञात महिला
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	:-	अज्ञात व्यक्ती
9	Name and Address of the Insurance company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	
10	Number of Insurance Policy/Insurance Certificate and the Date of Validity of the insurance Police/Insurance Certificate	:-	
11	Action taken, if any, and the result thereof.	:-	वरील प्रमाणे गुन्हा दाखल
Inspector of Police			
Police station name – फरासखाना पो.स्टे.पोने.			