

FORMCOMPAA

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

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS 1

1	Name of the police station	फरासखाना पो.स्ट.
2	CR.NO/TAR No/SDENo	१८/२०१८ I.P.C. २७९,३३८ मो.वा.का.कलम ११९, १७७,३३८
3	Date, Time and Place of the accident	दि. ०१/०२/१८ १३.३० वा चे सुमारास ४४३ रविवार पेठ पुणे
4	Name of the Injured/Deceased	चंदनबेन हसमुखलाल सोनी रा. ७६४ बुधवार पेठ पुणे.
5	Name of the Hospital to which he/she was removed.	K.E.M. हॉस्पिटल
6	Number of the Vehicles and type of the vehicle.	मोपेड स्कूटर MH-12-CG-8019
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	हर्षदा अभय वैद्य रा. १२६१ विनायक आपार्ट. बिबवेवाडी बालाजी नगर पुणे.
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	वरील प्रमाणे
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