

(See Rules 253©(iii),254(8),255(1)(iv)

PORT ABOUT THE MOTOR VEHICALES ACCIDENT

Name of the police station	Police station kalamb.Dist-yavatmal
	0443/022 sec-279,304(A) IPC
	19/05/2022 time 15/33 nm kalamb to wardba
Name of the injured/deceased	roadnear by mayor dhaba. kalamb 1) Vipin prbhakar Gulwad
Name of Hospital to which he/she removed	Gramin hospital Kalamb
vehicle	Moter cycle no-MH-32-AM-9686
the vehicle with particulars or driving license The number of Badge in case of publice Service Vehicle and the address of issuing Authority of the said driving license the number of bedge in case of publice service vehicle and the address of issuing authority of the said badge	Moter cycle no-MH-32-AM-9686 driver name- Vipin prbhakar Gulwad Four villar no-MH-45-A-0875 driver name- Rajendra Janardan Satpuddke -licen no MH2920210018439-valid till-18-03-030 at- yavatmal
the vehicle as it stands on the date of the accident	1) Salim Pathan Azad Pathan A/P Gunj TQ.Mahagaon At. Yavatmal MH445205 Regn.Dat 29/01/2007
insurance company with whom the vwhicle was insured and the divisional office of the said insurance company	Acko General insurance company ltd Goregaon ast Mumbai 400063
policy/insurance certificate and the date of insurance policy/insurance	Period of insu 04/07/2021 to 03/07/2022
Action taken . if any and the result there of	In this case spot panchanama, Ineuest panchanama, is done and statement of the withness is recorded and in is taken form Gramin hospital Kalamb
	Inspector of police
	CR.NO/FIR NO/SDE NO Date time and place of the accident Name of the injured/deceased Name of Hospital to which he/she removed Number of vehicles and type of the vehicle Name and address of the Driver of the vehicle with particulars or driving license The number of Badge in case of publice Service Vehicle and the address of issuing Authority of the said driving license the number of bedge in case of publice service vehicle and the address of issuing authority of the said badge Name and address of the owner of the vehicle as it stands on the date of the accident Name of the address of the insurance company with whom the vwhicle was insured and the divisional office of the said insurance company Number of the insurance policy/insurance Action taken . if any and the result

N.B.This form dhould accompany with or the necessary document vis.(1)FIR(2)Panchnama (3) medical certificate/postmortem Report