

Form Comp A.A.

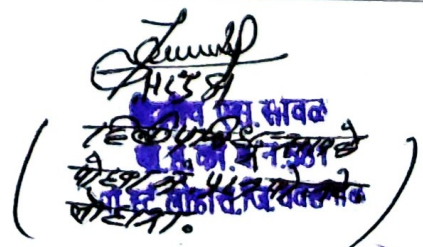
(See rules 253(c),234(5)(iii)|254(2)255(1)(iv))

REPORT ABOUT THE,MOTOR VEHICLE ACCIDENT

1	Name of Police Station	पो. स्टे. लो 6127 यवतमाळ
2	FIR No. U/sec	CE/2029 दि. 24/07/2021 9 वे 00:26 वट.
3	Date, Time and Place of the Accident.	लोहारा ते वाघापूर कायपास सिटी वॉर्डिसपार्टमेंट कमाल टाकरी राड 9 कि. मी. उत्तर
4	Name of the injured/deceased	
5	Name of the Hospital to which he/she was removed	जिवन साठ्याव पत्र्याचे कर्म 82 वर्षे म. कॉलेज नगर लोहारा.
6	Number of the vehicle and the type of Vehicle.	मि. प. मा. शा. कर्म वस वि. स्वयंसाह.
7	Name and address of the Driver of the Vehicle with Particulars of driving licence of the said driver and the address of the issuing authority of the said badge?	कॅप्टन ड्रक कुं. MH 86. AR. 9LZE चाचण्यासाठी: मालीक एमंगल रेकार्डे, वय 23 वर्षे म. समोळ, म. पाणेबा शे. वि.
8	Name and address of the owners of Vehicles as it stand on the date of accident?	कुळा शामराव कामराव वय 62 वर्षे म. समोळ म. समोळ, 4 स्वयंसाह कायपास वसु पत्र्या ल मो. 9916178988
9	Name and address of the insurance company with whome the vehicle was insured and the Divisional officer of the said insurance company?	इन्शुरन्स काठवा साहे.
10	Number of insurance policy /insurance certificate and the date of the validity of the insurance policy/ insurance certificate	—
11	Action taken,if any and the result there of	मगधारापड
	Date :- 22/07/2021	



(मिलन बा. कायल)
ठाणेदार, पोलीस स्टेशन लोहारा
जि. यवतमाळ



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