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|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 1  | Name of the Police Station                                                                                                                                                                                                              | Babhugan dist Yavatmal                                                                              |
| 2  | CR.NO./TAR No./SDE No.                                                                                                                                                                                                                  | 304(A)<br>91/021 - 279, 337, 338 IPC                                                                |
| 3  | Date, Time and place of the accident                                                                                                                                                                                                    | 27/01/021 to 18/00                                                                                  |
| 4  | Name of the Injured/Deceased                                                                                                                                                                                                            | Vishal Gajanan. Mokase Age. 17<br>At Ranb Amravati                                                  |
| 5  | Name of the Hospital to which he/she was removed.                                                                                                                                                                                       | Gover. Medical College Nagpur                                                                       |
| 6  | Number of vehicles and type of the vehicle.                                                                                                                                                                                             | MH29B MH32-5-7940<br>Bajaj Discover Two Wheeler                                                     |
| 7  | Name and address of the Driver 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 accident. | Nikhil Moratrao Punewar<br>At. Rani Amravati Dist<br>Yavatmal (Maharashtra)                         |
| 8  | Name and address of the Owner of the vehicle as it stands on the date of the accident                                                                                                                                                   |                                                                                                     |
| 9  | Name and address of the Insurance Company with whom the vehicle was insured and the Divisional office of the said Insurance Company.                                                                                                    | No Insurance                                                                                        |
| 10 | Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/ Insurance Certificate.                                                                                                              | — 1 —                                                                                               |
| 11 | Action taken, if any, and the result thereof.                                                                                                                                                                                           |                                                                                                     |
|    |                                                                                                                                                                                                                                         | (DILIP S. WADGAONKAR)<br>Inspector of Police<br>Babhugan Police Station<br>Police Station, Babhugan |

N.B - These From should accompany with all the necessary document viz. (1) F.I.R. (2) Panchanama (2) Medical Certificate Post- Mortem Report.