## 1qaFROM COMP AA

. [See Rules 253@254@(iii)(80 255 (1)(iv) ]

## REPORT ABOUT THE MOTHER VEHICLES ACCIDENTS

"Name of the Police Staton	:-	Babhygon vist tauatmal
· CR.NO/TAR No./SDE No.	:-	104/21 279, 337, 338, 304-1 IP.C
Date,Time and place of the accident	:-	I.T.I Collage Road Thamugar Load
Name of the Injured/Deceased	:-	Vandana Hanumant Chikate At Godhlips: Babbulgerou
Name of the Hospital to which he/she was removed.	:-	5002. Hostital-rarafmas
Number of vehicles and type of the venicle.	:-	M-cycle- No. MH-29-BQ-1520
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 publice Service Vehicle and the address of the Issuing Authority of the accident.	:-	Ashisy Graneshyao Ingole At Fubgaon-to Dayway - xoughmal
Name and address of the Owner of the vehicle as it stands on the date of the accident	:-	AShist Grenestron Fyde
Name and address of the Insurance Company with whom the vehicle was insured and the Divisional office of the said Insurance Companany.	:-	MO Fusiquemer
Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/ Insurance Certificate.	:-	MB JUSTIGNE
Action taken, if any, and the result thereof.	:-	
		· (DILIPIS WADGAONKAR)
	-	Babhulga Police inepector
		Police Station, Babhulgaon
	Date, Time and place of the accident  Name of the Injured/Deceased  Name of the Hospital to which he/she was removed.  Number of vehicles and type of the venicle.  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 publice Service Vehicle and the address of the Issuing Authority of the accident.  Name and address of the Owner of the vehicle as it stands on the date of the accident  Name and address of the Insurance Company with whom the vehicle was insured and the Divisional office of the said Insurance Companany.  Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/ Insurance Certificate.  Action taken, if any, and the	Date, Time and place of the accident  Name of the Injured/Deceased:  Name of the Hospital to which he/she was removed.  Number of vehicles and type of the venicle.  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 publice Service Vehicle and the address of the Issuing Authority of the accident.  Name and address of the Owner of the vehicle as it stands on the date of the accident  Name and address of the Insurance Company with whom the vehicle was insured and the Divisional office of the said Insurance Companany.  Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/ Insurance Certificate.  Action taken, if any, and the