


FORM

[See Rules 253 , 254 (iii), 254 (1) (iv)]  
REPORT ABOUT THR MOTOR VEHICLES ACCIDENTS

1	Name of the Police Station	:-	Sawantwadi
2	CR No/TAr No/SDE No	:-	Cr No. 68 / 2022
3	Date ,Time and place of the Accident	:-	16/05/2022 as on 15.45 at Kolgaon ,Tilavewadi
4	Name of the injury/Deceased	:-	1.Nutan Amol Dhane 2.Anvay Amol Dhane injured
5	Name of the Hospital to which he/she was removed	:-	Sub district hospital sawantwadi Tal -Sawantwadi
6	Number of vehicles and type of the vehicles	:-	Mahindra XUV 300 No- Mh -12 TS- 91321 (Accused)
7	Name and Address of the Driver of the vehicles with particulars or Driving License of the said Driver and the address of the Issuing Authority of the said Driving Licence. The Number of Badge in case of Public Service Vehicle and the address of the Issuing Authority of the said Badge.	:-	Amol Vasant Dhane Age -38 Years At and Post - Flat no C -901 Venkatesh galaxi,Katraj,Kondava road pune,Tilak nagar,Kondava budruk,Pune- 411048 Licence No- MH 11 20090003800 (Accused)
8	Name and address of the Owner of the vehicles as it stands on the date of the accident.	:-	Nutan Amol Dhane (Accused wife)
9	Name and address of the Insurance Company with whom the vehicles was insured and the Divisional officer of the said Insurance Company	:-	Cholamandalam MS General Insurance Company limited Branch - Ghatkopar (East) Mumbai
10	Number of Insurance Policy/Insurance Certificate and the date of validity of the Insurance Policy/Insurance Certificates.	:-	P 8950348 Dated:- 20/12/2021 To 21/12/2022
11	Action taken if any and the result there of.	:-	Chargesheet file
 Inspector of Police Sawantwadi police Station			
12	N.B.:- This form should a company with all the necessary document viz (q) FIR. (r) Panchanama (s) Medical Certificate/Post-Mortem Report.		