Certificate/Post –Mortem Report.

FORM COMP AA

[See Rules 253 ©, 254 (c) (iii) , 254 (80 255 (1) (iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	:-	Vaibhavwadi police station
2.	CR. NO./TAR No./ SDE No.	:-	CR NO 27/2024 IPC SEC. 279,337,338 MV ACT 184]134]177
3.	Date, Time and place of the accident.	:-	DATE 25/01/2024 PLACE- VAIBHVWADI TO FONDA ROAD NEAR KHAMBALE
4.	Name of the Injured /Deceased	:-	Injured – RAJESH SADASHIV GAJOBAR AGE 36 A/PGOPALNAGER VAIBHAVWADI
5.	Name of Hospital to which he /she was removed.	:-	NILL
6.	Number of vehicles and type of the vehicle.	:-	TWO wheeler MH07 AP-2084 FOUR WHELER MH07/AG5348
7.	Name and address of the Driver of the vehicle with particulars or Driving License 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 said Badge	:-	TWO wheeler DRIVER-RAJESH .S GAJOBAR A/P VAIBHAVWADI D L NO MH07 20120007092 FOUR WHELER -SANKET CHANDRAKANT SAWANT A/P KUMBHAVDE D L NO-NILL
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	TWO wheeler DRIVER-RAJESH .S GAJOBAR A/P VAIBHAVWADI FOUR WHELER -SUDHAKAR BALWANT RAORANE A/P VAIBHAVWADI
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	1)BAJAJ INSURANCE A/P YERAVDA PUNE 2)FUTURE GENRAL INSURANCE L.T.D A/P SHIVAJI UDDYAM NAGER KOLHAPUR
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1) POLICY NO –OG.22-2047-1826-00000954 DATE 24/06/2021 TO 24/6/2022 2) POLICY N0.VB237776 DATE 08/2/2023 TO 07/02/2023
11.	Action taken, if any, and the result thereof.	:-	THE CHARGE SHEET TO COURT

(M.P.SONWALKAR)

Police, Inspector

VAIBAHVWADI POLICE STATION