REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	:-	devgad police thane
2	CR. NO./TAR No./ SDE No.	:-	cr no 43/2026
3.	Date, Time and place of the accident.	:-	date-26/04/2026 at 01.55 pm DEVGAD NIPANI ROAD , SATPAYRI tal-devgad
4.	Name of the Injured /Deceased	:-	Omkar Anilkumar sarang age 28 yrs R/O shivnagar tal-devgad
5.	Name of Hospital to which he /she was removed.	:-	sarita Hospital devgad
6.	Number of vehicles and type of the vehicle.	:-	01) motorcycle no. MH-07-AP-2022 02) motorcycle no- MH-01-DM-5918
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.	:-	1) Omkar Anilkumar sarang age 35 yrs R/O shivnagar tal-devgad License no---- 2) ganesh ramkrushna Labde, age37, R/O Talebajar tal-devgad License no- MH0120160052405
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) Rupam ramakant Acharekar age yrs, R/O devgad college road, samrtha plaza tal-devgad 2) ganesh ramkrushna Labde, age37, R/O Talebajar tal-devgad
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	1) KOTAK General Insurance Company LTD 2) BAJAJ General Insurance Company LTD
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	1) ABK/PM417882 2) og-26-1904-1806-00254653
11.	Action taken, if any, and the result thereof.	:-	chargesheet submit

Inspector of Police
पोलीस निरीक्षक
Devgad Police Station
पोलीस स्टेशन देवगड

N.B – This form should accompany with all the necessary document viz. (1) F.I.R (2) Panchanama (3) Medical Certificate/Post –Mortem Report.