

## REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

|    |                                                                                                                                                                                                                                                                                    |                                                                        |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| 1  | Name of Police station                                                                                                                                                                                                                                                             | Basamba Police Station Date 29/08/2025                                 |
| 2  | CR NO/Tar no /Sde No                                                                                                                                                                                                                                                               | 257/2025 Us 281,125(A), 125(B), 324(4)BNS 2023                         |
| 3  | Date time and place of the accident                                                                                                                                                                                                                                                | Date 09/08/2025 at 08.00 AT Kalmatha                                   |
| 4  | Name of injured/Deceased                                                                                                                                                                                                                                                           | Injured – 1) Pradip Kanbarao Maske R/O Khadkad Bu. Tq Dist. Hingoli. . |
| 5  | Name of hospital to which he/she was removed                                                                                                                                                                                                                                       | --                                                                     |
| 6  | Number of vehicle and type of the vehicle                                                                                                                                                                                                                                          | ST Mahamandal Bus No MH 20 BL 3489                                     |
| 7  | Name and address of the driver of vehicle with particulars or Driving license of the side driver and the address of the issuing authority of the side driving license the no of badge in case of public service vehicle and the address of the issuing authority of the side badge | ST Mahamandal Bus No MH 20 BL 3489                                     |
| 8  | Name of address of owner of the vehicle as it stands date of accident                                                                                                                                                                                                              | ----                                                                   |
| 9  | Name and address of the insurance campony with whom the vehicle was insured and the divisional office the side insurance campony                                                                                                                                                   | ----                                                                   |
| 10 | No of insurance policy/ insurance certificate and the date of validity of insurance policy/ insurance certificate                                                                                                                                                                  | ----                                                                   |
| 11 | Action taken if any and the result there of                                                                                                                                                                                                                                        | As above                                                               |
|    |                                                                                                                                                                                                                                                                                    | Police Inspector<br>Basamba Police Station.                            |
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