

## REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

|    |                                                                                                                                                                                                                                                                                    |                                                                        |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| 1  | Name of Police station                                                                                                                                                                                                                                                             | Hingoli rural Police Station Date 28/08/2026                           |
| 2  | CR NO/Tar no /Sde No                                                                                                                                                                                                                                                               | 564/2026 Us 281, 125(A), 125(B), 324(4) BNS 2023                       |
| 3  | Date time and place of the accident                                                                                                                                                                                                                                                | Date 11/08/2026 At near Hariom Tea Center ,Nanded to Akola road        |
| 4  | Name of Injured/Deceased                                                                                                                                                                                                                                                           | Injured – Malhari Jyotiram Makhane R/O Salwa Tq Kalamnuri Dist Hingoli |
| 5  | Name of hospital to which he/she was removed                                                                                                                                                                                                                                       |                                                                        |
| 6  | Number of vehicle and type of the vehicle                                                                                                                                                                                                                                          | 1) Four Wheeler No.MH-37-V-2570<br>2) Two wheeler No. MH-26-CJ-2103    |
| 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 | 1) Four Wheeler No.MH-37-V-2570<br>2) Two wheeler No. MH-26-CJ-2103    |
| 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>Hingoli Rural Police Station                       |
|    |                                                                                                                                                                                                                                                                                    |                                                                        |