

ACCIDENT REPORT FORM

- आय.क्र. 24/16 दिनांक 20.5.2016
1. Name of Police Station
P.S. Paashivani
 2. Description and registered number of vehicle (if a lorry, axle weight should be given)



प्र.प.प. नमोपूर (ग्रामीण)
आय.क्र. 227 दि. 10/05/16

MH40X 6630 Passion Pro
V/S

MH40X 8740 Bolero Pickup

3. Condition of brakes and brake connections
4. Condition of Steering, Steering arms and connection and engine control
5. Condition of gear box and differential
6. Frame (side; front & rear members)
7. Wheels, axles and springs (front and rear)
8. Any other defects worthy of special mention.
9. Was accident, in the opinion of the Examining Officer due to any mechanical defects in the vehicles? This opinion to be expressed in serious case only
10. Is Registration and Tax in order?
11. If a heavy motor vehicle is insurance in order?
12. If a transport vehicle, are the Certificate of Fitness and permit in order?

In order

In order

In order

In order

In order

Not due to Mechanical defects

I/O to verify please

Call received on
Date, time and place of inspection

10/05/16
12/05/16 5:40 PM
P.S. Paashivani

Name of Driver
M.D.L. No.
Validity

I/O to verify please

2233
प्र.प.प. नमोपूर
दिनांक 13/5/16

12/05/16

Inspector of Motor Vehicles
Inspector of Motor Vehicles
Filing Squad
R.T.O. Nampur (Gramin)
P.S.

Forwarded with compliments to the P.I. for information and report on action taken.

Report About The Motor Vehicles Accidents

1. Name of the Police Station. : Parscone
2. Crime No./TAR No./SDE No. : 35/2016
3. Date time and place of the accident : 7/5/2016, 16.45, Sarede taler, Palora
4. Name of the injured/deceased. : Tan - Parsemi, Dist - Nagpur
Lukesh Moti Padoti
5. Name of the Hospital to which he/ she was removed. : IGMCH, Nagpur
6. Number of vehicle and the type of the vehicle. : Bolero, MH-34-M-8740
7. Name & Address of the Driver of the vehicle with particulars of driving licence of the said driver and the address of the issuing authority of the said driving licence. : Udhayan Gopal patil
Address - New Govt Hospital, ward No 2, Tistui, (B) Dist - Nagpur
8. Name & address of the owner of the vehicle as it stands on the date of the accident. : Mr. Udhav Gopal Patil
Mr. Govt Hospital, ward No. 2, Tistui, Dist Nagpur
9. Name & address of the Insurance company with whom the vehicle was insured and the Divisional office of the said insurance Company. : Shriram General Insurance Company Ltd
Shradha House, 3rd floor, Beside monini complex, 345 Kingsway, Sad Nagpur
10. Number of insurance policy / insurance certificate and the date of validity the police/ certificate of insurance. : NO. 215034/31/16/003098
15/3/2016 to 14/3/2017.
Crime Registered and Investigation is going on.
11. Action taken, if any and the result there of :
cancel document
Adv. Rahul Wankar
11/02/17
27/2/2016

Signature

(Inspector of Police/P.S.O.)

Police Station

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