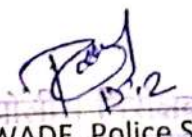


[See Rules 253 ©, 254 (c) (iii), 254 (80), 255 (1) (iv)] REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of the Police Station	:- TOKAWDE POLICE STATION
2	CR.NO./TAR No./SDE No.	CR No 93/2023 IPC 279,MVACT 184
3	Date, Time and Place of the accident.	DATE-22/06/2023 TIME 02.00 PM on SAJGAON TOKAWADE
4	Name of the Injured / Deceased	BABASAHEB NIVRUTTI HULWALE
5	Name of Hospital to which he / she was removed	NO
6	Number of vehicles and type of the vehicle.	MH01CV7856
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.	SANDIP DASHARTH AWARI Driving Licence – YES NO –MH1520140011120
8	Name and address of the Owner of the vehicle as it stands on the date of the accident	VIKAS SHANTARAM BHADRIKE 609 6 TH FLR PLOT NO 1/3072-30763-7-9 CHANDAN HEIGHTS CARPENTER 1 ST STREET GOL DEVAL GIRGAON MUMBAI
9	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	TATA AIG PENINSULA BUSINESS PARK TOWAR A 15 TH FLOOR G K MARG LOWER PAREL MUMBAI
10	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy / Insurance Certificate.	POLICY NO 63002366060000 05.02.2023 TO04.02.2024
11	Action taken, if any. And the result there of.	FIR no93 /2023 IPC 279, MVACT 184
		Inspector of Police.  TOKAWADE .Police Station
N.B – This form should accompany with all the necessary documents (1) F.I.R (2) Panchanama (3) Medical Certificate/Post – Mortem Report		

व्याक्ति

N.C.R.B (एन.सी.आर.बी)
I.I.F.-1 (एडिफाईड अन्वेषण फॉर्म - 1)

FIRST INFORMATION REPORT
(Under Section 154 Cr.P.C.)
प्रथम खबर अहवाल
(कलम 154 प्रमाणित प्रक्रिया संहिता)

1. District (जिल्हा): ठाणे शहरी
FIR No.(प्रथम खबर क्र.): 0093
P.S.(पो): लोखण्डे
Date and Time of FIR (प. सं. दिनांक आणि वेळ): 22/06/2023 08:59 बजे
Year (वर्ष): 2023
2. S.No. (अ.क्र.) Acts (अधिनियम)
1 भारतीय दंड संहिता 1860
2 मोटरवाहन अधिनियम, 1988
Sections (कलम)
309
184
3. (a) Occurrence of offence (घटनाची घटना):
1. Day(दिवस): बुधवार
Time Period (कालावधी): पहाळ 1
Date From (दिनांक पासून): 22/06/2023
Date To (दिनांक पर्यंत): 22/06/2023
Time From (वेळेपासून): 02:00 बजे
Time To (वेळेपर्यंत): 02:00 बजे
- (b) Information received at P.S. (माहिती मिळालेले पोलीस ठाणे):
Date (दिनांक): 22/06/2023
Time (वेळ): 08:59 बजे
- (c) General Diary Reference (रोजनामचा संदर्भ)
Entry No. (नोंद क्र.): 004
Date & Time (दिनांक आणि वेळ): 22/06/2023 08:59 बजे
4. Type of Information (माहितीचा प्रकार): लेखी
5. Place of Occurrence (घटनास्थळ):
1.(a) Direction and distance from P.S.(पोलीस ठाण्यापासून दिशा व अंतर): पश्चिम, 8 किमी
Beat No. (बिट क्र.):
(b) Address (पत्ता): साजगाव फाटयाजवळ, मुरबाड
- (c) In case, outside the limit of this Police Station, then (या पोलीस ठाण्याच्या हद्दीबाहेर असल्यास):
Name of P.S.(पोलीस ठाण्याचे नाव):
District(State) (जिल्हा(राज्य)):
6. Complainant / Informant (तक्रारदार/माहिती देणारा):
(a) Name (नाव): बाबासाहेब निवती हुलवळे
(b) Father's/Husband's Name(वडील / पत्नी चे नाव):
(c) Date/Year of Birth (जन्म तारीख/वर्ष): 1980
(d) Nationality (राष्ट्रीयत्व): भारत
(e) UID No. (यु.आय.डी. क्र.):
(f) Passport No.(पासपत्र क्र.):
Date of Issue (दिल्याची तारीख):
Place of Issue (दिल्याचे ठिकाण):
- (g) Id details (Ration Card, Voter ID Card, Passport, UID No., Driving License, PAN)
ओळखपत्र विवरण (राशन कार्ड, मतदाता कार्ड, पासपोर्ट, यूआईडी सं., ड्राइविंग लाइसेंस, पॅन कार्ड)
S.No.(अ. क्र.) Id Type (ओळखपत्राचा प्रकार) Id Number (ओळखपत्राचा क्रमांक)
1

Attachment to item 7 of First Information Report (प्रथम खबरीतील मुद्दा क्र. ७ ला जोडपत्र):
Physical features, deformities and other details of the suspect/accused: (If known /
(संशयित/आरोपीचे (माहित असलेल्या/पाहिलेल्या) शारीरिक वैशिष्ट्ये, व्यंग आणि इतर तपशील))

S.No.(अ.क्र.)	Sex (लिंग)	Date/Year of Birth (जन्म)	Build (सांगा)	Height (cms.) (उंची)	Complexion (रंग)	Identification Mark(s) (ओळखीच्या खुणा)	
1	2	3	4	5	6	7	
1	पुरुष					चेवक के दाग: NO	
Deformities/ Peculiarities	Teeth (दात)	Hair (केस)	Eyes (डोळे)	Habit(s) (सवयी)	Dress Habit(s) (पोशाखाच्या सवयी)		
8	9	10	11	12	13		
Language /Dialect (भाषा/बोलीभाषा)	Burn Mark	Place Of (का स्थान)	Leucoderma (कोड)	Mole (तिळ)	Scar (व्रण)	Tattoo (गोदण)	Others (इतर)
14	15	16	17	18	19	20	

These fields will be entered only if complainant/informant gives any one or more particulars about the suspect/accused.
(जर तक्रारदार/माहिती देणा-याने संशयित/आरोपीविषयी एक किंवा त्यापेक्षा अधिक तपशील दिल्यास फक्त यातील रकान्याची नोंद घेतली जाईल.)