

FORM COMP AA**REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS**

Police Station:	BHANDARA
CR.No./TAR NO./SDE NO:	CR NO 956/2024 SECTION 281,406 (1) R/W 185 MV ACT
Date, Time & Place of accident:	01/10/2024 Time 08/00 Am
Name of the Injured/Deceased:	Aadi Ruochand Bagde Age 9 Year At Gandhi Ward Bhojapur Ta.Dist Bhandara Pn 441904
Name of Hospital to which he/she was removed:	GOV. HOSPITAL BHANDARA
Number of vehicles and type of the vehicle:	MH36H8486
Name and address of the driver of the vehicle with particulars or Driving license of the said Driver and the Issuing Authority of the said Driving License:	Suraj Bhojram Kalnayake Age 21 Year At Jakh Po. Manegong B Ta Dist Bhandara (Girola Punarwasn Ta Dist Bhandara)
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	NOT
Name and address of the Owner of the vehicle as it stands on the date of the accident:	Miss. Wakil Bashir Khan At Jamnalal Ward Bhandara Ta- Dist Bhandara Date 07/02/2017
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	This Vehicle Inshurance Is Laps
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	THIS VEHICLE INSHURANCE IS LAPS
Action taken,if any,and the result thereof:	A Case Was Registered Against The Accused

Inspector of Police