

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

Police Station:	BHANDARA
CR.No./TAR NO./SDE NO:	CR.NO. 1112/2024 U/S 281, 125(A) BNS 2023 R/W 184 MV ACT
Date, Time & Place of accident:	SANT KABIR WARD, KAZINAGAR BHANDARA
Name of the Injured/Deceased:	VRIDDHISH ASHWIN BURADE AGE 04 YEARS AT.SANT KABIR, KAZINAGAR BHANDARA
Name of Hospital to which he/she was removed:	DESHKAR HOSPITAL,BHANDARA / TEMBHURNE HOSPITAL,BHANDARA
Number of vehicles and type of the vehicle:	HONDA CB SHINE MH36/Y3443
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:	MANISH YOGESHWAR BURADKAR AGE 45 YERAS AT.SANT KABIR WARD, KAZINAGAR BHANDARA
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	NO
Name and address of the Owner of the vehicle as it stands on the date of the accident:	MANISH YOGESHWAR BURADKAR AGE 45 YERAS AT.SANT KABIR WARD, KAZINAGAR BHANDARA DATE 13/07/2017
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	GO DIGIT GENERAL INSURANCE LTD, KARNATAKA
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	D143025693/07042024 DATE 08/04/2025
Action taken,if any,and the result thereof:	POLICE PENDING

Inspector of Police