Date: 22-07-2025

FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	SAKOLI
CR.No./TAR NO./SDE NO:	310/25 SEC 281,106(1),184 BNS , RW 134(A)(B) M.V ACT
Date, Time & Place of accident:	31/05/25 To 15.05 , Ukara Fata NH 53 Road
Name of the Injured/Deceased:	1) Jitendra Ravindra Uprade At 28 Year Old , At Mohantola, Ta Amgaaon Dist Gondiya (dead) 2) Yadhorao Gopal Wadhare At 36 Year Old, At Amgaon, Ta Amgaow, Dist Gondiya
Name of Hospital to which he/she was removed:	Sub Dist Hosptial Sakoli
Number of vehicles and type of the vehicle:	1)) MH 35 K 1543 TATA MAJIC (ACCUSE),2) MH 35 AM 0670 BAJAJ CT 100 (VICTIM)
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:	
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	1)) MH 35 K 1543 TATA MAJIC - YES),2) MH 35 AM 0670 BAJAJ CT 100 NOT APPLICABLE
Name and address of the Owner of the vehicle as it stands on the date of the accident:	1)) MH 35 K 1543 TATA MAJIC - SHRI PRLHOD ZODU RAUT AT. BORGAON, TA SEORI , DIST GONDIYA 2) MH 35 AM 0670 BAJAJ CT 100 (VICTIM) - JITENDRA RAVINDRA UPRADE , AT Mohantola, Ta Amgaaon Dist Gondiya (dead)
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	NOT APPLICABLE
Action taken,if any,and the result thereof:	UNDER INVESTIGATION PROGRESS

Inspector of Police