

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

<b>Police Station:</b>	TUMSAR
<b>CR.No./TAR NO./SDE NO:</b>	CR.NO.475/2025 U/S 281, 125(A)(B) BNS 2023 R/W 134(A)(B), 184 MV ACT
<b>Date, Time &amp; Place of accident:</b>	Date 22/07/2025 To 10/30 AM, CHICHOLI NAKA, TAH.TUMSAR DIST.BHANDARA
<b>Name of the Injured/Deceased:</b>	WASANTRAO THAKCHAND DHOMANE AGE 67 YEARS AT.NAKADONGARI TAH.TUMSAR, DIST,BHANDARA
<b>Name of Hospital to which he/she was removed:</b>	SHRI SAISHRAM MULTISPECIALITY HOSPITAL AND DENTAL CLINIC, TUMSAR
<b>Number of vehicles and type of the vehicle:</b>	MH 36 AA2558 MAHINDRA SUPRO PRAFOT TRUCK MAXI LX, MP 50 MD 0664 BAJAJ DISCOVER
<b>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:</b>	DINESH URKUDA UIKEY AGE 39 YEARS AT.GAOBARWAHI , MH 36
<b>The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:</b>	NO
<b>Name and address of the Owner of the vehicle as it stands on the date of the accident:</b>	M/S SHAHIL ENTERPRISES AT.NEAR PETROLPUMP GABARWAHI TAH.TUMSAR DIST.BHANDARA
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	ROYAL SUNDARAM GENERAL INSURANCE CO.LIMITED,NAGPUR
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	VGC0981177000101 VALID DATE- 31/07/2024 -30/07/2025
<b>Action taken,if any,and the result thereof:</b>	POLICE INVESTIGATION

Inspector of Police