

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

<b>Police Station:</b>	LAKHANDUR
<b>CR.No./TAR NO./SDE NO:</b>	257/2025
<b>Date, Time &amp; Place of accident:</b>	10.08/2025 Time 13.30 Pm
<b>Name of the Injured/Deceased:</b>	1) Ravi Tukaram Waghamare, 2) Kajal Ravi Waghamare, 3) Sunita Mahadev Marbate
<b>Name of Hospital to which he/she was removed:</b>	Rural Hospital Lakhandur & Nakade Hospital Bramhapuri
<b>Number of vehicles and type of the vehicle:</b>	1) MH 36 V 4910 BAJAJ CT 100 2) MH 29 R 1484 SWIFT
<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>	1) MH 36 V 4910 BAJAJ CT 100 - Ravi Tukaram Waghamare, 2) MH 29 R 1484 SWIFT MAHADEV VITTHAL MARBATE
<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>	MAHADEV VITRTHAL MARBATE, AT PO MASAL, TA. LAKHANDUR, 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>	SBI GENERAL INSURANCE
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	POPMCAR00101898502
<b>Action taken,if any,and the result thereof:</b>	AACIDENT REGISTERED

Inspector of Police