

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

Police Station:	KARDHA
CR.No./TAR NO./SDE NO:	261/25 SECTION- 281,125(A) BNS RW 184,185 MV ACT
Date, Time & Place of accident:	Date- 04/06/2025
Name of the Injured/Deceased:	Rakesh Rajendra Hemke Age- 42
Name of Hospital to which he/she was removed:	Civil Hospital Bhandara
Number of vehicles and type of the vehicle:	1) MH 36 AL 4619
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:	Rakesh Rajendra Hemke Age- 42 Address- Police Station Sakoli
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	POLICE VEHICLE
Name and address of the Owner of the vehicle as it stands on the date of the accident:	Police Vehicle
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	Police Vehicle
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	POLICE VEHICLE
Action taken,if any,and the result thereof:	261/25 Section- 281,125(A) BNS RW 184,185 MV Act

Inspector of Police