

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

| | |
|--|---|
| Police Station: | BHANDARA |
| CR.No./TAR NO./SDE NO: | CR.NO.793/18, SECTION 279,337,338 IPC. R/W 184.134/177 MV ACT. |
| Date, Time & Place of accident: | DT 28/09/18 TIME 10/30 AM, DR. TAJNE HOSPITAL NIER BHANDARA |
| Name of the Injured/Deceased: | RAKESH MURLIDHAR LANJEWAR, AGE 20 YEAR, AT.POST MOHARI CHOURAS THA. PAWNI BHANDARA |
| Name of Hospital to which he/she was removed: | LAKSH HOSPITAL,TAKIYA WORD, BHANDARA. |
| Number of vehicles and type of the vehicle: | TRACTOR NO.MH 36 -D-9655 , TROLI NO.MH-36-9807 |
| 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: | PRAKASH SHRAVAN RAMTEKE, AGE 27 YEAR, AT. POST - TUPKAR MURMADI, THA- LAKHANI, DIST 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: | PRADIP MANIKRAO KORE, AGE 38 YEAR, AT.POST - NAVIN TAKLI BHAGATSING WORD BHANDARA |
| Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company: | CHUDAMANDAL M.S. INSHUEANCE CO.LTD.BHANDARA CIE NO. 12-13 TURSKAR COMPLEX GROUNDE FFOUR BADA BAJAR BHANDARA |
| Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate: | P.NO 3379/02050000/000/00, VALIDITY DATE 01/06/2018 TO 31/05/2019 |
| Action taken,if any,and the result thereof: | POLICE PENDING |

Inspector of Police