



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

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

Inspector of Police

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