

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

Police Station:	PALANDUR
CR.No./TAR NO./SDE NO:	57/2025 U/S 281, 106(1) BNS AND U/S 184 MVA
Date, Time & Place of accident:	Date - 07/04/2025 Time - 06.00 PM. To 07.00 PM.
Name of the Injured/Deceased:	Subhash Shriram Waghade, Age 57 Year Old At Post. Mangali Ta. Lakhani Dist Bhandara
Name of Hospital to which he/she was removed:	R.H. Palandur, Deceased -R.H. Lakhani
Number of vehicles and type of the vehicle:	MH 35 N 5617
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:	Subhash Shriram Waghade, Age 57 Year Old At Post. Mangali Ta. Lakhani Dist Bhandara
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	NOT APLICABLE
Name and address of the Owner of the vehicle as it stands on the date of the accident:	Vaibhav Sushil Ladre, At Post Subhash Ward Gondia
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	No Inshurance
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	NOT INSHURANCE
Action taken,if any,and the result thereof:	Action Has Been Taken

Inspector of Police