

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

<b>Police Station:</b>	PALANDUR
<b>CR.No./TAR NO./SDE NO:</b>	CR. NO. 159/2025 U/S - 281, 106(1) B.N.S. AND U/S 184 MVA
<b>Date, Time &amp; Place of accident:</b>	Date - 08/09/2025 Time - 17.15 PM. To 17.20 PM.
<b>Name of the Injured/Deceased:</b>	Ashish Ramesh Gondane, Age 38 Year, At.Post Palandur, Ta. Lakhani, Dist. Bhandara
<b>Name of Hospital to which he/she was removed:</b>	R.H. Palandur, Deceased -R.H. Lakhani
<b>Number of vehicles and type of the vehicle:</b>	ST BUS - MH 06 S 8834
<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>	Praful Suryabhan Ganvir, Age 39 Year Old, At Post Ambadi, Ta. 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>	YES
<b>Name and address of the Owner of the vehicle as it stands on the date of the accident:</b>	Secratery MSRTC Address - Divisional Controller MSRTC Gadchiroli, Dhanora Road Gadchiroli 442401
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	Form No 53 Exempted
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	VALID UPTO DATE 31/03/2026
<b>Action taken,if any,and the result thereof:</b>	Action Has Been Taken

Inspector of Police