

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

<b>Police Station:</b>	PAUNI
<b>CR.No./TAR NO./SDE NO:</b>	338/25 SEC 281,106,125(B) BNS R/W 184 MV ACT
<b>Date, Time &amp; Place of accident:</b>	DATE 15/09/25 TIME 12.00 PM
<b>Name of the Injured/Deceased:</b>	1. DILIP MAROTI HEMNE AT.PO.UMRI TAH.PAUNI 2. HARIDAS RAGHUNATH SAWARBANDHE, AT.PO.UMRI, TAH.PAUNI
<b>Name of Hospital to which he/she was removed:</b>	RURAL HOSPITAL PAUNI AND LAKSH HOSPITAL BHANDARA
<b>Number of vehicles and type of the vehicle:</b>	MH-04-FJ-7649 LPT3118 TRUCK
<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>	SACHIN SURESH BHOYAR AT.PO.BHUYAR TAH.PAUNI 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>	MAHESH GANGADHAR WARJURKAR AT.PO.AMGAON TAH.PAUNI
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	CHOLA MS GENERAL INSURANCE
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	3379/04371683/000/00
<b>Action taken,if any,and the result thereof:</b>	UNDER INVESTIGATION

Inspector of Police