

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

Police Station:	GOBARWAHI
CR.No./TAR NO./SDE NO:	91/2025 S 281, 125 (A),(B) 106(1)BNS 2023 R/W 134 (A) MVACT
Date, Time & Place of accident:	17/10/2025 Time 08/30 To 09/00 AM Place Devnara To Chikhali Road
Name of the Injured/Deceased:	Ravindra Suresh Kumbhare 22 Year At. Gudhari (Death) Akash Bhaghawat Dhurve 20 Year At. Gudhari (Injured)
Name of Hospital to which he/she was removed:	Medical College Nagpur
Number of vehicles and type of the vehicle:	BIKE MH 36 AH 2691 TRACTOR MH 36 AL 9631
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:	Gopichand Bakaram Pandam 45 Year At. Devnara Driving Licese Yes
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:	Ravikishor Hemraj Bhatt 42 Year At. Devnara
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	Kotak Mahindra Zurich Bnak LTD.Mansurali Tower 1St Floor Plat No. 6 Pune
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	5351003700 31/12/2024 TO 30/12/2025 MIDNIGHT
Action taken,if any,and the result thereof:	ACTION HAS BEEN TEKEN

Inspector of Police