

FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	GOBARWAHI
CR.No./TAR NO./SDE NO:	419/2025 SEC 281, 125 (A)(B) BNS
Date, Time & Place of accident:	04/11/2025 Time 20/00 Place Nakadongri SH 272
Name of the Injured/Deceased:	Mukesh Mohanlal Choudhari Age 43 Year At. Po. Nakadongri Rajkumar Sheshrov Ghonode Age 27 Year At.Po. Rajapur
Name of Hospital to which he/she was removed:	PHC Nakadongri
Number of vehicles and type of the vehicle:	MOTER CY. MH36-AD 7384, MH 36 - S 1873
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:	Rajkumar Sheshrov Ghonode Age 27 Year At.Po. Rajapur
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:	Dipak Sheshrov Ghonode Age 30 Year At.Po. Rajapur
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	No
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	NOT APPLICABLE
Action taken,if any,and the result thereof:	To File Against To FIR

Inspector of Police