

FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

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| Police Station: | TUMSAR |
| CR.No./TAR NO./SDE NO: | CR.NO-10/2026 U/S.281,125(A),125(B) BNS R/W 134,184 M.V.ACT |
| Date, Time & Place of accident: | DATE-04/01/2026 TIME- 14/04 ADD-KHAPA/RAMTEK ROAD SAMADHAN BANK NEAR KHAPA |
| Name of the Injured/Deceased: | 1) DHANENDRA YADORAO HOOD AGE-40 YEAR ADD-KHAPA THA-TUMSAR DIC-BHANDARA 2) ABHISHEK NANAJI HALMARE AGE- 21 YEAR ADD- KHAPA THA-TUMSAR DIC-BHANDARA |
| Name of Hospital to which he/she was removed: | SUBASH CHANDARA GOV.HOSPITAL TUMSAR/ GENRAL HOPPITAL BHANDARA |
| Number of vehicles and type of the vehicle: | DOST XLP RLS GOODS CARRYING VRHICLE NO- BZ -5806 |
| 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: | PRAFUL KACHARULAL SHARNAGAT AGE- 22 YEAR ADD- SAMTA NAGAR NARI ROAD,RAJNANDI LAYOUT JARIPATKA NAGPUR |
| The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge: | PRAPATE VEHICLE |
| Name and address of the Owner of the vehicle as it stands on the date of the accident: | PRAFUL KACHARULAL SHARNAGAT AGE- 22 YEAR ADD- SAMTA NAGAR NARI ROAD,RAJNANDI LAYOUT JARIPATKA NAGPUR |
| Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Officer of the said insurance Company: | MAGMA GENRAL INSURANCE LIMITED |
| Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate: | INS POLICY NO.P0025200001/4103/545095 DATE-27/02/2025 TO 26/02/2026 MIDNIGHT |
| Action taken,if any, and the result thereof: | POLICE INVESTION |

Inspector of Police