

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

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

Inspector of Police