

FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANDUR
CR.No./TAR NO./SDE NO:	364/2025, SEC 281, 125(B) BNS R/W 184, 3/181, 146/196 MV ACT
Date, Time & Place of accident:	15.11.2025 Time 14.30 Pm
Name of the Injured/Deceased:	Injured - Homraj Namu Masaram, Ahe 28 Y , At. Po. Mendha / Chaprad , Ta. Lakanndur, Dist. Bhandara
Name of Hospital to which he/she was removed:	Donadkar Hospital And Aastha Hospital Bramhapuri
Number of vehicles and type of the vehicle:	1) VICTIM - MH 36 AM 5213 HERO SPLENDOR 2) OFFENDING - MH 36 L 5254 SWARAL TRACTOR
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:	1) MH 36 AM 5213 HeroSplendor - Homraj Namu Masaram, Ahe 28 Y , At. Po. Mendha / Chaprad , Ta. Lakanndur, Dist. Bhandara , 2) MH 36 L 5254 Swaral Tractor - Sachin Sadaram Thakare, Age 31 Y, At. Po. Chaprad, Ta. Lakanndur, Dist. Bhandara
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	NA
Name and address of the Owner of the vehicle as it stands on the date of the accident:	MH 36 AM 5213 HeroSplendor - Nikhil Namu Masram, MH 36 L 5254 Swaral Tractor - Nandalal Kosan Dhore
Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Officer of the said insurance Company:	Withoout Isurance
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	NA
Action taken,if any, and the result thereof:	Accident Registered

Inspector of Police