

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

Police Station:	LAKHANDUR
CR.No./TAR NO./SDE NO:	A. D. NO. 03/2026 SEC 194 BNSS
Date, Time & Place of accident:	16/02/2026 TIME 20.30 PM NEAR PARSODI LAKHANDUR TO PAVNI ROAD
Name of the Injured/Deceased:	PRAMOD DHANRAJ THAKARE, AGE 29 Y, AT. PO. ATHALI, TA. LAKHANDUR, DIST. BHANDARA
Name of Hospital to which he/she was removed:	AASTHA HOSPITAL BRAMHAPURI
Number of vehicles and type of the vehicle:	MAHINDRA SWARAJ 843 XM TRACTOR MH 35AR 3665
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:	PRAMOD DHANRAJ THAKARE, AGE 29 Y, AT. PO. ATHALI, TA. LAKHANDUR, 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:	HIMESH SHARAD SHAHARE, AGE 25 Y, AT. PO. DOKESARANDI, TA. LAKHANDUR, DIST. BHANDARA
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	CHOLA MS GENERAL INSURANCE
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	3380/02813947/000/00 VALID UPTO 19/02/2026
Action taken,if any,and the result thereof:	A. D. NO. 03/2026 SEC 194 BNSS

Inspector of Police