



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	ANDHALGAON
<b>CR.No./TAR NO./SDE NO:</b>	53/2021 SECTION 279,304(A) IPC
<b>Date, Time &amp; Place of accident:</b>	24/03/2021 TO 18/55 PM AT DONGRGAON TQ. MOHADI DIST. BHANDARA
<b>Name of the Injured/Deceased:</b>	1) ARVIND DUWAKAR DONGARE AGE 48 YEAR AT BHIKHARKHEDA TQ. MOHADI DIST. BHANDARA (2) RAJU RADHESHAM MANKAR AGE 45 YEAR AT. POST DODONGRGAON TQ. MOHADI DIST. BHANDARA
<b>Name of Hospital to which he/she was removed:</b>	CIVIL HOSPITAL, BHANDARA
<b>Number of vehicles and type of the vehicle:</b>	MH 31 AX 3026 TWO WHEELER HERO HONDA FASSION PRO
<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>	AT BHIKHARKHEDA TQ. MOHADI DIST. BHANDARA
<b>The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:</b>	NO
<b>Name and address of the Owner of the vehicle as it stands on the date of the accident:</b>	ARVIND DUWAKAR DONGARE AGE 48 YEAR AT BHIKHARKHEDA TQ. MOHADI DIST. BHANDARA
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	NO
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	INVALID
<b>Action taken,if any,and the result thereof:</b>	POLICE INVESTIGATION

Inspector of Police

\* System generated document no signature required