



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	BHANDARA
<b>CR.No./TAR NO./SDE NO:</b>	CR.NO.248/2021 U/S 279,337,338 IPC R/W-184 M.V.ACT
<b>Date, Time &amp; Place of accident:</b>	Date- 06/09/2021 Of 14/30 Place- At-Brahmi Ta-Pauni Di.Bhandara
<b>Name of the Injured/Deceased:</b>	Injured - Shekhar Kashiram Kumbhale Age 27 Yrs, R/o- Sawarla Ta-pauni Di-Bhandara
<b>Name of Hospital to which he/she was removed:</b>	Rural Hospital Pauni
<b>Number of vehicles and type of the vehicle:</b>	1) MOTOR CYCLE NO. MH-31 CU-5864, 2) MINI DOOR NO. MH-49 AT-4021
<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>	Accuse - Vaibhav Dinakar Makume Age 27 Yrs, R/o- Vittal Gujari Ward Pauni Di-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>	Owner Name- Dinkar Prabharkar Makume Age 54 Yrs At- Vittal Gujari Ward, Pauni Di- 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 Insurance.
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	NO INSURANCE.
<b>Action taken,if any,and the result thereof:</b>	Investigation Going On.

Inspector of Police

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