



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	WARTHI
<b>CR.No./TAR NO./SDE NO:</b>	CR NO 108/2022 U/S 279, 338, IPC R/W 184 MVA
<b>Date, Time &amp; Place of accident:</b>	DATE 04/07/2022 16/00 TO 16/30 AT - JAMANI GANESH NAGRI
<b>Name of the Injured/Deceased:</b>	INJURED -1) NAVIN ARUN TRIBHUNKAR /30 AT - TUMSAR
<b>Name of Hospital to which he/she was removed:</b>	LAKSH HOPITAL BHANDARA
<b>Number of vehicles and type of the vehicle:</b>	MARUTI SUZUKI MH 40 BE 1982
<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>	SAMIR DILIP URKUDE / 32 AT ROHA
<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>	WASUDEV RAMBHAU GADHAVE /42 AT - ROHA
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	IFCO TAKIO
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	1-2GATVJSSP400 DATE 05/07/2022 TO 07/07/2023
<b>Action taken,if any,and the result thereof:</b>	OFFENCER REGISTER POLICE STATION WARTHI

Inspector of Police

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