



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

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| <b>Police Station:</b>   | BHANDARA   |
| <b>CR.No./TAR NO./SDE NO:</b>  | CR. NO. 405/2022 U/S. 279,337,338 IPC  |
| <b>Date, Time &amp; Place of accident:</b>   | DATE- 07/09/2022 TO 16.30  |
| <b>Name of the Injured/Deceased:</b>   | PRADIP DEVCHAND ALE AGE 45 YEAR AT. DR. ZAKIR HUSEN WARD, BAJARANG CHOWK, BHANDARA |
| <b>Name of Hospital to which he/she was removed:</b>   | SHLOK HOSPITAL BHANDARA (DR. ZAWAR)  |
| <b>Number of vehicles and type of the vehicle:</b>   | MH-40/BB-5321 SUPER SPLENDER   |
| <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> | BHARATBHUSHAN BHAIYAYLAL CHAKOLE AGE 43 YEAR AT. SHIVAJI WARD SUKRAVARI 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>  | GANESH BHAGAVAN THOTE AT. CHOKHADA TAL. RAMTEK DIST. NAGPUR<br>DATE- 09/12/2016    |
| <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 INSURANTION   |
| <b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>                                     | NO   |
| <b>Action taken,if any,and the result thereof:</b>   | POLICE INVESTIGATION   |

Inspector of Police

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