



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	BHANDARA
<b>CR.No./TAR NO./SDE NO:</b>	CR.NO.486/2022
<b>Date, Time &amp; Place of accident:</b>	Date-16/10/2022 Tme 8/30 Am Place Of Accident- Anand Mangal Karyalay Near Khat Road Bhandara
<b>Name of the Injured/Deceased:</b>	1) Jitenda Purushttam Bhajankar Age 32 Years, At- Lala Lachpatroy Ward Bhandara (2) Kalash Nilkanth Giripunje Age 17 Years,At--post-Khat, Th-mouda, Dist- Nagpur
<b>Name of Hospital to which he/she was removed:</b>	Saisuman Hospital Khat Road Bhandara
<b>Number of vehicles and type of the vehicle:</b>	MH-40/ U-1083
<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>	Kalash Nilkanth Giripunje Age 17 Years,at--post-khat, Th-mouda, Dist- Nagpur
<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>	Nilkanth C Giripunje ,At--post-khat, Th-mouda, Dist- Nagpur
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	NA
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	NA
<b>Action taken,if any,and the result thereof:</b>	On The Police Investigation

Inspector of Police

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