



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	ADYAL
CR.No./TAR NO./SDE NO:	CR.NO.109/2022 SECTION 279,337,338, IPC RW 184 MV ACT
Date, Time & Place of accident:	Date 22/05/2022 Time 17/00 Place Minshi
Name of the Injured/Deceased:	1) Akash Harichand Thakur Age 24 Year At.minshi Ta.Bhandara 2)vilash Munna Warkhade Age 25 Year At.minshi Ta.Bhandara 3)vilash Harichand Thote Age 27 Year At.minshi Ta.Bhandara Dist-Bhandara
Name of Hospital to which he/she was removed:	Dr.Nakade Houspital Bhandara
Number of vehicles and type of the vehicle:	1)MH 36 -Z 1680 TRACOTAR 2)TRALI NO.MH.36 Z-9184
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:	Vishal Dnyaneshwar Dighore Age 26 Year At.minshi Ta.Bhandara Dist-Bhandara
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	NO
Name and address of the Owner of the vehicle as it stands on the date of the accident:	1)tracotar Owner-shanghamitra Lokchand Lamkar Age 57 Year Ta.Dhanla/channa Ta. Lakhani Dist-Bhandara 02/12/2017 2)Trali Owner-Harshadip Janardhan Thawakar At.Golewadi Ta. Dist-Bhandara 23/3/2020
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	No
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	NO
Action taken,if any,and the result thereof:	Inveshtingation Coplitted

Inspector of Police

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