



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	BHANDARA
CR.No./TAR NO./SDE NO:	CR.NO-612/2023 U/S-279, 338 IPC, R/W 134, 184 M.V.ACT
Date, Time & Place of accident:	Date 04/09/2023 Time 14/15 . Place Of Accident-Near Haldiram Hotel NH-53 Road Bhojapur Bhandara
Name of the Injured/Deceased:	Name Of Injured-BANDU MAROTI WAGHAYE Age-42, At-Dawadipar, Post-Bela, Th-Dist-Bhandara
Name of Hospital to which he/she was removed:	LAKSH HOSPITAL BHANDARA
Number of vehicles and type of the vehicle:	1)ACCUSED MOTORCYCLE NO MH-36/R-9736, 2) INJURED MOTORCYCLE NO.MH-36/J-6965
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:	ACCUSED Driver NAME- DIPAK GOPICHAND JETHE Age 46, At- Ambedkar Ward Mujbi, Th-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:	Owner Vehicle ACCUSED Driver NAME- DIPAK GOPICHAND JETHE Age 46, At- Ambedkar Ward Mujbi, Th-Dist-Bhandara
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	NA
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	NA
Action taken,if any,and the result thereof:	POLICE INVISTIGATION

Inspector of Police

* System generated document no signature required