



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	KARDHA
CR.No./TAR NO./SDE NO:	CR NO.359/2023 SECTION 279,3337 IPC R/W 184,134/187 MV ACT
Date, Time & Place of accident:	DATE- 19/09/2023 Time 19/00 Mauja Bhjlewadai Nh 53 Road 03 KM EAST
Name of the Injured/Deceased:	Injured- 1) Ashok Rama Shendre Age 55 Year 2) Vilas Ranbid Raut AGE 30 YEAR At - Paladi Ta.dist BHANDARA
Name of Hospital to which he/she was removed:	Genral Hospital Bhandara ,
Number of vehicles and type of the vehicle:	VICTIM- MH36AG6452 TRACTOR, ACCUSED - MH49AE6189 CAR
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:	Victim-SANTOSH SAHADEV GOSWAMI AGE 27 YEAR AT SUREWADA TA.DIST BHANDARA ACCUSED- SANJAY SHESHRAO KALBANDE AGE 49 YEAR AT PLOT NO. 161 VINKAR VASAHAAT MANEWADA NAGPUR
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:	ACCUSED- SANJAY SHESHRAO KALBANDE AGE 49 YEAR AT PLOT NO. 161 VINKAR VASAHAAT MANEWADA NAGPUR
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	ICICI LOMBARD GENRAL INSURANCE CO LTD.
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	3001/MI-11858459/00/000
Action taken,if any,and the result thereof:	POLICE INVESTIGATIOV

Inspector of Police

* System generated document no signature required