



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	GOBARWAHI
<b>CR.No./TAR NO./SDE NO:</b>	321/23 SEC 279,304 A R/W 134 MVA
<b>Date, Time &amp; Place of accident:</b>	06/11/2023 16/15 PM Chandpur To Khairitola Road
<b>Name of the Injured/Deceased:</b>	Jitendra Sewak Lute Age 35 At Chandpur Ta-tumsar Dist Bhandara
<b>Name of Hospital to which he/she was removed:</b>	SUBHASCHANDRA BOSE GOVT HOSPITAL TUMSAR
<b>Number of vehicles and type of the vehicle:</b>	MH 36 AL 2914 JOHN DEERE TRACTOR GREEN Y
<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>	Manoj Ishupal Wadhive Age 31 At Sodepur Post Gobarwahi Tah Tumsar Dist 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>	Vishal Dhanlalji Uikey At Sodepur Post Gobarwahi Tah Tumsar Dist Bhandara
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	ICICI LOMBORD
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	3008/308948441/00/000 01/10/2024
<b>Action taken,if any,and the result thereof:</b>	ACTION HAS BEEN TAKEN

Inspector of Police

\* System generated document no signature required