

FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANDUR
CR.No./TAR NO./SDE NO:	246/2025 U/S 281, 106(1), 125(A)(B) BNS R/W 184 M.V. ACT
Date, Time & Place of accident:	02/09/2025 Time 8.30 A.M., POA Bhandara To Pavni Road Near Borgaon Khurd Bus Stop
Name of the Injured/Deceased:	1) Kumbhraj Shamrao Shendre (Deceased) 2) Saroj Dhanraj Shendre (Injured) 3) Hemant Hemraj Shendre (Injured)
Name of Hospital to which he/she was removed:	GH Bhandara
Number of vehicles and type of the vehicle:	1) MH 40 BG 8388 (TRUCK) 2) MH 36 AH 1002 (MOTORCYCLE)
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:	1) Dhnyaneshwar Shalikram Kantode, Age 35 Yr, At. Mundipar/Sadak Tah. Sakoli Dist. Bhandara 2) Saroj Dhanraj Shendre, Age 30yr, At. Golewadi Tah+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) Chandrashekhar Natthuji Samrit, At. Dattatray Ward Tumsar Dist. Bhandara 2) Saroj Dhanraj Shendre, Age 30yr, At. Golewadi Tah+Dist Bhandara
Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Officer of the said insurance Company:	1) Liberty Genral Insurance Limited 2) ICICI Lombard GIC Ltd
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	1) 201340030225700062700000 2) 3005/49093326/10322/000
Action taken,if any, and the result thereof:	Under Police Investigation

Inspector of Police