

**FORM COMP AA****REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS**

<b>Police Station:</b>	KARDHA
<b>CR.No./TAR NO./SDE NO:</b>	CR.NO. 16/2026 SECTON 281,125(A),125(B) B.N.S.2023 R/W 134, 184 MVACTION
<b>Date, Time &amp; Place of accident:</b>	13/01/2026 TIME 09.30 PM, NH. 53 SARVISA ROAD , BHILEWADA, BHANDARA
<b>Name of the Injured/Deceased:</b>	1) Shravan Ramaji Atiikar, Age 55 Years, Resident Of Bothali (Veltur), Tal. Kuhi, Dist. Nagpur. 2) Mrs. Ranju Manoj Atirakar Age 40 Years Res. Bothli (Veltur), T. Some Districts Nagpur.
<b>Name of Hospital to which he/she was removed:</b>	GENERAL HOSPITAL BHANDARA
<b>Number of vehicles and type of the vehicle:</b>	UNKNOWN VEHICLE
<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>	UNKNOWN Vehicle Driver
<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>	UNKNOWN
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	UNKNOWN
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	UNKNOWN
<b>Action taken,if any,and the result thereof:</b>	POLICE PENDING

Inspector of Police