

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

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	CR.NO.146/2024 SEC-279,337 IPC R/W 184 MV ACT
Date, Time & Place of accident:	Date-10/04/2024 20/45 Hr. LAKHORI NEAR POWER HOUSE
Name of the Injured/Deceased:	SUNIL BHASHKAR NIRWAN AT-LAKHANI TAH-LAKHANI DIST-BHANDARA
Name of Hospital to which he/she was removed:	RURAL HOSPITAL LAKHANI
Number of vehicles and type of the vehicle:	HERO HONDA MOTOR CYCLE NO.MH-36/C-9055
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:	MOHINISH BHAURAOJI RAGHORTE AGE 31 YEAR AT-MURMADI/SAWARI TAH-LAKHANI 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:	BHAURAOJI RAGHORTE AT-MURMADI/SAWARI TAH-LAKHANI DIST-BHANDARA
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	NO
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	NO
Action taken,if any,and the result thereof:	FIR LODGE

Inspector of Police