



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANDUR
CR.No./TAR NO./SDE NO:	195
Date, Time & Place of accident:	27/10/18 16/00 To 16/15 Pimplgov Ko.to Lakhandur Road
Name of the Injured/Deceased:	1)Avinash Devaji Lanje Age 41 At Bolde/kanhlgov Ta.arjuni/mor Di.gondiya 2)Sumit Bhashkar Masakhetre Age 12 Years At Pimplgov Ta.lakhandur
Name of Hospital to which he/she was removed:	Rural Hospital Lakhandur
Number of vehicles and type of the vehicle:	MH 41 TMP 65205 TATA ULTRA,MH 35 M 1369 CDDELUX
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:	TRUCK DRIVER NAME ARJUNSING PARMJITSING AGE 32 AT GOLMORI NAMDA BASTI JAMSHEDPUR
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:	NO IDEA
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	NO IDEA
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	NO IDEA
Action taken,if any,and the result thereof:	POLICE INVESTIGATION

Inspector of Police

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