



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	LAKHANDUR
<b>CR.No./TAR NO./SDE NO:</b>	195
<b>Date, Time &amp; Place of accident:</b>	27/10/18 16/00 To 16/15 Pimplgov Ko.to Lakhandur Road
<b>Name of the Injured/Deceased:</b>	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
<b>Name of Hospital to which he/she was removed:</b>	Rural Hospital Lakhandur
<b>Number of vehicles and type of the vehicle:</b>	MH 41 TMP 65205 TATA ULTRA,MH 35 M 1369 CDDELUX
<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>	TRUCK DRIVER NAME ARJUNSING PARMJITSING AGE 32 AT GOLMORI NAMDA BASTI JAMSHEDPUR
<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>	TATA ULTRA COMPNY
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	NO IDEA
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	NO IDEA
<b>Action taken,if any,and the result thereof:</b>	POLICE PENDING

Inspector of Police

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