

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

Police Station:	LAKHANDUR
CR.No./TAR NO./SDE NO:	89/20 SECTION -279,337,304(A) IPC
Date, Time & Place of accident:	15/04/2020 TIME-10/00 TO 10/10 AM, MASAL TO GHARTODA RAOD 20 K.M. EAST
Name of the Injured/Deceased:	Deceased-Devidas Kanhekar Age 55 Yaer At-masal Ta-lakhandur Dist-bhandara
Name of Hospital to which he/she was removed:	Rulal Hospital Lakhandur
Number of vehicles and type of the vehicle:	MAHINDRA TRACTER MODEL 775 DI COPANY WITHOUT NO.
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:	Vijay Vinayak Matale Age 40 Year,at-masal Ta-lakhandur RTO 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:	Vijay Vinayak Matale Age 40 Year,at-masal Ta-lakhandur Dist-bhandara
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	Not Known
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	NOT KNOWN
Action taken,if any,and the result thereof:	89/20 SECTION -279,337,304(A) IPC

Inspector of Police