

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

Police Station:	LAKHANDUR
CR.No./TAR NO./SDE NO:	110/2020 SECTION-279,338,IPC R/W 184,134/177 MV ACT
Date, Time & Place of accident:	27/05/2020 TIME-07/00 Kinhala 1 K.m.
Name of the Injured/Deceased:	Injured- Aryashil Butheshwar Raut Age-5 Year, At-kinhala Ta-lakhandur Dist-bhandara
Name of Hospital to which he/she was removed:	Rulal Hospital Lakhandur
Number of vehicles and type of the vehicle:	MH-36 U-5091 MOTAR CYCLE
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:	MH-36 U-5091 MOTAR CYCLE DRIVER KEWAL HARI PAUNAKAR AGE - 52 YEAR AT - MANDED R.T.O 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:	MH-36 U-5091 MOTAR CYCLE
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	NOT KNOW
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	NOT KNOW
Action taken,if any,and the result thereof:	110/2020 SECTION-279,338,IPC R/W 184,134/177 MV ACT

Inspector of Police