

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

<b>Police Station:</b>	LAKHANDUR
<b>CR.No./TAR NO./SDE NO:</b>	221 /2020 SECTION 279,338, 304(A) IPC
<b>Date, Time &amp; Place of accident:</b>	24/09/2020 17/00 Pm At- ASHOLA 3 K.M West
<b>Name of the Injured/Deceased:</b>	Deceased/-ISHWAR WASUDEV YERNE AGE - 30 YEAR AT- ASOLA TA - LAKHANDUR - DIST BHANDARA Injured- ASHWINI ISHWAR YERNE AGE 24 YEAR ,07 YEAR BOYS,AT- ASOLA TA - LAKHANDUR - DIST BHANDARA
<b>Name of Hospital to which he/she was removed:</b>	Rulal Hospital Lakhandur
<b>Number of vehicles and type of the vehicle:</b>	OD -15 B-5418 TRACK DRIWER
<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>	OD -15 B-5418 TRACK DRIWER RTO ODISHA
<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>	OD -15 B-5418 TRACK DRIWER RTO ODISHA
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	NOT KNOWN
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	NOT KNOWN
<b>Action taken,if any,and the result thereof:</b>	221 /2020 SECTION 279,304(A) IPC

Inspector of Police