

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

Police Station:	LAKHANDUR
CR.No./TAR NO./SDE NO:	223/2020 SECTION 279,338,IPC R/W 184 MVACT
Date, Time & Place of accident:	25/09/2020 18/30 Pm At- T- POINT LAKHANDUR 01 K.M MORTH
Name of the Injured/Deceased:	Injured- RAHUL SURESH PARSURAMKAR AGE 21 YEAR AT - PIMPALGAON (KO) TA - LAKHANDUR DIST BHANDARA
Name of Hospital to which he/she was removed:	Rulal Hospital Lakhandur
Number of vehicles and type of the vehicle:	TN-34-P 5466 TRACK NO- RTO TAMILNADU
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:	TN-34-P 5466 TRACK NO- RTO TAMILNADU TRACK DRIVER
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:	TN-34-P 5466 TRACK NO- RTO TAMILNADU TRACK DRIVER
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:	223/2020 SECTION 279,338,IPC R/W 184 MVACT

Inspector of Police