



FORM COMP AA
REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	CR.NO.129/2021 SECTION 279,337IPC R/W 184,134(B)/187,3(1)/181,139/177 M.V. ACT M.V.
Date, Time & Place of accident:	DATE -14/06/2021 08/30 HRS. SALEBHATA TO RAJEGAON ROAD
Name of the Injured/Deceased:	INJURED- NIKESH RAMESH PATLE AGE 27 YEAR, AT-SALEBHATA, TAH-LAKHANI, DISTT- BHANDARA
Name of Hospital to which he/she was removed:	RULAR HOSPITAL LAKHANI TO DISTRICT HOSPITAL BHANDARA
Number of vehicles and type of the vehicle:	MOTER CYCLE MH-36/ A-908
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:	NIKESH RAMESH PATLE AGE 27 YEAR, AT-SALEBHATA, TAH-LAKHANI, DISTT- 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:	NIKESH RAMESH PATLE AGE 27 YEAR, AT-SALEBHATA, TAH-LAKHANI, DISTT- BHANDARA
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	NO
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	NO
Action taken,if any,and the result thereof:	FIR LODGED

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PS
Inspector of Police
Police INSPECTOR
P.S.O. Lakhani