

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

<b>Police Station:</b>	LAKHANDUR
<b>CR.No./TAR NO./SDE NO:</b>	11/21 SECTION 279,337,338 IPC R/W 184 MV ACT
<b>Date, Time &amp; Place of accident:</b>	Date 10/01/2021 Time 11/30 A.m
<b>Name of the Injured/Deceased:</b>	Injured/-01) Chhatrapal Ganpat Pardhi Age 40 Year 02) Ganesh Haridash Ramteke Age 40 Year 03) Gautam Garidash Ramteke Age 35 Year All At Bhagdi Ta-Lakhandur Dist- Bhandara
<b>Name of Hospital to which he/she was removed:</b>	Rural Hospital Lakhandur
<b>Number of vehicles and type of the vehicle:</b>	TATA 407 GOLD MH -12 TRDOK-848
<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>	RAMESH NAMDEO SONUNE AGE 55 YEAR AT WALTI DIST BULDHANA RTO PUNE
<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>	WASANT RAMKISHAN SHINDE AGE 50 YEAR AT MARRIES HOUSING SOCIETY CHICHWAD PUNE RTO PUNE
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	MAGMA HDI Inshurance Company NAGPUR
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	5532322000R VALIDITY DATE: 01 YEAR
<b>Action taken,if any,and the result thereof:</b>	11/21 Section 279,337,338 Ipc R/w 184 Mv Act

Inspector of Police