



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	CR. NO. 69/2021 SECTION 279,337,338,304(A) IPC, 184 M.V. ACT
Date, Time & Place of accident:	Date - 27 /03 /2021 08/ 00 Hrs, Kesalwada / Fata MURMADI
Name of the Injured/Deceased:	DEATH- DILIRAM KAWDU WAGHAYE AGE 50 YEAR, AT Kesalwada/ WAGH TAH- LAKHANI DISTT- BHANDARA INJURED- SAU. SANGITA DILIRAM WAGHAYE AGE 43 YEAR, AT Kesalwada/ WAGH 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:	TRAILER RJ 04 GA 8322
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:	MULARAM MANGARAM CHOUDHARI AGE 39 YEAR, AT- SARNU MODHAKIDHANI DIST- WADMER (R.J.)
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:	MULARAM MANGARAM CHOUDHARI AGE 39 YEAR, AT- SARNU MODHAKIDHANI DIST- WADMER (R.J.)
Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Officer of the said insurance Company:	UNITED INDIA INSHURANCH COMPANY LTD. JODHPUR RAJSTHAN
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	29010231203111109688 DATE 01/01/2021 TO 31/12/2021
Action taken,if any,and the result thereof:	FIR LODGED


 Inspector of Police

 पोलीस निरीक्षक
 पोलीस स्टेशन, लाखनी