



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

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| Police Station: | LAKHANI |
| CR.No./TAR NO./SDE NO: | CR.NO.157/2021 SECTION 279,337,338,304 (A) IPC RW 184 M.V.ACT |
| Date, Time & Place of accident: | DATE- 13/07/2021 21/30 HRS.N.H 53 ROAD NEAR APPLE BAR MURMADI/SAWRI |
| Name of the Injured/Deceased: | DEATH- DHANSU /DHANENDRA DAMODHAR BOPCHE AGE 29 YEAR,AT- RENGEPAR / PANDHARI , TAH- SADAK/ARJUNI DIST- GONDIA INJURED- DHANRAJ MALIRAM SHAHAE AGE 53 YEAR,AT- RENGEPAR / PANDHARI , TAH- SADAK/ARJUNI DIST- GONDIA |
| Name of Hospital to which he/she was removed: | RURAL HOSPITAL LAKHANI |
| Number of vehicles and type of the vehicle: | MOTER CYCLE MH 35 AL 9442 |
| 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: | DHANSU /DHANENDRA DAMODHAR BOPCHE AGE 29 YEAR,AT- RENGEPAR / PANDHARI , TAH- SADAK/ARJUNI DIST- GONDIA |
| 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: | DHANRAJ MALIRAM SHAHAE AGE 53 YEAR,AT- RENGEPAR / PANDHARI , TAH- SADAK/ARJUNI DIST- GONDIA |
| 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 |

Inspector of Police
Police INSPECTOR
 P S O. Lakhani