

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

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| Police Station:   | LAKHANI   |
| CR.No./TAR NO./SDE NO:  | CR.NO.182/2021 SECTION 279,337,338, IPC R/W 184,185,(3/(1)/181,146,196 M.V.ACT  |
| Date, Time & Place of accident:   | DATE- 04/08/2021 13/45 HRS. SOMALWADA   |
| Name of the Injured/Deceased:   | INJURED- 1)PAWAN CHANDAN GAJBHIYE AGE 34 YEAR AT- POHRA , PRE. ADDRES-SOMALWADA TAH- LAKHANI DIST- BHANDARA 2)PRASHANT NAMDEO MIRASE AGE 31 YEAR AT- SELOTI TAH- LAKHANI DIST- BHANDARA |
| Name of Hospital to which he/she was removed:   | RURAL HOSPITAL LAKHANI TO DISTRICT HOSPITAL BHANDARA  |
| Number of vehicles and type of the vehicle:   | MOTER CYCLE MH.49.P 9411..  |
| 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: | PAWAN CHANDAN GAJBHIYE AGE 34 YEAR AT- POHRA , PRE. ADDRES-SOMALWADA TAH- LAKHANI DIST- 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:  | MAYUR VILAS GANVIR AGE 27 YEAR AT SOMALWADA TAH- LAKHANI DIST- 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  |

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