



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

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| Police Station: | LAKHANI |
| CR.No./TAR NO./SDE NO: | CR.NO.195/2021 SECTION 279,337,338,304 (A) IPC RW 184 M.V.ACT |
| Date, Time & Place of accident: | DATE- 27/08/2021 13/00 TO 13/30 HRS.N.H 53 ROAD KHUTSAWRI FATA |
| Name of the Injured/Deceased: | DEATH- FULCHAND DUDHARAM MENDE AGE 36 YEAR , AT- PIMPALGAO /KHAMBI TAH-ARJUNI/MOR, DIST- GONDIA IMJURED- 1) SHESHRAO PINTU SHENDE AGE 27 YEAR AT KHUTSAWRI TAH- LAKHANI DIST- BHANDARA 2) MANOJ DASHRATH BHENDARKAR AGE 30 YEAR , AT- PALASGAON /DODKA |
| Name of Hospital to which he/she was removed: | DISTRICT HOSPITAL BHANDARA TO LAKSHYA HOSPITAL BHANDARA |
| Number of vehicles and type of the vehicle: | MOTER CYCLE MH 49 S 8111 |
| 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: | ULCHAND DUDHARAM MENDE AGE 36 YEAR , AT- PIMPALGAO /KHAMBI TAH-ARJUNI/MOR, 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: | NO |
| 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