



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

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| Police Station: | LAKHANI |
| CR.No./TAR NO./SDE NO: | CR.NO.235/2021 SECTION 279,304 (A) IPC RW 184,134(B)/177 M.V.ACT |
| Date, Time & Place of accident: | DATE- 09/10/2021 05/30 HRS. N.H.53 ROAD NEAR JAN SUVIDHA MANEGAON/SADAK TAH LAKHANI |
| Name of the Injured/Deceased: | DEATH- UNKNOWN MENTAL WOMEN AGE 40 TO 45 YEAR |
| Name of Hospital to which he/she was removed: | RURAL HOSPITAL LAKHANI |
| Number of vehicles and type of the vehicle: | UNKNOWN |
| 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: | UNKNOWN |
| 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: | UNKNOWN |
| Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Officer of the said insurance Company: | UNKNOWN |
| Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate: | UNKNOWN |
| Action taken,if any,and the result thereof: | FIR LODGED |

Artambe

Inspector of Police

Police INSPECTOR

P.S.O. Lakhani