

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

<b>Police Station:</b>	LAKHANDUR
<b>CR.No./TAR NO./SDE NO:</b>	331/2021 SEC-279,304(A),IPC RW 184 MV ACT
<b>Date, Time &amp; Place of accident:</b>	DATE-27/11/2021 -11/30 AM AT -MASAL TO KAHIRI GHAR ROAD
<b>Name of the Injured/Deceased:</b>	PARAS MPDHORAM MESHARAM AT-KHARIGHAR TQ-LAKHANDUR DIST-BHANDARA
<b>Name of Hospital to which he/she was removed:</b>	Rural Hospital Lakhandur
<b>Number of vehicles and type of the vehicle:</b>	MH 36/ L3660 MAHINDRA TRACTER
<b>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:</b>	PRAMOD LALAJI DONODE AGE YEAR AT -MENDHA /BHUGAON TQ-LAKHANI DIST-BHANDARA
<b>The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:</b>	NO
<b>Name and address of the Owner of the vehicle as it stands on the date of the accident:</b>	PRAMOD LALAJI DONODE AGE YEAR AT -MENDHA /BHUGAON TQ-LAKHANI DIST-BHANDARA
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	30/07/2021 00;00 Hrs To 29/07/2022 Midnight
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	POLICY NUMBER -0000000001958445-07 DATE- 29/07/2022 MIDNIGHT
<b>Action taken,if any,and the result thereof:</b>	331/2021 Sec-279,304(A),ipc RW 184 Mv ACT

Inspector of Police