



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	CR. NO. 88/2022 SECTION 279, 337, 338 IPC R/W 184 M.V. ACT
Date, Time & Place of accident:	Date - 21/05/2022 19/30 Hrs, KHAIRI , FATA
Name of the Injured/Deceased:	NAME- GAJANAN DOMA LANJEWAR AGE 68 YEAR AT. REGEPAR/KOHALI TQ.LAKHANI DIST.BHANDARA
Name of Hospital to which he/she was removed:	Rular 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:	NO
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 Divisional 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 LODGE

Inspector of Police

पोलीस निरिक्षक
पोलीस स्टेशन लाखणी