



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	514/2024 SECTION 281,125(B)106,BNS R/W 184,/177 MV ACT
Date, Time & Place of accident:	DATE - 07/12/2024 20/30 HRS, NH 53 ROAD NEAR GADEGOAN FHATA
Name of the Injured/Deceased:	1)VISHAWANATH BHOJRAM KOKOLE AGE-21 YEAR AT- GANGALWADA TA-DIST- BHANDARA (DEATH) 2) SATISH PRADEEP KUMBHARE AGE- 21 YEAR AT- KOKA TA-DIST- BHANDARA (INJURED)
Name of Hospital to which he/she was removed:	RURAL HOSPITAL LAKHANI TO GOV. HOSPITAL BHANDARA
Number of vehicles and type of the vehicle:	TRUCK KA 51 MH 8879
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:	SHANKAR LAXMAN PAKHAMODE AGE- 42 YEAR AT- BELA/MANEGOAN TA_ LAKHANI DIST- BHNADARA
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:	SHANKAR LAXMAN PAKHAMODE AGE- 42 YEAR AT- BELA/MANEGOAN TA_ LAKHANI DIST- BHNADARA
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	THE NEW INDIA ASSURANCE CO.LTD
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	POLICY NO. 16030431230100000552 VALID DATE- 13/2/024 TO 12/02/025
Action taken,if any,and the result thereof:	FIR LODGE

Inspector of Police  
 पोलीस निरीक्षक  
 पोलीस स्टेशन लाखनी