

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

<b>Police Station:</b>	LAKHANDUR
<b>CR.No./TAR NO./SDE NO:</b>	347/2024
<b>Date, Time &amp; Place of accident:</b>	11-Nov-2024 : 03:30 PM
<b>Name of the Injured/Deceased:</b>	Injured : Naitik Arvind Dighore, Age 07 Years, Addr. At Sawangi, Tahsil Wadsa, District Gadchiroli
<b>Name of Hospital to which he/she was removed:</b>	General Hospital Bhandara, RHC Lakhandur, PHC Sawangi
<b>Number of vehicles and type of the vehicle:</b>	MH 34 AA 9759, MAHINDRA XYLO D4
<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>	Suraj Shamrao Shahare, Age 27 Years, At Chichal, Taluka Lakhandur, District Bhandara, Issuing Authority - UIDAI
<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>	Suraj Shamrao Shahare, Age 27 Years, At Chichal, Taluka Lakhandur, District 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>	NA
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	NA, VALIDITY DATE 26-NOV-2024
<b>Action taken,if any,and the result thereof:</b>	Offence Registered FIR No. 347/2024, Sec. 281, 125A BNS 2023 R/w Sec. 184 MV Act

Inspector of Police