

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

<b>Police Station:</b>	LAKHANDUR
<b>CR.No./TAR NO./SDE NO:</b>	28/2025 SEC 281, 125(A), 125(B) BNS R/W 184 MV ACT
<b>Date, Time &amp; Place of accident:</b>	05/02/2025 Time 20.00 Pm
<b>Name of the Injured/Deceased:</b>	1) Prabhakar Gajannan Dhote, Age 45 Y, Lakhandur, 2) Suraj Baban Dhote, Ta. Lakhandur, Dist. Bhandara, 3) Yugal Buddheshwar Rasekar, Age 17 Y, Lakhandur, Ta. Lakhandur, Dist. Bhandara
<b>Name of Hospital to which he/she was removed:</b>	Rural Hospital Lakhandur, Sarvoday Hosoiital Bramhapuri
<b>Number of vehicles and type of the vehicle:</b>	1) TVS VICTOR MP 28 DA 9772, 2) HF DELUX MH 3.6 AH 2565
<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>	1) 1) Prabhakar Gajannan Dhote, Age 45 Y, Lakhandur, 2)yugal Buddheshwar Rasekar, Age 17 Y, Lakhandur, Ta. Lakhandur, 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>	1) 1) Prabhakar Gajannan Dhote, Age 45 Y, Lakhandur, 2)yugal Buddheshwar Rasekar, Age 17 Y, Lakhandur, Ta. Lakhandur, 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>	NA
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	NA
<b>Action taken,if any,and the result thereof:</b>	28/2025 Sec 281, 125(A), 125(b) BNS R/W 184 MV Act

Inspector of Police