

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

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	420 SECTION 281,125(A)(B),106(1) BNS , 184/177,134(B),185(A) M.V.ACT
Date, Time & Place of accident:	DATE- 14/10/2025 11/00 PLACE- MANEGAO/SADAK
Name of the Injured/Deceased:	INJURED - VIJAY BHAJIRAM SHENDE 50 YEAR AT SHIVANI/MOGRA DECEASED - VAISHALI VIJAY SHENDE 48 YEAR AT SHIVANI / MOGRA
Name of Hospital to which he/she was removed:	GRAMIN RUGNYALAY LAKHNI
Number of vehicles and type of the vehicle:	C G 04 M P 0783 EICHER TRUCK , MH36C8980 MOTORCYCLE
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:	TIKAM KAMTA SINHA 34 Year AT Ward No 3 Menda. Dongargad Dist Rajnandgao RTO.RAJNANDGAO
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:	Narendra Kumar Baghel 52 Year At Sahpura Bheathgao Raipur
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	TRUCK IFFCO-TOKIO GENERAL INSURANCE CO.LTD.
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	POLICY - 1-4R552Q4J VALIDATE DATE - 05/02/2026
Action taken,if any,and the result thereof:	FIR LODGED

Inspector of Police