

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

<b>Police Station:</b>	LAKHANI
<b>CR.No./TAR NO./SDE NO:</b>	394 SECTIONS 281,324(4) BNS 2023
<b>Date, Time &amp; Place of accident:</b>	22/09/2025 17/15 PLACE MANEGAO/SADAK JAN SUVIDHA KENDRA
<b>Name of the Injured/Deceased:</b>	NO.
<b>Name of Hospital to which he/she was removed:</b>	NO.
<b>Number of vehicles and type of the vehicle:</b>	MAHARASTRA RAJYA PARIVAHAN VEHICLE NO. MH14LX8885
<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>	ARIF PATHAN YEAR 36 AT PANCHSHEEL WARD, SAKOLI
<b>The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:</b>	MAHARASTRA RAJYA PARIVAHAN VEHICLE
<b>Name and address of the Owner of the vehicle as it stands on the date of the accident:</b>	NO.
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	NO.
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	NO.
<b>Action taken,if any,and the result thereof:</b>	FIR LODGE

Inspector of Police