



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	LAKHANI
<b>CR.No./TAR NO./SDE NO:</b>	CR.NO.249 /2020 SECTION 279,304(A) IPC R/W 184 M V ACT
<b>Date, Time &amp; Place of accident:</b>	Date - 31/08/2020 , 15/30 Hrs, Mundipar NH 6 Road Yadav Dhaba Jawal
<b>Name of the Injured/Deceased:</b>	Death - Wasudeo Sawji Tirmare Age 68 Year, At Miregaon , Tah- Lakhani Distt-Bhandara
<b>Name of Hospital to which he/she was removed:</b>	Rular Haspital Lakhani To Disttrict Hospital Bhandara
<b>Number of vehicles and type of the vehicle:</b>	TATA SUMO MH 36 /2235
<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>	Sudhir Mansaram Shivankar Age 53 Year, At- Bhandara (H.Q.)
<b>The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:</b>	YES
<b>Name and address of the Owner of the vehicle as it stands on the date of the accident:</b>	S.P. 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>	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 LODGED

Inspector of Police

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