



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	CR.NO. 245 / 2020 SECTION 279,304(A) IPC R/W 184 134(B)M V ACT
Date, Time & Place of accident:	Date 05/08/2020 , 15/00 Hrs Gadegaon NH 6 Road
Name of the Injured/Deceased:	Death - Dinesh Bhojram Uikey Age 27 Year, At- Khedepar Tah- Lakhani Distt-Bhandara
Name of Hospital to which he/she was removed:	Medical College Nagpur
Number of vehicles and type of the vehicle:	MOTOR CYCLE MH35/ E 5544
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:	Dinesh Bhojram Uikey Age 27 Year, At- Khedepar
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:	Dinesh Bhojram Uikey Age 27 Year, At- Khedepar
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	No
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	NO
Action taken,if any,and the result thereof:	FIR LODGED

Inspector of Police

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