



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	LAKHANDUR
<b>CR.No./TAR NO./SDE NO:</b>	66/20 SECTION 279,337,338,304(A) IPC R/W 184 MVA CT
<b>Date, Time &amp; Place of accident:</b>	10/03/2020 18/30 Pm At- Masal 25 K.M West
<b>Name of the Injured/Deceased:</b>	Deceased:-Anil Manohar Wadhai Age -30 Year At- Dholsar Ta- Lakhandur Dist- Bhandara
<b>Name of Hospital to which he/she was removed:</b>	Rural Hospital Lakhandur
<b>Number of vehicles and type of the vehicle:</b>	MH-36-V 5988 HERO HONDA SHINE
<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>	Anil Manohar Wadhai Age -30 Year At- Dholsar Ta- Lakhandur Dist- Bhandara R.T.O 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>	Anil Manohar Wadhai Age -30 Year At- Dholsar Ta- Lakhandur Dist- Bhandara
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Officer of the said insurance Company:</b>	Not Know
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	NOT KNOW
<b>Action taken,if any,and the result thereof:</b>	66/20 SECTION 279,337,338,304(A) IPC R/W 184 MVA CT

Inspector of Police

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