



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANDUR
CR.No./TAR NO./SDE NO:	113/2020 SECTION 279,338 R/W 184 MVACT
Date, Time & Place of accident:	29/05/2020 17/00 Pm At- S.B.I BANK LAKHANDUR 01 K.M NORTH
Name of the Injured/Deceased:	Injured/- YOGESHWAR VAIRAGADE AGE 30 YEAR AT P.S. LAKHANDUR
Name of Hospital to which he/she was removed:	Rural Hospital Lakhandur
Number of vehicles and type of the vehicle:	MH-17 AJ-5555 SCRAPIO FOUR WHILER
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:	ASHISH PANDURANG PARSURAMKAR AGE 25 YEAR AT - PIMPALGAON (KO) TA- LAKHANDUR DIST BHANDARA R-T-O BHANDARA
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:	ASHISH PANDURANG PARSURAMKAR AGE 25 YEAR AT - PIMPALGAON (KO) TA- LAKHANDUR DIST BHANDARA
Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Officer of the said insurance Company:	NOT KNOWN
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	NOT KNOWN
Action taken,if any,and the result thereof:	113/2020 SECTION 279,338 R/W 184 MVACT

Inspector of Police

* System generated document no signature required