



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANDUR
CR.No./TAR NO./SDE NO:	221 /2020 SECTION 279,338, 304(A) IPC
Date, Time & Place of accident:	24/09/2020 17/00 Pm At- ASHOLA 3 K.M West
Name of the Injured/Deceased:	Deceased/-ISHWAR WASUDEV YERNE AGE - 30 YEAR AT- ASOLA TA - LAKHANDUR - DIST BHANDARA Injured- ASHWINI ISHWAR YERNE AGE 24 YEAR ,07 YEAR BOYS,AT- ASOLA TA - LAKHANDUR - DIST BHANDARA
Name of Hospital to which he/she was removed:	Rural Hospital Lakhandur
Number of vehicles and type of the vehicle:	OD -15 B-5418 TRACK DRIVER
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:	OD -15 B-5418 TRACK DRIVER RTO ODISHA
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:	OD -15 B-5418 TRACK DRIVER RTO ODISHA
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:	221 /2020 SECTION 279,304(A) IPC

Inspector of Police

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