



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	LAKHANDUR
<b>CR.No./TAR NO./SDE NO:</b>	223/2020 SECTION 279,338,IPC R/W 184 MVACT
<b>Date, Time &amp; Place of accident:</b>	25/09/2020 18/30 Pm At- T- POINT LAKHANDUR 01 K.M MORTH
<b>Name of the Injured/Deceased:</b>	Injured- RAHUL SURESH PARSURAMKAR AGE 21 YEAR AT - PIMPALGAON (KO) 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>	TN-34-P 5466 TRACK NO- RTO TAMILNADU
<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>	TN-34-P 5466 TRACK NO- RTO TAMILNADU TRACK DRIVER
<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>	TN-34-P 5466 TRACK NO- RTO TAMILNADU TRACK DRIVER
<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 KNOWN
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	NOT KNOWN
<b>Action taken,if any,and the result thereof:</b>	223/2020 SECTION 279,338,IPC R/W 184 MVACT

Inspector of Police

\* System generated document no signature required