



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	CR.NO.03/2020 SECTION 279,427 IPC
Date, Time & Place of accident:	Date - 01/01/2020 , 18/15 Hrs, N H 6 Road Bus Stop Lakhani
Name of the Injured/Deceased:	NO
Name of Hospital to which he/she was removed:	No
Number of vehicles and type of the vehicle:	TRUCK - MH 49 / AT -1155
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:	Sahadeo Shivshankar Pachare Age- 35 Year, At- Prabhag No.6 Lakhani
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:	Sandip Bhivgade Age- 40 Year, At- Lakhani
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 LOGDED

Inspector of Police

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