



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	CR. NO. 18 /2021 SECTION 279 337 IPC R/W 184 M.V. ACT
Date, Time & Place of accident:	Date - 23/01/2021 20/20 Hrs, NH 53, ROAD LAKHANI
Name of the Injured/Deceased:	INJURED- SANJAY SATNAMI Age 24 Year AT- SIMRIYA (C.G.)
Name of Hospital to which he/she was removed:	Rular Hospital Lakhani To DISTRICT Hospital Bhandara
Number of vehicles and type of the vehicle:	TRUCK - MH 31 FC 9600
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:	SATISH KISHOR SONWANE AGE 32 YEAR, AT ZATTARODI, DISTT- NAGPUR
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:	PRASHANT SEWKRAM WANJARI AT- NAGPUR
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	RELIANCE GENERAL INSURANCE NAGPUR
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	172022023150001229 DATE- 24/08/2020 TO 23/08/2021
Action taken,if any,and the result thereof:	FIR LODGED

Inspector of Police

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