



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	LAKHANI
<b>CR.No./TAR NO./SDE NO:</b>	CR.NO. 342 / 2020 SECTION 279,338,IPC ,184, 134(B)/177 M V ACT
<b>Date, Time &amp; Place of accident:</b>	Date- 20/12/2020, 20/15 Hrs. PENDRI
<b>Name of the Injured/Deceased:</b>	INJURED- NARESH RAMBHAU SELOKAR AGE- 54 YEAR ,AT- PRABHAG NO. 4 LAKHANI, TAH - LAKHANI, DIST- BHANDARA
<b>Name of Hospital to which he/she was removed:</b>	Rular Hospital Lakhni To Disttrict Hospital Bhandara
<b>Number of vehicles and type of the vehicle:</b>	UNKNOWN
<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>	UNKNOWN
<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>	UNKNOWN
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	NO
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	NO
<b>Action taken,if any,and the result thereof:</b>	FIR LODGED

Inspector of Police

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