



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	CR . NO. 281 / 2020 SECTION 279,338,IPC , R/W 184, 18/177,139/177 M. V. ACT
Date, Time & Place of accident:	Date 12/10/2020 , 18/45 Hrs. NH-53 Road MANEGAON/ Lakhani
Name of the Injured/Deceased:	INJURED- RUSHIKESH KASHINATH GARPADE AGE 39 YEAR, AT-KANERI/DA.TAH-LAKHANI , DISTT-BHANDARA
Name of Hospital to which he/she was removed:	Rular Hospital Lakhani To Disttrict Hospital Bhandara To Laksha Hospital Bhandara
Number of vehicles and type of the vehicle:	MOTOR CYCLE MH 36/ C 4739
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:	RUSHIKESH KASHINATH GARPADE AGE 39 YEAR, AT-KANERI/DA.TAH-LAKHANI , DISTT-BHANDARA
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:	HITENDRANATH KASHINATH GARPADE AGE 44 YEAR, AT-KANERI/DA.TAH-LAKHANI , DISTT-BHANDARA
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 LODGED

Inspector of Police

* System generated document no signature required