



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	CR. NO. 82/2021 SECTION 279,338,304(A) IPC, R/W 184 ,134(1)(B) M. V. ACT
Date, Time & Place of accident:	Date - 13 /04 /2021 22/ 00 Hrs, Kesalwada / Fata
Name of the Injured/Deceased:	DEATH- ADIL AHSAN ANSARI AGE 17 YEAR, AT- Kesalwada / Fata TAH- LAKHANI DISTT- BHANDARA INJURED- TEJAS SUNIL DHENGE AGE 17 YEAR,AT- Kesalwada / Fata TAH- LAKHANI DISTT- BHANDARA
Name of Hospital to which he/she was removed:	RULAR HOSPITAL LAKHANI TO AROGYAM SUPER SPECIALITY HOSPITAL NAGPUR
Number of vehicles and type of the vehicle:	MOTER CYCLE MH 36 / E 7175
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:	VIVEK PRABHU AGASE AGE 23 YEAR, AT- PALORA TAH-MOHADI 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:	SANJAY CHAITRAM AKHARE AGE 37 YEAR, AT- MURMADI 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