



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	CR.NO.157/2021 SECTION 279,337,338,304 (A) IPC R/W 184 M.V.ACT
Date, Time & Place of accident:	DATE- 13/07/2021 21/30 HRS.N.H 53 ROAD NEAR APPLE BAR MURMADI/SAWRI
Name of the Injured/Deceased:	DEATH- DHANSU /DHANENDRA DAMODHAR BOPCHE AGE 29 YEAR,AT- RENGEPAR / PANDHARI , TAH- SADAK/ARJUNI DIST- GONDIA INJURED- DHANRAJ MALIRAM SHAHAE AGE 53 YEAR,AT- RENGEPAR / PANDHARI , TAH- SADAK/ARJUNI DIST- GONDIA
Name of Hospital to which he/she was removed:	RURAL HOSPITAL LAKHANI
Number of vehicles and type of the vehicle:	MOTER CYCLE MH 35 AL 9442
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:	DHANSU /DHANENDRA DAMODHAR BOPCHE AGE 29 YEAR,AT- RENGEPAR / PANDHARI , TAH- SADAK/ARJUNI DIST- GONDIA
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:	DHANRAJ MALIRAM SHAHAE AGE 53 YEAR,AT- RENGEPAR / PANDHARI , TAH- SADAK/ARJUNI DIST- GONDIA
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