



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	LAKHANI
<b>CR.No./TAR NO./SDE NO:</b>	CR.NO.182/2021 SECTION 279,337,338, IPC R/W 184,185,(3/(1)/181,146,196 M.V.ACT
<b>Date, Time &amp; Place of accident:</b>	DATE- 04/08/2021 13/45 HRS. SOMALWADA
<b>Name of the Injured/Deceased:</b>	INJURED- 1)PAWAN CHANDAN GAJBHIYE AGE 34 YEAR AT- POHRA , PRE. ADDRES-SOMALWADA TAH- LAKHANI DIST- BHANDARA 2)PRASHANT NAMDEO MIRASE AGE 31 YEAR AT- SELOTI TAH- LAKHANI DIST- BHANDARA
<b>Name of Hospital to which he/she was removed:</b>	RURAL HOSPITAL LAKHANI TO DISTRICT HOSPITAL BHANDARA
<b>Number of vehicles and type of the vehicle:</b>	MOTER CYCLE MH 49 P 9411
<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>	PAWAN CHANDAN GAJBHIYE AGE 34 YEAR AT- POHRA , PRE. ADDRES-SOMALWADA TAH- LAKHANI DIST- BHANDARA
<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>	MAYUR VILAS GANVIR AGE 27 YEAR AT SOMALWADA TAH- LAKHANI DIST- BHANDARA
<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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