



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	ANDHALGAON
CR.No./TAR NO./SDE NO:	93/2021- 279,337,338 IPC R/W 130(A)(B),184,187 MV ACT
Date, Time & Place of accident:	14/10/2021 To 10/15
Name of the Injured/Deceased:	Manoj Laxman Lohare Age 47 Yr. At. Dighori Ta. Lakhandur Dist. Bhandara
Name of Hospital to which he/she was removed:	Prayas Hospital Bhandara
Number of vehicles and type of the vehicle:	MH 36/AF- 8207
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:	Manoj Laxman Lohare Age 47 Yr. At. Dighori Ta. Lakhandur Dist. 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:	Manoj Laxman Lohare Age 47 Yr. At. Dighori Ta. Lakhandur Dist. 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:	Police Pending

Inspector of Police

* System generated document no signature required