



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	CR. NO. 210 /2021 SECTION 279 ,337,338 IPC R/W 184 M.V. ACT
Date, Time & Place of accident:	Date - 16/09/2021 07/15 Hrs, RAJEGAON/BORGAON
Name of the Injured/Deceased:	INJURED- PRASHANT PRABHU HATWAR AGE 30 YEAR, AT- NILAGONDI TAH- LAKHANI DIST- BHANDARA
Name of Hospital to which he/she was removed:	Rular Hospital Lakhani To DISTRICT Hospital Bhandara TO MEDICAL COLLEGE NAGPUR
Number of vehicles and type of the vehicle:	SCHOOL BUS TATA MAGIC MH 35 / K 5171
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:	SANDIP MADUKAR PANDHARE AGE 30 YEAR AT- GARADA/ BASORA PRESENT ADDRESS BORGAON / RAJEGAON TAH- LAKHANI 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:	PROGRESHIV ENGLISH SCHOOL CHOLLOD TAH + 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