



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANDUR
CR.No./TAR NO./SDE NO:	331/2021 SEC-279,304(A),IPC RW 184 MV ACT
Date, Time & Place of accident:	DATE-27/11/2021 -11/30 AM AT -MASAL TO KAHIRI GHAR ROAD
Name of the Injured/Deceased:	PARAS MPDHORAM MESHARAM AT-KHARIGHAR TQ-LAKHANDUR DIST-BHANDARA
Name of Hospital to which he/she was removed:	Rural Hospital Lakhandur
Number of vehicles and type of the vehicle:	MH 36/ L3660 MAHINDRA TRACTER
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:	PRAMOD LALAJI DONODE AGE YEAR AT -MENDHA /BHUGAON TQ-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:	PRAMOD LALAJI DONODE AGE YEAR AT -MENDHA /BHUGAON TQ-LAKHANI DIST-BHANDARA
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	30/07/2021 00:00 Hrs To 29/07/2022 Midnight
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	POLICY NUMBER -0000000001958445-07 DATE- 29/07/2022 MIDNIGHT
Action taken,if any,and the result thereof:	331/2021 Sec-279,304(A),ipc RW 184 Mv ACT

Inspector of Police

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