



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	C-R122 /2022 SECTION 279,337,338 IPC RW 184 MV ACT.
Date, Time & Place of accident:	22/06/2022 21/15 Pm Keslvada Fata Murmadi/savari
Name of the Injured/Deceased:	Injured -yougita Yogesh Chole Age 54 Year At Murmadi /savari TQ.Lakhani Dist-bhandara
Name of Hospital to which he/she was removed:	Dr Dhande Hospital Lakhani To Dr Kuthe Hospital Bhandara
Number of vehicles and type of the vehicle:	MH36AE2649 MOTAR CAYCLE
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:	Nikhil Anil Halmare 23 Year At Gadegav 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:	Anil Parsram Halmare 55 Year At Gadegao 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:	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:	F I R LOD GED

Inspector of Police

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