



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	LAKHANDUR
<b>CR.No./TAR NO./SDE NO:</b>	180/2022 SECTION 279,337,338 IPC R/W 184 M.V.ACT
<b>Date, Time &amp; Place of accident:</b>	30/06/2022 To 12.00 A.m. At Chaprad Pahadi
<b>Name of the Injured/Deceased:</b>	1) Sou. Gayatri Ankush Mhashakhatri ,age 27 Yr, At Brahnपुरi Dist Chandrapur 2) Ku. Shital Dilip Sandokar, Age 26 Yr, At Delanwadi Ward Bramhapuri Dist Chandrapur 3) Bhairav/vijay Gopinath Shende Age 40 Yr At Chprad Tah Lakhander Dist Bhandara 4) Prashant Mangar Bagmare Age 34 Yr At Chprad Tah Lakhander Dist Bhandara
<b>Name of Hospital to which he/she was removed:</b>	Rural Hospital Lakhander
<b>Number of vehicles and type of the vehicle:</b>	1) MH 36 V 6072 - BAJAJ CT 100 SPOKE 2) MH 33 Z 2314 DIO M-CYCLE & SCOOTER
<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>	1) Sou. Gayatri Ankush Mhashakhatri ,age 27 Yr, At Brahnपुरi Dist Chandrapur 2) Prashant Mangar Bagmare Age 34 Yr At Chprad Tah Lakhander 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>	1) GAYATRI RAVINDRA BHOYAR, AT P.O. WASA RAH DIST GADCHIROLI 2) RAMKRUSHNA KESHAV SANDORKAR AT- DANBE/VIRLI TAH-LAKHANDUR 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>	F.I.R. No. 180/2022 Section 279,337,338 IPC R/w 184 M.V.Act In Registered FIR On Dare 30/06/2022

Inspector of Police

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