



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	DIGHORI
CR.No./TAR NO./SDE NO:	83/2022 ACT 279,304(A) IPC 184 MVA CT
Date, Time & Place of accident:	26/08/2022 - 22/00 PM To 28/08/2022- 07/30 AM DGHORI Maha. State Rod NO. 277
Name of the Injured/Deceased:	ARUN DURYODHAN KHANDEKAR, AGE 53 YEAR AT. SAYAGOW THA. LAKHANI DIST. BHANDARA
Name of Hospital to which he/she was removed:	-
Number of vehicles and type of the vehicle:	HONDA SINE MOTAR SAYAKAL MH 40/S 4765
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:	ARUN DURYODHAN KHANDEKAR, AGE 53 YEAR AT. SAYAGOW THA. 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:	ASHKAY ARUN KHANDEKAR, AGE 26 YEAR AT. SAYAGOW THA. 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:	-
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	-
Action taken,if any,and the result thereof:	FIR

Inspector of Police

* System generated document no signature required