



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	CR .NO . 161/ 2022 SECTION 279,337,338 IPC R/W 184,3/181 M V ACT
Date, Time & Place of accident:	DATE 13/08/2022 , 19/00 HRS POHARA TO PALANDUR ROAD NEAR PULIYA
Name of the Injured/Deceased:	INJURED - 1) PRAJWAL VINOD SELOKAR AGE 15 YEAR, AT - GONDEGAON TAH -LAKHANI DIST - BHANDARA 2) RAMESH ISHATARI FUNDE AGE 39 YEAR AT- NYAHARWANI TAH- LAKHANI DIST - BHANDARA
Name of Hospital to which he/she was removed:	PHC POHRA TO RURAL HOSPITAL LAKHANI TO DISTRICT HOSPITAL BHANDARA
Number of vehicles and type of the vehicle:	MH 36 AF 8482
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:	PRAJWAL VINOD SELOKAR AGE 15 YEAR, AT - GONDEGAON 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:	VINOD CHINTAMAN SELOKAR AGE 43 YEAR, AT - GONDEGAON TAH -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:	ICICI LOMBARD MOTOR INSURANCE
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	NO. 3005/2011772893/00/0000009422 DATE 17/08/2020 TO 16/08/2025
Action taken,if any,and the result thereof:	FIR LODGED

Inspector of Police

* System generated document no signature required