



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANDUR
CR.No./TAR NO./SDE NO:	245/2023 SEC 279,337,338 IPC R/W 134,184,146/196 MV ACT
Date, Time & Place of accident:	23/07/2023 Time 19.30 Pm
Name of the Injured/Deceased:	Mahesh Yadorao Dhore, Age 35 Years, At. Kudegoan, Ta. Lakhandur
Name of Hospital to which he/she was removed:	Suretech Hospital Nagpur And Asha Hospital Nagpur
Number of vehicles and type of the vehicle:	MH36 AG 2128 TRACTOR SWARAJ
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:	Ambadas Mahadev Thakre, Age 36 Years, At. Parsodi / Nag, Ta. Lakhandur
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:	Ramavtar Bakaram Pardhi, Age 55 Years, At. At. Parsodi / Nag, Ta. Lakhandur
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	No Insurane
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	NO INSURANE
Action taken,if any,and the result thereof:	245/2023 Sec 279,337,338 Ipc R/W 134,184,146/196 MV ACT

Inspector of Police

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