



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	LAKHANI
CR.No./TAR NO./SDE NO:	CR..NO.350/2023 SECTION 279,304(A) IPC R/W 184,134(A)(B) MV ACT
Date, Time & Place of accident:	DATE - 07/10/2023 19/30 HRS, N.H.53 PIMPALGAON/SADAK
Name of the Injured/Deceased:	DEATH- RAMESH BAKARAM MESHARAM AGE-48 AT- CHICHATOLA TA-LAKHANI DIST- BHANDARA
Name of Hospital to which he/she was removed:	RURAL HOSPITAL LAKHANI
Number of vehicles and type of the vehicle:	UNKNOWN
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:	UNKNOWN
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:	UNKNOWN
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:	FIR LODGED

Inspector of Police

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