



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	ADYAL
CR.No./TAR NO./SDE NO:	180/2018 SEC 279,337 IPC
Date, Time & Place of accident:	19/10/18+20/10/18 Adyal
Name of the Injured/Deceased:	Shubhash Nilkhantha Dhargove Age 35 Yar At Keshlapuri
Name of Hospital to which he/she was removed:	R.H.Asyal
Number of vehicles and type of the vehicle:	SENTRO CAR NO MH 35/E 1058
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:	No
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:	No
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:	No

Inspector of Police

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