



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	SAKOLI
CR.No./TAR NO./SDE NO:	74/21 SECTION 279,337,338,304(A) IPC R/W 184,134(A)(B)/187,146/196 MV.ACT
Date, Time & Place of accident:	Place- Sangadi Date 25/02/21 At 20/30 Pm
Name of the Injured/Deceased:	Deceased- Mukesh Dashrath Parate Age- 33 Yrs Add- Sangadi
Name of Hospital to which he/she was removed:	SDH Sakoli
Number of vehicles and type of the vehicle:	MOTOR CICLE NO. MH-36/AX-7595
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:	Ajay Duryodhan Sontakke Age- 27 Yrs Add- Sangadi
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:	Ravi Hariram NAGPURE Add- Ayodhha Nagar Nagpur
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	Nill
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	NILL
Action taken,if any,and the result thereof:	Police Pending

Inspector of Police

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