



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	SAKOLI
CR.No./TAR NO./SDE NO:	482/2020 SECTION 279,337,338 IPC R/W 184,134(A)(B)/187 MV.ACT.
Date, Time & Place of accident:	Place- Pitezari Date 28/11/20 At 13/00 Pm
Name of the Injured/Deceased:	Injured- Mital Dulesh Channe Age- 24 Yrs Add- Gorre Tah- Salekasa Dist- Gondia
Name of Hospital to which he/she was removed:	SDH Sakoli
Number of vehicles and type of the vehicle:	UNKNOWN VEHICLE
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 Driver
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 Divisional Officer of the said insurance Company:	Unknown
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	UNKNOWN
Action taken,if any,and the result thereof:	Police Pening

Inspector of Police

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