



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	SAKOLI
CR.No./TAR NO./SDE NO:	79/2021 SECTION 279,337,338 IPC R/W 184,134(A),134(B),187 MV.ACT.
Date, Time & Place of accident:	Place- Sonegoan Date 27/2/2021 At 19/45 Pm
Name of the Injured/Deceased:	Injured- 1) Ashish Gurucharan Salame Age- 25 Yrs Add- Sonegaon 2) Tushar Jaydev Sayam Age- 25 Yrs Add- Nilagondi
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 Driver
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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