



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	SAKOLI
<b>CR.No./TAR NO./SDE NO:</b>	152/21 SECTION 279,304(A) IPC
<b>Date, Time &amp; Place of accident:</b>	Place- Khairi Shivar Date 30/3/21 At 18/15 Pm
<b>Name of the Injured/Deceased:</b>	Deceased- Amol Manik Kapgate Age- 22 Yrs Add- Pindkepar
<b>Name of Hospital to which he/she was removed:</b>	NILL
<b>Number of vehicles and type of the vehicle:</b>	MH-36/AH-5753
<b>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:</b>	Amol Manik Kapgate Age- 22 Yrs Add- Pindkepar
<b>The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:</b>	NO
<b>Name and address of the Owner of the vehicle as it stands on the date of the accident:</b>	Prakash Govind Bansod Age- 32 Yrs Add-Amgoan
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	Nill
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	NILL
<b>Action taken,if any,and the result thereof:</b>	Police Pending

Inspector of Police

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