



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	ANDHALGAON
CR.No./TAR NO./SDE NO:	39/2021 ACT 279, 304(A) IPC
Date, Time & Place of accident:	03/03/2021 To 08/30
Name of the Injured/Deceased:	Aniket Raju Galbale Age 20 At Khairanlaji Ta-mohadi Dist-bhandara
Name of Hospital to which he/she was removed:	Neuron Hospital Nagpur
Number of vehicles and type of the vehicle:	MH36/J-5280
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:	Aniket Raju Galbale Age 20 At Khairanlaji Ta-mohadi Dist-bhandara
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	ANON
Name and address of the Owner of the vehicle as it stands on the date of the accident:	-
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	-
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	-
Action taken,if any,and the result thereof:	-

Inspector of Police

* System generated document no signature required