



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	SIHORA
CR.No./TAR NO./SDE NO:	CR.NO.89/21 U/S.279,337,338,IPC R/W 184 M.V.ACT.
Date, Time & Place of accident:	Date 16/6/21. 19:30PM At. Chulhad
Name of the Injured/Deceased:	Injured- Aman Yadavrao Ghodeshwar Age 20 Year At Binakhi Tahsil Tumsar District Bhandara
Name of Hospital to which he/she was removed:	Rural Hospital Sihora
Number of vehicles and type of the vehicle:	MH-31/BG-6731 HERO HONDA DRIVER
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:	Ashish Charan Sonvane Age 24 Years At Chatera Tahsil Khairlanji District Balaghat Madhya Pradesh No Authority
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:	Deepak Vasant Rao Chaudhari At Chaitanya Whisperer Nagpur
Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Officer of the said insurance Company:	No
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	INVALID
Action taken,if any,and the result thereof:	Police Investigation

Inspector of Police

* System generated document no signature required