



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	SAKOLI
<b>CR.No./TAR NO./SDE NO:</b>	221/21 SECTION 279,337 IPC R/W 184,3/181,146/196,190(2)/177 MV.ACT.
<b>Date, Time &amp; Place of accident:</b>	Place- Talav Ward T Point Sakoli Date 24/5/21 At 07/00 Pm
<b>Name of the Injured/Deceased:</b>	Injured- Anmol Sadashiv Meshram Age- 25 Yrs Add- Lakhani
<b>Name of Hospital to which he/she was removed:</b>	Ameya Frcture Accident Nd General Hospitl Takiya Ward Bhandara
<b>Number of vehicles and type of the vehicle:</b>	MOTOR CYCLE NO. MH-40-B-4996
<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>	Nikhil Asaram Koche Age- 20 Yrs Add- Bhugon/Mendha Tah- Lakhani Dist-Bhandara
<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>	Nikhil Asaram Koche Age- 20 Yrs Add- Bhugon/Mendha Tah- Lakhani Dist-Bhandara
<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

\* System generated document no signature required