



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	SAKOLI
<b>CR.No./TAR NO./SDE NO:</b>	460/21 SECTION 279,337,304(A) IPC R/W 184 MV.ACT.
<b>Date, Time &amp; Place of accident:</b>	Place- Mohghata Jungle Shiwar Date 21/9/21 At 05/30 Pm
<b>Name of the Injured/Deceased:</b>	Deceased- Ghasiram Ghaneshram Shahu Age- 60 Yrs Add- Sankhari Tah-Gundardahi Dist- Balod Injured - 8 Person
<b>Name of Hospital to which he/she was removed:</b>	SDH Sakoli
<b>Number of vehicles and type of the vehicle:</b>	SCORPIO NO. CG-05-F-0614
<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>	Divakar Raghunandan Tamrakar Age- 41 Yrs Add- Dhamangha Dist- Durg
<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>	Divakar Raghunandan Tamrakar Age- 41 Yrs Add- Dhamangha Dist- Durg
<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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