



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	SAKOLI
CR.No./TAR NO./SDE NO:	505/21 SECTION 279,337 IPC R/W 184,134(A)(B),187 MV.ACT.
Date, Time & Place of accident:	Place- Vangi Date 24/10/21 At 09/00 Pm
Name of the Injured/Deceased:	Injured- 1) Angadh Shamrao Masram Age 40 Yrs Add- Bolade 2) Sachin Mukesh Chetule Age- 32 Yrs Add- Vangi
Name of Hospital to which he/she was removed:	SDH Sakoli
Number of vehicles and type of the vehicle:	MOTOR CYCLE NO. MH-35/M-8735
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:	Vasant Shamrao Lade Age 21 Yrs Add Bondgaondevi Tah- Arjuni/Mor Add- Gondia
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:	Vinod Premalal Katre Ra- Bakkitola Tah- Goregaon Dist Gondia
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	Nill
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	NILL
Action taken,if any,and the result thereof:	Police Pending

Inspector of Police

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