



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	ANDHALGAON
CR.No./TAR NO./SDE NO:	173/2023 SEC 279,304(A), IPC, R/W 134(B), 184 MV ACT
Date, Time & Place of accident:	25/08/2023 At 21/23 PM
Name of the Injured/Deceased:	SAGAR SHRAWAN RAMBHAD Age 26 At- Andhalgaon Tq- Mohadi , Dist- Bhandara
Name of Hospital to which he/she was removed:	PHC Andhalgaon. Rural Hospital. Mohadi. Sa. Ru. Bhandara, Medeacal Collage Nagpur
Number of vehicles and type of the vehicle:	1) BJJ DISCOVER MH-36/N- 4724, 2) PASSOIN PRO MH 36 /N- 1492
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:	PASSOIN PRO MH 36 /N- 1492 SHARAD TUKARAM SATDEVE AT- TRIMURTI APARTMENT C 2/302 NEW MENKEPUR NEGPUR, H.M. ANDHALGAON
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:	PASSOIN PRO MH 36 /N- 1492 SHARAD TUKARAM SATDEVE AT- TRIMURTI APARTMENT C 2/302 NEW MENKEPUR NEGPUR, H.M. ANDHALGAON
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	NO
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	NO
Action taken,if any,and the result thereof:	FIR

Inspector of Police

* System generated document no signature required