



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	PAUNI
<b>CR.No./TAR NO./SDE NO:</b>	165/2023 SEC - 279,338 IPC
<b>Date, Time &amp; Place of accident:</b>	14/05/2023 Am Place - Nilaj Near Sanand Dhaba Ta.pauni Dist -bhandra
<b>Name of the Injured/Deceased:</b>	Injured 1) Vishal Gajanan Dhakne Age 25 Yrs At. Nagpur 2) Mahesh Shravan Shende Age 36 Yrs At Nagpur 3) Prashant Madhukar Shinde Age 42 Yrs At Nagpur
<b>Name of Hospital to which he/she was removed:</b>	Gramin Hospital Pauni
<b>Number of vehicles and type of the vehicle:</b>	ACCUSE VEHICLE- M.H. 43 E.2717 INJURED VEHICLE - M.H.40 C.D.4250
<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>	Accused Driver - Santosh Kevalram Share Age 70 Yrs At Jay Bhim Nagae Koradi Ta. Kamthi Dist Nagpur
<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>	Owner Vehicle - Shabbir Majhar Shekh At Mahadula Koradi Ta. Kamthi Dist Nagpur
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	No
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	NO
<b>Action taken,if any,and the result thereof:</b>	Offence Registred, Investigation In Process

Inspector of Police

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