



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	ADYAL
CR.No./TAR NO./SDE NO:	215/23 SECATION 279,337 IPC
Date, Time & Place of accident:	Date 10/10/2023 Time 09/30
Name of the Injured/Deceased:	Santpal Sakharam Singh Age 51 Year At Nimgaon Ta.Dist Bhandara
Name of Hospital to which he/she was removed:	PHc Pahela To Nakade Hospital Bhandara
Number of vehicles and type of the vehicle:	MH.31 DW.0418 MVI ACT MOTAR CYCLE
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:	Santosh Sayaram Enchalwar Age 45 Year At. Valad /pun Ta.Dist.Bhandara
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:	Santosh Sayaram Enchalwar Age 45 Year At. Valad /pun Ta.Dist.Bhandara Date-8/11/2011
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:	Police Pending

Inspector of Police

* System generated document no signature required