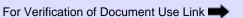
Date: 04-12-2023

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 MVIACT 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