



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

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

Inspector of Police

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