



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	ANDHALGAON
CR.No./TAR NO./SDE NO:	186/2023 SEC 279,304(A) IPC R/W 134(B),184 MV ACT
Date, Time & Place of accident:	23/09/2023 TO 08/30 Am
Name of the Injured/Deceased:	SUNIL HARIRAM SAPATE Age 53 At- Dhop Tq- Mohadi. Dist- Bhandara
Name of Hospital to which he/she was removed:	Rural Hospital Ramtek
Number of vehicles and type of the vehicle:	MH - 49/B- 8002 MARUTI SUZUKI SHIFT
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:	MH - 49/B- 8002 Maruti Suzuki Shift Arvind Chatrapal Badshaha Age- 31 At _ Tilak Ward Tiroda Dist- Gondiya
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:	MH - 49/B- 8002 Maruti Suzuki Shift Wasim Babukha Pthan Age- 35 At- Mahatma Fule Ward Tiroda Tq- Tirada, Dist- Gondiya
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	Tata AIG Insurance
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	01/04/2023 TO 31/03/2024
Action taken,if any,and the result thereof:	FIR

Inspector of Police

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