

FORM COMP AA**REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS**

Police Station:	TUMSAR
CR.No./TAR NO./SDE NO:	244/2021 U/S. 279,337,338 IPC R/W 184,134 (A),(B) M.V ACT
Date, Time & Place of accident:	22/07/2021 PLACE- MEHAGAV TO TUMSR ROAD
Name of the Injured/Deceased:	1) UMESH HARICHAND BHALAVI AGE- 37 YEAR AT- VITPUR THA- TUMSAR DIST- BHANDARA 2) MANOHARSING GAURISHANKAR DHOLEWAR AT- PAWANARA UMSAR DIST- BHANDARA
Name of Hospital to which he/she was removed:	INJ (1) NAKADE HOSPITAL BHANDARA . INJ (2) GANRAL HOSPITAL BHANDARA
Number of vehicles and type of the vehicle:	MH/31 CQ- 9921 TATA PICK UP VEHICLE
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:	KAPIL RUPCHAND MULCHANDANI AGE- 34 YEAR ADD. JARIPATKA POLICE STATION NEAR NAGPUR CITY
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	PRAVATE
Name and address of the Owner of the vehicle as it stands on the date of the accident:	SOU. NANKI KAPIL MULCHANDANI ADD. JARIPATKA POLICE STATION NEAR NAGPUR CITY
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