

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

<b>Police Station:</b>	TUMSAR
<b>CR.No./TAR NO./SDE NO:</b>	487/2024 A/S 281, 125(A), 125(B),BNS R/W 184 MV ACT
<b>Date, Time &amp; Place of accident:</b>	02/10/2024 To 10/30 Pm Ravidash Ward Tumsar
<b>Name of the Injured/Deceased:</b>	Rushi Ganish Maladhare 7 Year At Ravidash Ward Tumsar Dist Bhandara
<b>Name of Hospital to which he/she was removed:</b>	Add Distict Rural Hospitals Tumsar
<b>Number of vehicles and type of the vehicle:</b>	MH35/W2672
<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>	Bhupedra Amrendra Wasanik At Ravidash Ward Tumsar 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>	Nishchal Lakshman Mandape At Vinoba Nagar Tumsar Dist Bhandara
<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>	No

Inspector of Police