

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

<b>Police Station:</b>	TUMSAR
<b>CR.No./TAR NO./SDE NO:</b>	553/24 SEC.281,125(A) BNS-2023 R/W 184 MVA
<b>Date, Time &amp; Place of accident:</b>	06/11/2024 On-13/30 PM
<b>Name of the Injured/Deceased:</b>	1)ku.bhumika Rajesh Chauvan Age-14 Year 2)saroj Rajesh Chauvan Age-45 At.mathani Tah.mouda Dist.nagpur 3)Rajkumar Kishanlal Badge Age-62 Year At. Zhadgao Tah.warashioni Dist.balaghat
<b>Name of Hospital to which he/she was removed:</b>	Su.bo Gov Hospital Tumsar ,
<b>Number of vehicles and type of the vehicle:</b>	MP-16 BD-1511 MAHINDRA SCORPIO
<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>	Ashish Chinnilal Gautam.age-28 Yead At.Navegao Tah.khairlanji Dist.Balaghat
<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>	Naresh Umedlal Meshram At.doke Tah..khairlanji Dist.Balaghat
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	National Insurance Com.ltd
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	32160231236160007344 VALID TILL-26/01/2025
<b>Action taken,if any,and the result thereof:</b>	FIR

Inspector of Police