

FORM COMP AA
REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS



Police Station:	TUMSAR
CR.No./TAR NO./SDE NO:	209/17
Date, Time & Place of accident:	20/6/2017 16/00
Name of the Injured/Deceased:	Rahul Ramesh Sakharkar Age 25 Add- Mitewani.
Name of Hospital to which he/she was removed:	Genral Hospital Bhandara.
Number of vehicles and type of the vehicle:	UNKNOWN
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:	Unknown
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:	Unknown
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said Insurance Company:	Unknown
Number of Insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	UNKNOWN
Action taken,if any,and the result thereof:	...


 Inspector of Police
 पोलीस निरीक्षक
 पोलीस स्टेशन, तुमसर
 जि. भंडारा