



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	TUMSAR
CR.No./TAR NO./SDE NO:	388/2017
Date, Time & Place of accident:	6/11/2017 18/00 Pm
Name of the Injured/Deceased:	Anurag Bhaiyalal Patle Age- 9 Yrs Add- Dongarla
Name of Hospital to which he/she was removed:	Subhashchandra Bose Hospital Tumsar.
Number of vehicles and type of the vehicle:	MH36/L550 SWARAJ TRACTOR
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:	Jiyalal Karu Patle Age- 38 Add- Dongarla
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:	Dwarkaprasad Dulichand Patle Age 50 Add- Dongarla
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	The United Insurance Company Ltd.
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	2307003116P118382602 VALID 30/3/2017 TO 30/3/2018
Action taken,if any,and the result thereof:	...

Inspector of Police

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