



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	SIHORA
CR.No./TAR NO./SDE NO:	178/2020 U/S 279,337,304 A IPC , R/W 184 MV ACT
Date, Time & Place of accident:	18/10/2020 10:00 AM Before Place: Machera SH 271
Name of the Injured/Deceased:	Deceased:* Anmol Ramanlal Chaudhari Age 28 Y, At -Sihora Ta -Tumsar Dist -Bhandara
Name of Hospital to which he/she was removed:	Rurel Hospital Sihora
Number of vehicles and type of the vehicle:	1- BAJAJ PULSAR MH 36 W 7595. 2- MAHINDRA YOVO TRACTOR NO- MH 36 Z 2708
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:	Rajendra Harichand Ramteke Age- 32 Y , At - Dhanegaon Ta- Tumsar Issuing Authority:* No
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:	Chaganlal Sewkram Pajdhi Age 48,Y ,At - Dhanegaon Ta- Tumsar
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 Investigation

Inspector of Police

* System generated document no signature required