



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	MOHADI
<b>CR.No./TAR NO./SDE NO:</b>	21/2021 SEC 279,337,338 IPC R/W 184, 3/181,146,196 MVA
<b>Date, Time &amp; Place of accident:</b>	31/01/2021 To 09/30 A.M. Place Tilak Ward, Mohadi
<b>Name of the Injured/Deceased:</b>	Motiram Sakharam Kawale Age. 80 Year At. Subhash Ward, Mohadi
<b>Name of Hospital to which he/she was removed:</b>	G.R. Hospitel, Mohadi, Lash Hospitel, Bhandara
<b>Number of vehicles and type of the vehicle:</b>	MOTAR CIYCEL. MH.36.D.3659
<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>	GhanShyam Bhanuji DhumanKhede Age. 38 Year At. Perdi . Tah. Mohadi 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>	--
<b>Name and address of the Owner of the vehicle as it stands on the date of the accident:</b>	Hemraj Pramod Herde At. Santaji Ward, 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>	--
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	--
<b>Action taken,if any,and the result thereof:</b>	Investigation

Inspector of Police

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