



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

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| Police Station: | TUMSAR |
| CR.No./TAR NO./SDE NO: | CR.NO. 47/21 SEC 279,337, IPC R/W 184 MV ACT |
| Date, Time & Place of accident: | Dt 23/2/21 At 6/15 Am Lotan Poha Mill Chaok Tumsar |
| Name of the Injured/Deceased: | Injured - Shreya Suresh Meshram Age 14 At Tumsar |
| Name of Hospital to which he/she was removed: | Subhashchandra Bose Hospital Tumsar. |
| Number of vehicles and type of the vehicle: | ST BUS NO. MH 40/N 8900 |
| 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: | Khemraj Shalikram Meshram Ahe 40 At Devada |
| The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge: | YES |
| Name and address of the Owner of the vehicle as it stands on the date of the accident: | Gov. Vehical |
| Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company: | - |
| Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate: | - |
| Action taken,if any,and the result thereof: | Cr.No. 47/21 Sec 279,337, Ipc R/w 184 MV Act Registered |

Inspector of Police

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