



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	KARDI
<b>CR.No./TAR NO./SDE NO:</b>	26/2021 SEC 279,337,304(A) IPC RW 184 MV ACT
<b>Date, Time &amp; Place of accident:</b>	25/02/2021 19/30 Devhada Khurd
<b>Name of the Injured/Deceased:</b>	1) Yogesh Shyamji Kamble Age 29 Year At Post Madgi Th - Tumsar 2) Sachin Pruthwiraj Binzade Age 26 Year At Post Madgi Th - Tumsar
<b>Name of Hospital to which he/she was removed:</b>	S.B Hospital Tumsar , Pradumn Surgical Home.
<b>Number of vehicles and type of the vehicle:</b>	1) MOTORCYCLE MH36 R 1420
<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>	Yogesh Shyamji Kamble Age 29 Year At Post Madgi Th - Tumsar 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>	NO.
<b>Name and address of the Owner of the vehicle as it stands on the date of the accident:</b>	Yogesh Shyamji Kamble Age 29 Year At Post Madgi Th - Tumsar Date 24/10/2013
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	No
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	NILL
<b>Action taken,if any,and the result thereof:</b>	Crime Registered Against

Inspector of Police

\* System generated document no signature required