



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	TUMSAR
CR.No./TAR NO./SDE NO:	CR.NO. 77/21 SEC 279,338, IPC R/W 184,134 (B)(A) MV ACT
Date, Time & Place of accident:	Dt 18/3/21 At 16/00 Pm Mitewani SH 356
Name of the Injured/Deceased:	Injured - Jyoti Raju Thakre Age 7 At Mitewani.
Name of Hospital to which he/she was removed:	Subhashchandra Bose Hospital Tumsar.
Number of vehicles and type of the vehicle:	UNKNOWN MOTOR CYCLE
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:	Unknown
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:	Unknown
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	Unknown
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	UNKNOWN
Action taken,if any,and the result thereof:	Cr.No. 77/21 Sec 279,338, Ipc R/w 184,134 (b)(a) MV Act Registered

Inspector of Police

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