



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	TUMSAR
<b>CR.No./TAR NO./SDE NO:</b>	CR.NO. 70/21 SEC 279,304 A IPC
<b>Date, Time &amp; Place of accident:</b>	Dt 17/2/21 At 19/30 Pm Bamhni Shiwar
<b>Name of the Injured/Deceased:</b>	Deceased - Krishna Nandkishor Selokar Age 27 At Bamhni
<b>Name of Hospital to which he/she was removed:</b>	Subhashchandra Bose Hospital Tumsar.
<b>Number of vehicles and type of the vehicle:</b>	MH 36/AD 8744 MOTOR CYCLE
<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>	Deceased - Krishna Nandkishor Selokar Age 27 At Bamhni
<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>	Rajesh Meshram Age 40 At Bamhni
<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 Insurance
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	NO INSURANCE
<b>Action taken,if any,and the result thereof:</b>	Cr.No. 70/21 Sec 279,304 A Ipc Registered

Inspector of Police

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