



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	SAKOLI
CR.No./TAR NO./SDE NO:	50/2021 SECTION 279,337,427 IPC R/W 184 MV.ACT
Date, Time & Place of accident:	Place- Umri Date 07/02/2021 At 15/30 Pm
Name of the Injured/Deceased:	Injured- Gita Narayan Lanje Age- 43 Yr Add- Panchshil Ward Sakoli
Name of Hospital to which he/she was removed:	SDH Sakoli
Number of vehicles and type of the vehicle:	ST BUS NO. MH-40/Y-5978
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:	Pushpraj Hemraj Tembhare Age- 42 Yrs Add- Malutola
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:	Acretary MSRTC Maharashtra Valther Bhavan Mumbai
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	Nill
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	NILL
Action taken,if any,and the result thereof:	Police Pending

Inspector of Police

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