



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

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| Police Station: | PAUNI |
| CR.No./TAR NO./SDE NO: | CR.47/2021 U/S-279,304(A) I.P.C. |
| Date, Time & Place of accident: | 04-03-2021 Of 19-30 P.M. Place- Amgaon Shiwar |
| Name of the Injured/Deceased: | Deceased - Ku.Swaj Anil Deshpande Age 6 Yrs, R/o- Katurli Tah- Pauni Di-Bhandara |
| Name of Hospital to which he/she was removed: | Rural Hospital Bhiwapur |
| Number of vehicles and type of the vehicle: | MH-49 AG-4961 |
| 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: | Anil Kailash Deshpande Age 48 Yrs. R/o; Katurli Tah-Pauni Di-Bhandara |
| 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: | Tanoj Karu Uke Age 46 Yrs At- Katurli Ta-Pauni Di- Bhandara |
| Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company: | No Insurance |
| Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate: | NO INSURANCE |
| Action taken,if any,and the result thereof: | Investigation Going On. |

Inspector of Police

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