



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	TUMSAR
CR.No./TAR NO./SDE NO:	CR.NO. 117/2021 SEC 279,337 IPC
Date, Time & Place of accident:	Dt 29/03/2021 At 11/15 Station Toli Devadi SH 249
Name of the Injured/Deceased:	Injured - Atul Motilal Badge Age 35 At Gandhi Ward Tumsar.
Name of Hospital to which he/she was removed:	Subhashchandra Bose Hospital Tumsar.
Number of vehicles and type of the vehicle:	MH 36/T 1028 TVS APACHE 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:	Dhiraj Singh Rakesh Singh Age 28 At Devadi.
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:	Rakesh Singh Age 50 At Devadi.
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:	Cr.No. 117/2021 Sec 279,337 Ipc Registered

Inspector of Police

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