



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	SIHORA
<b>CR.No./TAR NO./SDE NO:</b>	78/21 U/S 279,337,338 IPC R/W184,134(A)(B) M.V.ACT
<b>Date, Time &amp; Place of accident:</b>	Date 27/7/2021 To 19:00PM
<b>Name of the Injured/Deceased:</b>	Injured:-soma Asaram Pardhi Age 50 Years At Hardoli Tahsil Tumsar District Bhandara
<b>Name of Hospital to which he/she was removed:</b>	Rural Hospital Sihora
<b>Number of vehicles and type of the vehicle:</b>	MH-36/P-2902 TVS SPORT
<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>	Rajesh Full Das Pratiti Age 19 Year At Sundani Taluka Ramtek Jila Nagpur Gramin Issuing Authority Licence RTO Nagpur Rural MH-40
<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>	Roshan Bhikaram Kamble At Kalevada Tahsil Pauni District Bhandara
<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
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	INVALID
<b>Action taken,if any,and the result thereof:</b>	Police Investigation

Inspector of Police

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