



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	SIHORA
<b>CR.No./TAR NO./SDE NO:</b>	75/21 U/S 279,337,IPC R/W 184,134(A)(B)M.V.ACT
<b>Date, Time &amp; Place of accident:</b>	Date 23/5/2021 08:00AM
<b>Name of the Injured/Deceased:</b>	Injured,- Ramesh Tarachand Wasnik Age 60 Year At Sitepar 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-12/BG-2072 LANCER KAR
<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>	Akshay A Dilip Undirwade Age 25 Years At Udaytola Tahsil Tiroda District Gondia Issuing Authority MH 35 201647
<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>	Kamlesh Babulal Katare At Plot Number 45 Rameshwari Road Fulmati Mandir Ke Pass Parvati Nagar Bhagwan Nagar Society Nagpur Pin Number 4400 27
<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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