



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	TUMSAR
CR.No./TAR NO./SDE NO:	277/2021 K 279,337,338 IPC R/W 134 MV ACT
Date, Time & Place of accident:	Date 05/08/2021 To 18.00 At Tumsar To Khapa Road Krushi Utpanna Bazar Samiti Samor
Name of the Injured/Deceased:	Injured Hariram Batau Katre Age 65 Year At. Shriram Nagr Tumsar
Name of Hospital to which he/she was removed:	RNH HOSPITAL NAGPUR
Number of vehicles and type of the vehicle:	MH 31 ED 1927 HERO HONDA SPELNDAR MOTAR SAYCAL
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:	No
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:	No
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	No
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	NO
Action taken,if any,and the result thereof:	.

Inspector of Police

* System generated document no signature required