



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	TUMSAR
<b>CR.No./TAR NO./SDE NO:</b>	362/21 SEC 279,337 IPC R/W 184 MV ACT
<b>Date, Time &amp; Place of accident:</b>	Dt 15/10/21 To 20/45 At Dongarla Road Tumsar Dist Bhandara
<b>Name of the Injured/Deceased:</b>	Aaditye Rajesha Jayesval / At Shihora , Santosh Vishonatha Higna Dist Bhandara
<b>Name of Hospital to which he/she was removed:</b>	No
<b>Number of vehicles and type of the vehicle:</b>	MH -36/AD 0791 , MH/R4395 TIPPER .
<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>	Aaditye Rajesha Jayesval / At Shihora ,,Santosh Vishonatha Higna Dist Bhandara
<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>	NO
<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>	NO
<b>Action taken,if any,and the result thereof:</b>	362/21 Sec 279,337 Ipc R/W 184 MV Act Registered

Inspector of Police

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