



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	TUMSAR
<b>CR.No./TAR NO./SDE NO:</b>	244/2021 U/S. 279,337,338 IPC R/W 184,134 (A),(B) M.V ACT
<b>Date, Time &amp; Place of accident:</b>	22/07/2021 PLACE- MEHAGAV TO TUMSR ROAD
<b>Name of the Injured/Deceased:</b>	1) UMESH HARICHAND BHALAVI AGE- 37 YEAR AT- VITPUR THA- TUMSAR DIST- BHANDARA 2) MANOHARSING GAURISHANKAR DHOLEWAR AT- PAWANARA UMSAR DIST- BHANDARA
<b>Name of Hospital to which he/she was removed:</b>	INJ (1) NAKADE HOSPITAL BHANDARA . INJ ( 2) GANRAL HOSPITAL BHANDARA
<b>Number of vehicles and type of the vehicle:</b>	MH/31 CQ- 9921 TATA PICK UP VEHICLE
<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>	KAPIL RUPCHAND MULCHANDANI AGE- 34 YEAR ADD. JARIPATKA POLICE STATION NEAR NAGPUR CITY
<b>The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:</b>	PRAVATE
<b>Name and address of the Owner of the vehicle as it stands on the date of the accident:</b>	SOU. NANKI KAPIL MULCHANDANI ADD. JARIPATKA POLICE STATION NEAR NAGPUR CITY
<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>	POLICE PENDING

Inspector of Police

\* System generated document no signature required