



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	TUMSAR
<b>CR.No./TAR NO./SDE NO:</b>	363/2021 U/S 279,304(A) IPC R/W 184,134 MVA
<b>Date, Time &amp; Place of accident:</b>	Date-11/10/21 Time-08/00 Place- Khapa To Devhadi Road Near Form Anil Karemore
<b>Name of the Injured/Deceased:</b>	Deceased Shreeram Bhaddu Sarwe Age- 72 Yrs At-Mangli,Tah-Tumsar,D.Bhandara
<b>Name of Hospital to which he/she was removed:</b>	Laksh Hospital Bhandara,Medical College Nagpur
<b>Number of vehicles and type of the vehicle:</b>	UNKNOWN TWO WHEELER
<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>	No
<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>	Police Pending

Inspector of Police

\* System generated document no signature required