



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	TUMSAR
CR.No./TAR NO./SDE NO:	241/22, SEC 279, 304(A) IPC R/W 134/187 MVA
Date, Time & Place of accident:	24/06/2022 14.10 PM TELEPHONE EXCHANGE OFFICE NEAR SHIVAJINAGAR TUMSAR
Name of the Injured/Deceased:	MEENA THAVARDAS GIDWANI AGE 55 YR AT-WARDHA
Name of Hospital to which he/she was removed:	SUBHASCHANDRA BOSE GOVT HOSPITAL TUMSAR
Number of vehicles and type of the vehicle:	MH 35 K 5725 GOODS CARRIER
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:	DINESWAR BALARAMJI PATIL AGE 31 YR AT- CHOTA RAJEGAON TA.DIST GONDIYA
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:	SANJAYKUMAR H AGRAWAL ,AT-PO- PARMKA RD LINE BALAGHAT ROAD GONDIA
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	MOTOR INSURANCE CERTIFICATE CUM POLICY SCHEDULE GCCV PUBLIC CARRIERS OTHER THAN THREE WHEELERS PACKAGE POLICY - ZONE C
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	181301/31/2022/1121 & 24/09/2022
Action taken,if any,and the result thereof:	ACTION IS BEING TAKEN

Inspector of Police

* System generated document no signature required