



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	SIHORA
<b>CR.No./TAR NO./SDE NO:</b>	81/22 SEC 279,337,338,304(A( IPC) R/W 184,134 (A)(B),146/196 MV ACT.
<b>Date, Time &amp; Place of accident:</b>	28/06/2022 TO 08/00 AM AT- KARKAPUR TO HARDOLI ROAD.. KARKAPUR.
<b>Name of the Injured/Deceased:</b>	1) SAURABH ANIL ATHILKAR AGE 26 YEAR AT- KARKAPUR. 2) BHAGWANDAS PRAVIN AGASE AGE 19 YEAR AT- KARKAPUR..TAH- TUMSAR.
<b>Name of Hospital to which he/she was removed:</b>	S.B.SUB DISTRICT GOV.HOSPITAL TUMSAR.
<b>Number of vehicles and type of the vehicle:</b>	1) MH 36/ U-6906 HF DELUXE DRS 2) MH-35/AG-2968 SONALIKA 35 DI
<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>	1) MAYUR PARMANAND PARDHI AGE 21 YEAR AT- MACHERA TA- TUMSAR.
<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>	1) MAYUR PARMANAND PARDHI AGE 21 YEAR AT- MACHERA TA- TUMSAR.
<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 INSURANCE.
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	NO INSURANCE.
<b>Action taken,if any,and the result thereof:</b>	POLICE INVESTIGATION

Inspector of Police

\* System generated document no signature required