



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	ADYAL
CR.No./TAR NO./SDE NO:	CR.NO.70/2022 SECTION 279,337,338, IPC RW 184 MV ACT
Date, Time & Place of accident:	Date 21/04/2022 Time 16/30 Place Tiree
Name of the Injured/Deceased:	1) Vijay Tulsiram Fulbandhe Age 45 Year At Sakili Ta.sakoli 2) Pallav Mukesh Fulbandhe Age 8 Year At Sakili Ta.sakoli Dist Bhandara
Name of Hospital to which he/she was removed:	Rh Adyal
Number of vehicles and type of the vehicle:	MH 36 - C-6314 YAMA
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:	Tiratharaj Bhadu Shhare Age 48 Year At Pandkepar Ta.sakoli
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:	Tiratharaj Bhadu Shhare Age 48 Year At Pandkepar Ta.sakoli Date-02/5/2006
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	No
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	NO
Action taken,if any,and the result thereof:	Investigation Coplitetd

Inspector of Police

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