



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

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| <b>Police Station:</b>   | TUMSAR   |
| <b>CR.No./TAR NO./SDE NO:</b>  | 280/2017   |
| <b>Date, Time &amp; Place of accident:</b>   | 31/08/2017   |
| <b>Name of the Injured/Deceased:</b>   | Anusuya Ramdasji Rane Age 55 Yer Add- At Chicholi Ta. Tumsar, Dist Bhandara. |
| <b>Name of Hospital to which he/she was removed:</b>   | Subhashchandra Bose Hospital Tumsar.   |
| <b>Number of vehicles and type of the vehicle:</b>   | MH31/BT2265 MOTOR CYCLE BUJAJ PULSAR   |
| <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> | Ashish Rajkumar Naik Age 32 Add- Primary Helth Center Gobarwahi.             |
| <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>  | Shish Rajkumar Naik Age 32 Add- Primary Helth Center Gobarwahi.              |
| <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>   | ..   |

Inspector of Police

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