



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	TUMSAR
CR.No./TAR NO./SDE NO:	290/2017
Date, Time & Place of accident:	10/9/2017 15/30 Pm
Name of the Injured/Deceased:	Riya Wanwas Pardhi Age- 8 Yrs Add- Mitewani.
Name of Hospital to which he/she was removed:	Subhashchandra Bose Hospital Tumsar.
Number of vehicles and type of the vehicle:	MH36/S1622 MOTOR CYCLE BUJAJ DISKVER
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:	Atul Sukhram Patle Age 18 Add- Mitewani Ta. Tumsar. Dist Bhandara.
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:	Ramu Istari Markam Age- 45 Yrs Add- Dawdipar/bajar Bhandara.
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	Iffco Tokio Genral Insurance Co. Ltd Bhandara.
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	1-IDS43W7 VALID 16/9/16 TO 16/9/17
Action taken,if any,and the result thereof:	...

Inspector of Police

* System generated document no signature required