



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	TUMSAR
<b>CR.No./TAR NO./SDE NO:</b>	248/2017
<b>Date, Time &amp; Place of accident:</b>	3/8/2017 20/00 Pm
<b>Name of the Injured/Deceased:</b>	Shivram Bhaurao Sathwane Age 34 Add- Mundikota, Gondiya
<b>Name of Hospital to which he/she was removed:</b>	Medical Collage Nagpur
<b>Number of vehicles and type of the vehicle:</b>	UNKNOWN
<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>	Unknown
<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>	Unknown
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	Nil
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	NIL
<b>Action taken,if any,and the result thereof:</b>	...

Inspector of Police

\* System generated document no signature required