



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	SIHORA
CR.No./TAR NO./SDE NO:	CR NO 136 /2018 SECTION 279,337,304 A IPC R/W 134B/187 MVACTION
Date, Time & Place of accident:	MACCHERA DAHATTOLI ROAD NO.271 04 KM. WEST DATE 0209/18 ON 18/00CLOCK BETWEEN
Name of the Injured/Deceased:	Deceased:-Ritesh Viju Kokude Age 19 At Machhera Ta.tumsar Dist Bhandara
Name of Hospital to which he/she was removed:	Gov. Medical College Nagpur
Number of vehicles and type of the vehicle:	TWO WHEELER - MH31/BA-698
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:	NO
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:	Mithun Pralhad Sirsam At 21 At Machhera Ta.tumsar Dist Bhandara
Name and address of the Insurance Company with whom the vehicle was insured and the Divisional 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:	Police Investigation

Inspector of Police

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