



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	WARTHI
CR.No./TAR NO./SDE NO:	157/18 U/S 279,304(A) IPC
Date, Time & Place of accident:	DATE 01/09/2018 TIME 21.15 PM
Name of the Injured/Deceased:	NIKHIL MANOHAR THAKRE,AGE 37, ADD. TILAK WARD BHANDARA
Name of Hospital to which he/she was removed:	NEURON HOSPITAL NAGPUR
Number of vehicles and type of the vehicle:	MH36/Q0210, UNICORN 2 WHEELER.
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:	NIKHIL MANOHAR THAKRE,AGE 37, ADD. TILAK WARD 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:	NIKHIL MANOHAR THAKRE,AGE 37, ADD. TILAK WARD BHANDARA
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	--
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	--
Action taken,if any,and the result thereof:	OFFENCE REGISTERED IN PS WARTHI CR.NO 157/18 U/S 279,304(A) IPC

Inspector of Police

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