



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	MOHADI
<b>CR.No./TAR NO./SDE NO:</b>	144/2018 SEC 279,337,338, IPC R/W 184 MVA CT
<b>Date, Time &amp; Place of accident:</b>	08/10/2018 At- Greenvally Bar Mohadi
<b>Name of the Injured/Deceased:</b>	1)Pavankumar Rashtrapal Dongare Age 33 Yrs. AT- Kharbi Tha- Mohadi 2)Sankumar Rashtrapal Dongare Age 29 Yrs. AT- Kharbi Tha- Mohadi
<b>Name of Hospital to which he/she was removed:</b>	Caretake Hospital Nagpur /Laksh Hospital Bhandara
<b>Number of vehicles and type of the vehicle:</b>	1)MARUTI OMNI NO. MH 36 H 6715 2) MOTER CYCLE NO. MH36 E 2123
<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>	1) Vinod Vasudev SawalaKhe Age 42 Yrs. At- Indira Ward Mohadi 2)Pavankumar Rashtrapal Dongare Age 33 Yrs. AT- Kharbi Tha- Mohadi
<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>	1) Vinod Vasudev SawalaKhe Age 42 Yrs. At- Indira Ward Mohadi 2)Pavankumar Rashtrapal Dongare Age 33 Yrs. AT- Kharbi Tha- Mohadi
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	---
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	-----
<b>Action taken,if any,and the result thereof:</b>	Crime Registerd Agistet

Inspector of Police

\* System generated document no signature required