



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	MOHADI
CR.No./TAR NO./SDE NO:	151/2018 SEC 279,338 R/W 184 MVACT
Date, Time & Place of accident:	15/0/2018 AT - Bus Stop Mohadi
Name of the Injured/Deceased:	Amarkanth Janglu Badwaik Age 69 Yrs. AT- Andhalgaon Tha- Mohadi
Name of Hospital to which he/she was removed:	Sainik Hospital Kamthi (nagpur)
Number of vehicles and type of the vehicle:	UNKNOWN VEHICLE
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:	Unknown
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:	-----
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:	Crime Registerd Against

Inspector of Police

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