



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	WARTHI
<b>CR.No./TAR NO./SDE NO:</b>	CR.NO.03/2020 U/S 304(A),279,337 IPC R/W 134/187,3(1)/181 MVA
<b>Date, Time &amp; Place of accident:</b>	DATE-31/12/2019 TIME-19/00 PLACE- PAHUNI
<b>Name of the Injured/Deceased:</b>	DEATH-DARSHAN JAGDISH ISHWARKAR/17 AT.TANDA, TAH-MOUDA, DIST-NAGPUR
<b>Name of Hospital to which he/she was removed:</b>	GENRAL HOSPITAL BHANDARA
<b>Number of vehicles and type of the vehicle:</b>	TRACTOR WITHOUT NO V/S MOTOR CYCLE NO. MH40/BS-6355
<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>	NITESH GANGADHAR CHAFLE/24 AT.PIMPALGAON TAH-MOUDA DIST - NAGPUR
<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>	GANGADHAR MANIK CHAFLE AT.PIMPALGAON TAH-MOUDA DIST - NAGPUR
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	NOT AVAILABLE
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	NOT AVAILABLE
<b>Action taken,if any,and the result thereof:</b>	OFFENCE REGISTERED IN POLICE STAION WARTHI CR.NO.03/2020 U/S 304(A),279,337 IPC R/W 134/187,3(1)/181 MVA

Inspector of Police

\* System generated document no signature required