



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	WARTHI
CR.No./TAR NO./SDE NO:	CR.NO.24/2020 U/S 279,337 IPC R/W 184 MVA
Date, Time & Place of accident:	DATE-25/02/2020 TIME-16/20 PLACE- GANESH NAGRI JAMNI
Name of the Injured/Deceased:	MRS.ANKITA GULSHAN KATRE/27 AT. PRAGATI COLONY BHANDARA
Name of Hospital to which he/she was removed:	NANHE HOSPITAL, BHANDARA
Number of vehicles and type of the vehicle:	TATA PICKUP NO.MH-22/AA-1338
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:	HIRALAL NARESH NEWARE/27 AT.YERLI TAH-TUMSAR
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:	GULSHAN PREMLAL KATRE/30 AT.PRAGATI COLONY BHANDARA
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	NOT AVIALABLE
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	NOT AVAILABLE
Action taken,if any,and the result thereof:	OFFENCE REGISTERED IN POLICE SATATION CR.NO.24/2020 U/S 279,337 IPC R/W 184 MVA

Inspector of Police

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