



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	JAWAHAR NAGAR
CR.No./TAR NO./SDE NO:	256/20 SEC 279, 337, 338,IPC R/W 184, 134/177 MVACT
Date, Time & Place of accident:	25/12/20 To 12.30 Pm, MIET Clg Shapur 12 K.M. East
Name of the Injured/Deceased:	Injured- 1) Amit Bhaurao Shende Age 38 Yr At Tekepar Ta.dist Bhandara 2) Shital Amit Shende Age 30 Yr At Tekepar Ta.dist Bhandara 3) Dayavanti Bhaurao Shende Age 62 Yr At Tekepar Ta.dist Bhandara
Name of Hospital to which he/she was removed:	General Hospital Bhandara
Number of vehicles and type of the vehicle:	UNKNOW 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:	Unknow
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:	1) Amit Bhaurao Shende Age 38 Yr At Tekepar Ta.dist Bhandara
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	Nshurance Company-no
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	NO
Action taken,if any,and the result thereof:	Police Invetigation

Inspector of Police

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