



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	JAWAHAR NAGAR
CR.No./TAR NO./SDE NO:	06/21 SEC 279, 337, IPC R/W 184, 187 134/177 MVACT
Date, Time & Place of accident:	16/01/21 To 15.15 Pm, NH53 Road Shahapur 12 K.M. East
Name of the Injured/Deceased:	Injured-kanak Raju Dhole Age 13 Yr At Dhamngao Ta. Mouda Dist Nagpur
Name of Hospital to which he/she was removed:	Crity Care Hospital Nagpur
Number of vehicles and type of the vehicle:	FOUR WHEELAR MH31 CD 8692
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:	Mohammad Rustam Mohammd Mustak Raja Age 50 Yr At Dighori Chamt Chouk Umred Road Nagpur
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:	Mohammad Rustam Mohammd Mustak Raja Age 50 Yr At Dighori Chamt Chouk Umred Road Nagpur
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance 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 INVESTIGATION

Inspector of Police

* System generated document no signature required