



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	JAWAHAR NAGAR
CR.No./TAR NO./SDE NO:	11/2021 SEC 279, 337, 338,IPC R/W 184, MVACT
Date, Time & Place of accident:	27/01/2021 To 12.30 Pm, NH 53 Road Shapur 12 K.M. East
Name of the Injured/Deceased:	Pralad Kavadu Kangale Ag.62 Year At. Khradi Dist Bhandara.
Name of Hospital to which he/she was removed:	General Hospital Bhandara
Number of vehicles and type of the vehicle:	TRUCK NO MH 40 BL 5732
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:	Vinod Abhiman Gajabe Ag. 35 Year At. Dugipar Dist Gondia
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:	Vijai Patiram Gajabe Ag. 40 Year At.Nagpur
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	Certificate Of Insurance Company Nagpur1
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	FCV15811194D111005327 DATE 19NOV2021
Action taken,if any,and the result thereof:	Police Investigation

Inspector of Police

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