



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	KARDI
CR.No./TAR NO./SDE NO:	34/2021 SEC 279,337,304(A) IPC RW 184 MV ACT
Date, Time & Place of accident:	13/03/2021 17/30
Name of the Injured/Deceased:	1) Vinod Prabhudas Lichade Age 50 Year At Barbaspura Th - Tiraoda Dist Gondia
Name of Hospital to which he/she was removed:	S.B Hospital Tumsar ,
Number of vehicles and type of the vehicle:	1) MOTORCYCLE MH35 AP 4182
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 Prabhudas Lichade Age 50 Year At Barbaspura Th - Tiraoda 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:	Vinod Prabhudas Lichade Age 50 Year At Barbaspura Th - Tiraoda Dist Gondia
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:	NILL
Action taken,if any,and the result thereof:	Crime Registered Against

Inspector of Police

* System generated document no signature required