



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

| | |
|--|---|
| Police Station: | KARDHA |
| CR.No./TAR NO./SDE NO: | CR.NO.64/2021 SDE.NO.279,337,338,304(A) IPC, R/W 184,128/177 MVACT. |
| Date, Time & Place of accident: | DATE - 22/02/2021 TIME - 09/30, Old RTO Office Near Kardha |
| Name of the Injured/Deceased: | Name Of Deceased: - Laxkikanta Shridhar Sapate Age 50 Year At - Karchkheda Ta Dist Bhandara |
| Name of Hospital to which he/she was removed: | Government Hoshpital Bhandara, Medical Collage Nagpur. |
| Number of vehicles and type of the vehicle: | MH- 31 BR-4995 |
| 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: | Name Of Driver- Ankit Ramnath Meshram. Age 19 Year At- Bori/panjara Dist Ta - Mohadi Bhandara |
| The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge: | MH- 31 BR-4995 |
| Name and address of the Owner of the vehicle as it stands on the date of the accident: | Unknown |
| Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company: | Unknown |
| Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate: | UNKNOWN |
| Action taken,if any,and the result thereof: | Polioce Inveatigation |

Inspector of Police

* System generated document no signature required