



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	KARDHA
CR.No./TAR NO./SDE NO:	207/2021 U/S 279,338,304(A) R/W 184,134/187 MV ACT
Date, Time & Place of accident:	27/06/2021 & NAEAR GAIDHANE DHABA SHINGORI
Name of the Injured/Deceased:	KAILASH GAJAJANAN KHARABE AGE 45 YEAR AT- BELA DIST BHANDARA
Name of Hospital to which he/she was removed:	JANRAL HOSPITAL BHANDARA
Number of vehicles and type of the vehicle:	UNKNOWN
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:	UNKNOWN
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	UNKNOWN
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:	ON POLICE INVESIGATION

Inspector of Police

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