



## FORM COMP AA

### REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

<b>Police Station:</b>	KARDHA
<b>CR.No./TAR NO./SDE NO:</b>	305 / 2021 U / S 279,337,338,304(A) IPC R/W 1843(1)/181,146/196 MV ATC
<b>Date, Time &amp; Place of accident:</b>	02/10/2021 Time 07/30 To 07/45 Am . Mouja Daavdipar Shivar 10 Km Sauth
<b>Name of the Injured/Deceased:</b>	Aasha Manoj Shende Age 44 Year At . Garada (Khurd) Tha- Dist Bhandara.
<b>Name of Hospital to which he/she was removed:</b>	General Hospital Bhandara Refer To Medical College Nagpur.
<b>Number of vehicles and type of the vehicle:</b>	MH - 36 / Y- 1240 HERO PASSION PRO
<b>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:</b>	Nikesh Uttam Kagade Age 25 Year At - Chandori Tha. Dist. Bhandara , R.T.O. Sir Bhandaraa
<b>The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:</b>	NO
<b>Name and address of the Owner of the vehicle as it stands on the date of the accident:</b>	Nikesh Uttam Kagade Age 25 Year At - Chandori Tha. Dist. Bhandara ,
<b>Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:</b>	No
<b>Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:</b>	NO
<b>Action taken,if any,and the result thereof:</b>	On Police Investigation

Inspector of Police

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