



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	DIGHORI
CR.No./TAR NO./SDE NO:	64/2022 ACT 279,304(A) IPC R/W 184 MV ACT
Date, Time & Place of accident:	14/06/2022 - 14/20 Pm Navin Khoiamara Ta. Lakhandur
Name of the Injured/Deceased:	Kuldip Giridhari Narnawre Age 35 At. Dhanori Ta. Sadak/arjuni Dist. Gondiya
Name of Hospital to which he/she was removed:	Primary Health Centar Barhva
Number of vehicles and type of the vehicle:	HONDA SINE MOTAR SAYAKAL MH35/Y 6483
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:	Kuldip Giridhari Narnawre Age 35 At. Dhanori Ta. Sadak/arjuni Dist. Gondiya
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	S. T. BUS MH 12/EF 6919
Name and address of the Owner of the vehicle as it stands on the date of the accident:	Tha Maharashtra State Road Transport Corporation
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	Form No 53
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	FORM NO 53
Action taken,if any,and the result thereof:	FIR

Inspector of Police

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