



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	KARDHA
CR.No./TAR NO./SDE NO:	CR.NO.143/2022 SDE.NO.279,304(A) IPC, R/W 134,184,187 MVACT
Date, Time & Place of accident:	DATE - 26/06/2022 TIME - 21/30, Chitapur To Dhargaon Raod. 13 K.k= Purv
Name of the Injured/Deceased:	Name Of Deceased: - Motiram Ganpat Wadhive Age 40 Year, At- Chitapur/Toli Dist - Bhandara
Name of Hospital to which he/she was removed:	Government Hoshpital 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:	Police Investigation

Inspector of Police

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