



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	BHANDARA
CR.No./TAR NO./SDE NO:	POLICE STATION BHANDARA C.R NO. 184/2022
Date, Time & Place of accident:	21/04/2022 03/00 To 03/30 AM, NEAR SAIPRASAD HOTEL, NH- 6 ROAD BELA TQ@ DISR BHANDARA
Name of the Injured/Deceased:	Zakir Shabbir Hussain,
Name of Hospital to which he/she was removed:	Civil Hospital Bhandara
Number of vehicles and type of the vehicle:	MH. 36 A. 8237 TWO WHILER SPLENDER
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:	Zakir Shabbir Hussain, At. Bairagiwada Dist Bhendara
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	NO
Name and address of the Owner of the vehicle as it stands on the date of the accident:	Zakir Shabbir Hussain . Bairagiwada Dist Bhendara
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	No Inshurance
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	--
Action taken,if any,and the result thereof:	Investigation Is Pending

Inspector of Police

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