



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	BHANDARA
CR.No./TAR NO./SDE NO:	507/2022 U/S 279,427IPC R/W184 MVA
Date, Time & Place of accident:	24/10/2022 ?? 19/30 ?? . ?????????? ??? ???????
Name of the Injured/Deceased:	No
Name of Hospital to which he/she was removed:	No
Number of vehicles and type of the vehicle:	MOPED MH36 A 1556
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:	Minakshi Khushal Vithole At. Madhav Nagar Getjawal Bhandara
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:	Minakshi Khushal Vithole At. Madhav Nagar Getjawal Bhandara
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	No
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	NO
Action taken,if any,and the result thereof:	Under Investigation

Inspector of Police

* System generated document no signature required