



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	MOHADI
CR.No./TAR NO./SDE NO:	181/2023 SEC 279,337 IPC RW 184 MVA
Date, Time & Place of accident:	30/08/2023 Of 1/00 Am Place Court Mohadi
Name of the Injured/Deceased:	1) Parmannnd Kundlik Dhurwe Aga 40 Year 2) Brijesh Birsing Kodwata Aga38 Year At Bhondewada Ta. Ramtek Dist Bhandara 3) Jaspalsing Ranjitsing Sandhu Aga30 Year At Dipak Nagar Nari Road Nagpur
Name of Hospital to which he/she was removed:	Gramin Hospital Mohadi
Number of vehicles and type of the vehicle:	MH40 AK 9459 TRAILER
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:	3) Jaspalsing Ranjitsing Sandhu Age 30 Year At Dipaknagar Nari Road Nagpur
The number of Badge in case of public service vehicle and the address of the Issuing Authority of the said Badge:	----
Name and address of the Owner of the vehicle as it stands on the date of the accident:	Awatarsing Babusing Tatey
Name and address of the Insurance Company with whom the vehicle was insured and the Divisonal Officer of the said insurance Company:	The New India Insurance Company Pra.lit .
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	16020131220100001466 DATE 20/12/2022 TO 19/12/2023 TILL
Action taken,if any,and the result thereof:	Investgation

Inspector of Police

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