



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	BHANDARA
CR.No./TAR NO./SDE NO:	445/2023 U/S 279,337IPC R/W U/S 184,134MVA
Date, Time & Place of accident:	14/7/23 Of 08/30 Am At Hedgevar Chok, In Front Of Ashirvad Garment, Bhandara.
Name of the Injured/Deceased:	Sou. Arati Prashant Shahare Age 27 Yrs. R/o Narkesari Vard Bhandara
Name of Hospital to which he/she was removed:	Dr. Jhavar Hosp. Bhandara
Number of vehicles and type of the vehicle:	UNKNOWN BYKE
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 Byke Driver
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:	Unknown Byke Driver
Name and address of the Insurance Company with whom the vehicle was insured and the Divisional 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:	Under Investigation

Inspector of Police

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