



FORM COMP AA

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

Police Station:	SIHORA
CR.No./TAR NO./SDE NO:	0096/17 SEC.279,338,304A IPC
Date, Time & Place of accident:	WAHANI TO MANDVI MAIN ROAD 06 KM East Date 26/06017 On 17.00 Clock Between
Name of the Injured/Deceased:	Injured -1, Deceased-1
Name of Hospital to which he/she was removed:	Govt.Medical College Nagpur
Number of vehicles and type of the vehicle:	FOUR WHEELER -MH35/P1397
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:	Ramkrushna Ramgopal Agrawal Age 35 Y. At- Bajpeyi Ward.Gondia,tah+Dist Gondia
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:	Ramkrushna Ramgopal Agrawal Age 35 Y. At- Bajpeyi Ward.Gondia,tah+Dist Gondia
Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Officer of the said insurance Company:	Nationl Insurance Company Limited, Bloch No-102 Second Foor ,shree Sai Compex,balaghat Road Gondia Maharastra
Number of insurance policy/Insurance certificate and the date of vehicle of the insurance policy/Insurance certificate:	INSURANCE POLICY NOMBUR 281301/31/16/6100002276 DATE 06/09/2016 16.00 TO 05/09/2017 MIDNIGHT
Action taken,if any,and the result thereof:	Police Investigation

Inspector of Police

* System generated document no signature required