

FORM COMP AA

[See Rules 253(c),254(5)(iii),254(8),255(1)(iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

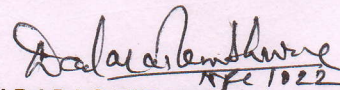
जावक क्र. 426

दि. 30/01/2019

पोलीस स्टेशन, जरीपटका
नागपूर शहर

1	Name of the Police Station	JARIPATKA NAGPUR CITY
2	CR.NO./TAR NO./SDE NO.	57/19 SEC 279,338 IPC
3	Date Time and Place of accident	20/01/2019; 11:45 AT IN FRONT OF VOKA BAR IN BETWEEN KAMPTTEE ROAD TO KHOBBRAGADE SQUARE NEAR TATHAGAT SQUARE PS JARIPATAK NAGPUR CITY
4	Name of the Injured/deceased	KHUSHAL UDDHAVRAO GAJBHIYE AGE 65 YRS ADD-SANT LAHANUJI NAGAR NEAR KRUNAL PRIMARY SCHOOL GALLI NO. 04 PLOT NO. 204 PS JARIPATKA NAGPUR CITY
5	Name of Hospital to which he/she was removed.	ALEXIS HOSPITAL MANKAPUR SQUARE KORADI ROAD NAGPUR CITY.
6	Number of vehicles and type of vehicles-	HYUNDAI i20 CAR DRIVER VEHICLE NO. MH 31 DK 9166
7	Name and Address of the Driver of the vehicle with particulars or Driving License of the said Driver and address of the Issuing Authority of the said Driving License-The number of Badge in case of Public Service Vehicle and the address of the Issuing Authority of the said Badge.	DRIVER IS UNKNOWN
8	Name and Address of the Owner of the vehicles as it stands on the date of the accident.	NIL
9	Name and Address of the Insurance Company with whom the vehicle was injured and the Divisional Office of the said Insurance Company	NIL
10	Number of Insurance Policy/Insurance Certificate and the date of Validity of the Insurance Policy/Insurance Certificate-	NIL
11	Action taken, if any, and the result thereof	NIL

INVESTIGATION OFFICER/EMPLOYEE



NPC DADARAO TEMBHURNE B.NO. 1022

PS JARIPATKA NAGPUR CITY