|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Report Number | | Date | | | Day | | Time | |  | |  |
| Road Name Dropdown | Center Name  Dropdown | | Location  Dropdown | Digital Tag  Dropdown | | Direction  Dropdown | | Time of Violation | | Code of Police CAR | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Police Officer 1 | Rank Of Police Officer 1 | Name of Police officer 2 | Rank of police officer 2 | Receiving Party  Dropdown | Receiving Party rank  dropdown | Type of case  Dropdown | Case details  (Text Box) |

Case Information

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Party (textbox Big) | Name of CAR text box | Color of car  text box | Model of car  Text box | Plate Number  Text Box | Driver Name  Text box | Nationality  Dropdown | ID number  Text Box | ID Type  dropdown |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| What we found  dropdown | Qtty | Reason of accident | Results  Text Box | Means of Transportation  Dropdown | Hospital Name  dropdown |

Check box for previous record found

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ministry Name  Dropdown | Number Of Complaints | Time of Complaints | Date | Day |

Check box for complaints details

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | | Nationality  Dropdown | | ID Number | | Type of ID  dropdown | | Relation details | |  |
| What we found | Qtty | | Reason of accident | | Results  Text Box | | Means of Transportation  Dropdown | | Hospital Name  dropdown | |

Checkbox for additional details

Text Box

Submit button

Then show summary

Confirmed