

OBNO 67/12/4/2023
KTWC 381F

REPUBLIC OF KENYA

THE KENYA POLICE

ABSTRACT FROM POLICE ON A ROAD ACCIDENT

To: The officer i/c OCS Embakasi Division. Date 13/4/2023
P.O. Box 1019071 Our ref 67/12/4/2023
NB1 Police ref KTWC
I/we understand that your Police Station received a report of an accident involving Driver ABdul Sadiq
381F of (address) 074089767
Which occurred on (date) 12/4/2023 at (time and place) 12:40 PM
along Oyuring Road
involving vehicle(s) Reg. No. KAN 620K make Toyota
and Embakasi
Name of police station where accident reported Embakasi
From the record could you please furnish us with the following information:
1. (a) Name and address of the owner of the vehicle Reg. No. Robert Mwangi General
(b) Name of the Insurance Company General
2. Has the investigation been completed? Yes/No. (delete as appropriate) No
If so, has anyone been charged? Yes/No No
If this case is still under investigation is there any likelihood of either party being prosecuted? Yes/No. No
3. If it is intended to prefer charges, state:
(a) Name of driver/cyclist/pedestrian 1 comd
(b) Vehicle registration No. EXP 22/11/2023
4. Name of charge SAFELY
5. Court Case File No. SAFELY
6. Name of Investigation Officer SAFELY
7. Result of investigations or prosecutions (if known) SAFELY
8. Accident Register/OB Number KTWC 381F and date 12-4-2023
9. Persons Injured Name NO INJURY Class of Person TRA Address TRA Nature of Injury TRA
10. Name of Witnesses Sgt Kulei Address TRA
Date 13/4/2023



11. When completed, this form is to be returned to:

Name and address of Insurance Company.....

OR

Legal Representative or other interested party stating interest and/or connection with the accident.....

Signature of Person/Company
Applying for the abstract

Note: - when applying forward in triplicate to officer i/c Division.

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P.O. Box Our ref.....
Police ref.....

I/we understand that your Police Station received a report of an accident involving.....

of (address).....

Which occurred on (date)..... at (time and place).....

involving vehicle(s) Reg. No. make.....

and..... make.....

Name of police station where accident reported.....

From the record could you please furnish us with the following information:

1. (a) Name and address of the owner of the vehicle Reg.No.....

(b). Name of the Insurance Company.....

2. Has the investigation been completed? Yes/No. (delete as appropriate)

If so, has anyone been charged? Yes /No.

If this case is still under investigation is there any likelihood of either party being prosecuted? Yes/No.

3. If it is intended to prefer charges, state:

(a) Name of driver/cyclist/pedestrian.....

(b) Vehicle registration No.....

4. Name of charge.....

5. Court Case File No..... Traffic Charge Reg. No.....

6. Name of Investigation Officer.....

7. Result of investigations or prosecutions (if known).....

8. Accident Register/OB Number..... and date.....

9. Persons Injured Name Class of Person Address Nature of Injury

10. Name of Witnesses Addresses

Date (Signed).....



11. When completed, this form is to be returned to:

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