

Submission Date	State/Union Territory	District	City/Town/Village
2017-12-22 05:27:37			
2017-12-22 05:10:48			
2017-10-12 02:09:10			
2017-10-12 01:59:45			
2017-10-12 01:48:47			
2017-10-09 06:06:41			
2017-10-07 06:12:27			
2017-09-15 13:11:08			
2017-08-09 13:47:30			
2017-08-05 13:09:18			
2017-08-03 09:03:31			
2017-08-03 08:34:20			
2017-07-12 08:55:34			
2017-07-12 08:26:18			
2017-07-12 01:20:57			
2017-07-12 00:28:00			
2017-07-12 00:07:46			
2017-07-11 09:56:39			
2017-07-10 22:37:29			
2017-07-10 22:35:33			
2017-07-10 13:39:36			
2017-07-10 11:52:57			
2017-07-01 03:48:21			

Police Station	FIR no.	Latitude	Longitude	Name of Road
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Classification of Road

Location of Area

**If Intersection, specify the Name of Roads**

**Details of Location**

Photo of Accident Site	Type of Area	Narrow Bridge/Culvert	Date	Time	Holiday
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Light Conditions	Classification of Accident	Weather Conditions
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Vehicle Type:1	Vehicle Type:2	Vehicle Type:3	Registration no:1
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Registration no:2

Registration no:3

Others Involved:1

Others Involved:2



Others Involved:3	Nature of Accident	Cause of Accident	Hit and Run	Prefix
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First Name	Middle Name	Last Name	Sex	Age	Education	Street Address
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Street Address 2	City	State	Person Driving the Vehicle	Type of License
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License no.	Date of Issue	Date of Expiry	Place of Issue
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Responsibility of Driver	Type of Manoeuvre	Loading of Vehicle
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Right Hand Driving

Vehicle Defect

**Certificate of Fitness in the case of Commercial Vehicle**

Name of Insurance Company	Insurance Number	Type of Insurance	Name (Prefix)
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Name (First Name)	Name (Middle Name)	Name (Last Name)	Sex 2	Age 2
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Education 2	Street Address 3	Street Address 4	City 2	State 2
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Person Driving the Vehicle 2	Type of License 2	License no. 2
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Date of Issue 2

Date of Expiry 2

Place of Issue 2

Responsibility of Driver 2	Type of Manoeuvre 2	Loading of Vehicle 2
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**Right Hand Driving 2**

**Vehicle Defect 2**

**Certificate of Fitness in the case of Commercial Vehicle 2**

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Name of Insurance Company 2	Insurance Number 2	Type of Insurance 2
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Name (Prefix) 2	Name (First Name) 2	Name (Middle Name) 2	Name (Last Name) 2
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Sex 3	Age 3	Education 3	Street Address 5	Street Address 6	City 3	State 3
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Person Driving the Vehicle 3

Type of License 3

License no. 3

Date of Issue 3

Date of Expiry 3

Place of Issue 3

Responsibility of Driver 3	Type of Manoeuvre 3	Loading of Vehicle 3
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**Right Hand Driving 3**

**Vehicle Defect 3**

**Certificate of Fitness in the case of Commercial Vehicle 3**

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Name of Insurance Company 3	Insurance Number 3	Type of Insurance 3
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Name (Prefix) 3	Name (First Name) 3	Name (Middle Name) 3	Name (Last Name) 3
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Sex 4	Age 4	Street Address 7	Street Address 8	City 4	State 4
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Particulars of Pedestrian	Name (Prefix) 4	Name (First Name) 4
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Name (Middle Name) 4	Name (Last Name) 4	Sex 5	Age 5	Street Address 9
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Street Address 10	City 5	State 5	Particulars of Pedestrian 2
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Name (Prefix) 5	Name (First Name) 5	Name (Middle Name) 5	Name (Last Name) 5
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Sex 6	Age 6	Street Address 11	Street Address 12	City 6	State 6
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Particulars of Pedestrian 3

Details of Cyclists Involved



## Horizontal Features of the Road

## Vertical Features of the Road

Nature of Surface	Type of Surface	Condition of Surface	Carriageway
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Types of Junction	Type of Traffic Control	Cycle Track provided
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**Foot Path provided**

**Pucca Shoulder provided**

**Traffic Regulations**

**Approximate Estimation of Combined Damage to all Vehicles and Property**

## **Brief Description of the Accident**



Name (First Name) 6	Name (Middle Name) 6	Name (Last Name) 6	Date 2
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