

SELF INVOLVED NON-INJURY

KCH 1364 FORD RANGER  
ON 3/5/2018

REPUBLIC OF KENYA

THE KENYA POLICE

ABSTRACT FROM POLICE ON A ROAD ACCIDENT

To: The officer i/c MAKABADA Division. Date 4/5/2018  
P.O. Box 18090 - 00500 Our ref. OB:38/4/5/2018  
NAIROBI Police ref. OB:38/4/5/2018

I/we understand that your Police Station received a report of an accident involving SELF INVOLVED OF MOTOR VEHICLE KCH 1364 FORD RANGER P/UP  
of (address) CTO EXPRESS SHIPPING E-A LTD BOX 1922 MOMBASA  
Which occurred on (date) 3/5/2018 at (time and place) 09:30 PM  
ALONG LUSAKA ROAD NEAR SKF OFFICE  
involving vehicle(s) Reg. No. KCH 1364 make FORD RANGER P/UP  
and SELF make INVOLVED  
Name of police station where accident reported INDUSTRIAL AREA  
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. EXPRESS SHIPPING E-A LTD BOX 1922 MOMBASA  
(b) Name of the Insurance Company MAYFAIR INSURANCE CO. LTD  
2. Has the investigation been completed? Yes/No. (delete as appropriate.) NO. B8185103  
If so, has anyone been charged? Yes/No. P/NO. 02/COMP/01/0800/4789/2017  
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: COM 01/01/2018 ELD 3/1/2/2018  
(a) Name of driver/cyclist/pedestrian GEORGE MUNIA MUNIA  
(b) Vehicle registration No. ---  
4. Name of charge ---  
5. Court Case File No. --- /Traffic Charge Reg. No. ---  
6. Name of Investigation Officer SGT MABOYI  
7. Result of investigations or prosecutions (if known) REFERRED TO INSURANCE FOR REMEDY  
8. Accident Register/OB Number 38 and date 4/5/2018  
9. Persons Injured Name --- Class of Person --- Address --- Nature of Injury ---

NON - INJURY

10. Name of Witnesses --- Addresses ---  
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Date --- (Signed) --- Officer-in-Charge ---  
INDUSTRIAL AREA  
Police Station

11. When completed, this form is to be returned to:  
Name and address of Insurance Company ---  
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OR  
Legal Representative or other interested party stating interest and/or connection with the accident ---  
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Signature of Person/Company  
Applying for the abstract

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