

**Cr.No:7890 u/s 304 (A) IPC OF Testing PS**

**Accident Report from Motor Vehicles inspector.Kavali**

1. Name and address from whom the Requisition is received : Station House Officer, Testing PS
2. Date of receipt of the above by the MotorVehicles Inspector : 06-09-2019
3. Date time and place of accident : On 06-09-2019 at about 18.42 hr on 6-9-2019.
4. Width of road and nature (bend turn curve Gradient etc., 0 and a brief description of the Locality of the accident : testing
5. Vehicles involved in accident ( With a brief description Of the type make and mode of vehicle or vehicles With their registration number) : t1,t2
6. Date time and place of inspection : on 06-09-2019 at about 18.42 hr inspected the vehicle at .
7. Date of expiry of the Present fitness certificate : 09-12-2022
8. Detail regarding damage sustained by the vehicle or vehicles due to accident : Testing
9. Conditions of brakes at the time of inspection : Good.
10. Conditions of tyres : Good
11. Date of validity of permit : 6-9-2019
12. Date expiry of insurance. Name and address if the company which issued the poly number of policy and certificate. : Hhhh
13. Name of the owner : Asff.
14. Name of the driver : Asff.  
a). D.L. particulars. : Bjjj.
15. Whether the accident is due to mechanical defects of the vehicles if so the reasons and conclusions arrived at on inspection. : Hhhh.

Copy submitted to D.T.C. / R.T.O.,