

FORM COMO A A
{ see rules 253(c) 254(c) (iii) 254(80 255(1)(iv))
REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	Name of the police station	Maregaon dist yavatmal
2	CR NO/TAR/SDE no	12/20 sec 279,337,338,304 a IPC
3	Date, time and place of the accident	Date 20/01/2020 at 16/30 Kumbha
4	name of the injured	1. Bandu Dhondu Gaurkar at Kothurla Deth inju 1. Kisan vithal wagh at kumbha 2 Champat Tulshiram Gedam at Kothurla
5	Nome of the hospital to which he/she was removed	Psc maregaon/ Khapne Hos wani
6	Name of the vehicals and type of the vehicals	Two Wheeler MH 34 Y 4522
7	Name and address of the driver of the vehicles with paricular on driving license of the said driver and the address of the issuing authourty of the said driving license the number of badge in case of publice service and the address of the issuing of the said badge	Bandu Dhondu Gaurkar at Kothurla Driving License – NA
8	Name and address of the owner of the vehicles as it stand on the on the date of the accidents	Bandu Dhondu Gaurkar at Kothurla Driving License – NA
9	Name and address of the insure company with whom the vehicle was insured and the divisional office of the saiod insurance company	NA
10	Number of insurance policy/ insurance certificate and the date of validaty of the insurance certificate	NA
11	Action taken if any and the result thereof	Police station maregaon dist yavatmal cr no 12/2020 sec 279,337,338,304A IPC I/o HC Mandvkar ps maregaon 9767306630

NB This form should accompaqny with all the necessary documents viz (1) FIR (2) Pnchanama (3) Medical certificate/post mortarm Report

