

FORM COMO AA

{ 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	320/19 sec 279,304(A) IPC R/W 134 MV Act
3	Date, time and place of the accident	Date 19/12/19 at 19/30 ROHPAT
4	name of the injured	1.Ratanlal Thavru Pawar age 35 year AT susri(Death) 2- Madhukar badu chavhan 60 yare at Waki(Death)
5	Namae of the hospital to which he/she was removed	Rular hospital Maregaon
6	Name of the vehicals and type of the vehicals	Tractor MH 29 AK 1333 Trali MH 29 BC 9942
7	Name and address of the driver of the vehicals 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	Satish Narhari Mangam age 36 year at Borgaon Tq Wani License NO MH 29 201700013899
8	Name and address of the owner of the vehicles as it stand on the on the date of the accidents	Jayant Rushikesh Matte At pimpalgaon Tq Wani date 19.12.19
9	Name and address of the insure company with whoim the vehicle was insured and the divisional office of the saiod insurance company	414 ICICI Lombard house veer Shankar marg sidhi vinayak temple main gate prabhadevi Mumbai Maharashtra 400025
10	Number of insurance policy/ insurance certificate and the date of validaty of the insurance certificate	3008/162598990/00B00
11	Action taken if any and the result thereof	Police station maregaon dist yavatmal cr no 320/19 sec 279,304(A) IPC R/W 134 MV Act I/O HC 683 Ramkrushna Wete ps maregaon 8805998683

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

