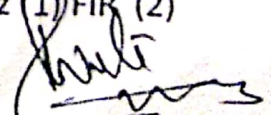


**FORM COMO AA**  
**{ see rules 253(c) 254(c) (iii) 254(80) 255(1)(iv) }**  
**REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS**

1	Name of the police station	Maregaon dist yavatmal
2	CR NO/TAR/SDE no	98/19 sec 279, 337,338 IPC RW 130/177,134(2) MV act
3	Date, time and place of the accident	Date 07/03/19 at 10/30 Hatvanjri
4	name of the injured	1. rayjabai Paiku Tekam age 65 year 2. Sunita Laxman Rampure age 18 at Bhurki Pod 3. Suhas Vijay khonde age 28 at Hatvanjri
5	Namae of the hospital to which he/she was removed	Rular hospital maregaon/ gov. Hospital Chandrapaur/Kolcity Hospital Chandrapaur
6	Name of the vehicals and type of the vehicals	Motar cycle mh 34 BA 7761 Boloro pickup mh 29 T 6833
7	Name and address of the driver of the vehicules 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	Arvind Rajaram Ghodam age 28 yeear Hatvanjri
8	Name and address of the owner of the vehicules as it stand on the on the date of the accidents	Arvind Rajaram Ghodam age 28 yeear Hatvanjri
9	Name and address of the insure company with whoim 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 maharastra cr no 98/19 sec 279,337,338, IPC RW 130/177,134(2) MV act I/o HC 683 vate

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

  
 रामकेश्वर प. वटे  
 पो.हे को ६८३  
 पो.स्टे मारेगाव