



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	265/20 act 279,337 IPC
3	Date, time and place of the accident	27/10/20 Time 18/57 salebhatti – Mangrul rode
4	name of the injured	Shyam Ganpat Kelegundi Age 30 At salebhatti
5	Namae of the hospital to which he/she was removed	Government Hospital maregaon / Krishnna Hospital wani
6	Name of the vehicals and type of the vehicals	Ape Auto no .MH -32-C -9089
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	Mahesh Brijmohan Pande Age 45 , At Karnwadi Ta - Maregaon Dis – Yavatmal
8	Name and address of the owner of the vehicles as it stand on the on the date of the accidents	Devendra Sheshanarayan Mishra Age48, At Karnwadi Ta -Maregaon Dis – Yavatmal
9	Name and address of the insure company with whom the vehicle was insured and the divisional office of the saiod insurance company	Policy Number 16060131180200006363 Valited date 28/02/19 -02:29 pm To 27/02/2020 11:59 pm
10	Number of insurance policy/ insurance certificate and the date of validaty of the insurance certificate	Policy Number 16060131180200006363 Valited date 28/02/19 -02:29 pm To 27/02/2020 11:59 pm
11	Action taken if any and the result thereof	NLPC/1957 Uma Ganpatrao Karlake AT police steshion Maregaon 7720093649

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

उमा ग. कार्लुके
म.ना.पो.को. व.नं. १९५७
पोलीस स्टेशन मारिगाव

पोलीस निरीक्षक
पा.म. मारिगाव