

FORM COMO AA**{ see rules 253(c) 254(c) (iii) 254(8) 255(1)(iv)}****REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS**

1	Name of the police station	Maregaon dist yavatmal
2	CR NO/TAR/SDE no	283/19 sec 279, 304 A IPC
3	Date, time and place of the accident	Date 26.10.19 on 10.30 at Near Essar Petrol pump, Maregaon
4	name of the injured	Madhukar Nilkanth Muke age 52 yr. add. Maregaon
5	Nome of the hospital to which he/she was removed	Rular Hospital Maregaon,
6	Name of the vehicals and type of the vehicals	Tankar No. MH34BH2100
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	Suraj Tulshidas Kude age 25 at Ekurli TQ. Ralegaon Dist - Yavatmal
8	Name and address of the owner of the vehicles as it stand on the on the date of the accidents	Latari Urkude at.po. Laxmi Nager Wadgaon Road Chandrapur.
9	Name and address of the insure company with whom the vehicle was insured and the divisional office of the saiod insurance company	New India Assuranceeco.LTD
10	Number of insurance policy/ insurance certificate and the date of validaty of the insurance certificate	16060036191100000001 Validaty Date 25.04.2020
11	Action taken if any and the result thereof	Police station Maregaon dist yavatmal maharashtra cr no 283/19 sec 279, 304 (A) IPC I/o PSI Amol Chaudhary P.S. Maregaon

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