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	183/19 u/s 279, 337, 338 IPC
3	Date, time and place of the accident	Dt-29/5/19 ला 10/00 वा. Front of H.P. petrol pump Wani to Karanji State Highway No. (Bh Road
4	name of the injured	(1) Bhaynath Kaluji Shinde age 45 yrs (2) Aryan Sachin Shegar age 5 yrs } at post Pimpal Khunda TQ. Kalapur Dist- Yavatmal
5	Namae of the hospital to which he/she was removed	(1) Rural Hospital Maregao (2) Sugam multispeciality Hospital wani
6	Name of the vehicals and type of the vehicals	ST. Bus No. MH/40/Y/5738
7	Name and address of the driver of the vechicles with pariculer 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	ST Driver = Gopal Sitaram Sawaikar age 36 yrs at = Teacher colony malegao Dist- washim Bus depo washim. Driving licence no = MH/37 2010000 1213 Badge No = 34376/Bus Issuing off = R.T.O washim MH/37
8	Name and address of the owner of the vehicles as it stand on the on the date of the accidents	Maharashtra state Parivahan vibhag Bus Depo washim.
9	Name and address of the insure company with whoim the vehicle was insured and the divisional office of the saiod insurance company	Maharashtra state parivahan vibhag Bus depo washim. (Maharashtra) —
10	Number of insurance policy/ insurance certificate and the date of validaty of the insurance certificate	—
11	Action taken if any and the result thereof	After Investigation charge sheet put up JMFC Court maregao Dist yavatmal

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

[signature]

आनंद दे. अलपेवार
पो.हे कॉ ब.नं. ११९०
पो स्टे मारेगांव

[signature]

पोलीस निरीक्षक
पो.स्टे. मारेगांव जि. यवतमाळ

P.T.O