

## 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	Pandarkavada dist yavatmal
2	CR NO/TAR/SDE no	442/2021 sec 279, 337 IPC R/W 134(A), 134(B) M.V. Act.
3	Date, time and place of the accident	Date 29/04/2021 on 21/00 at On MSH-6 Near Saykheda
4	name of the injured	1.Sonu Shriram Vilarkar age 16 yr At. wadi pod (Mohada) + 9
5	Nome of the hospital to which he/she was removed	Umari Khrischan Hospital Umari Tq. Kelapur
6	Name of the vehicals and type of the vehicals	Unknown
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	Unknown
8	Name and address of the owner of the vehicles as it stand on the on the date of the accidents	Unknown
9	Name and address of the insure company with whoim the vehicle was insured and the divisional office of the saiod insurance company	-
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	Spot Panchanama Done, Statements of the injuared and Wittnesses were taken, the search an unknown vehicle continues, investigation underway

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

  
29/4/2021