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

	NEI OTT	A4 and dist yayatmal
1	Name of the police station	Maregaon dist yavatmal 0942020 US 279,337 IPC
2	CR NO/TAR/SDE no	2/W 134/177 MY ACT
3	Date, time and place of the accident	Dt-09/03/2020 time-09/00 A.m Karanwadi Fata to Khadki Roadmaray
4	name of the injured	Santosh Ballcoushma Tyrankar age 31 yrs Aut-Karran wad i Hamanegau Dist- yavatmaal Ryral Hsp maregawn / G.M.C. chandrapur
5	Namae of the hospital to which he/she was removed	Ryral Hsp maregaion / G.M.C. chandrapur
6	Name of the vehicals and type of the vehicals	car VW polo - volkswagen Red car No. Aplogici 0489
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	Ravikiran Gangadhar Burugu age 32 yas At-sanjan Nagar Adilahad state-Telangana
8	Name and address of the owner of the vehicles as it stand on the on the date of the accidents	ERRAM Sumtosh Kumar Gangama At-Kranti Nagar Adilabad State Telangara
9	Name and address of the insure company with whoim the vehicle was insured and the divisional office of the saiod insurance company	United India Insurance Co.Ltd Adilabad State-Telangana
10	Number of insurance policy/ insurance certificate and the date of validaty of the insurance certificate	validity = 30/07/2019 to 29/07/2020
11	Action taken if any and the result thereof	changesheet put up after Investigation JMF( (ours) marregauzist

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

पोलीस निरीक्षक पो.स्टेम्सेजि.यवतमाळ आनंद दे. अलंवेवार पो.हे की ब.नं. ११९० पो स्टे