



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

- Name of the police station Parwa dist yavatmal
CR NO/TAR/SDL no 317/22 sec 279, 337, 338, 304(A) IPC r/w 184 MV Act
- 3 Date, time and place of the accident Date 21/06/22 on 20/30 PM
At. Bodadi fata near Sayatkharda
- 4 name of the injured Death 1. Mahesh Ramesh Rathod Age 24
Years at Amdi Tq ghatanji
Injured - Pravin Haridas Rathod age 30
year at Amdi Tq ghatanji
- 5 Name of the hospital to which he/she was removed Criticare hospital Yavatmal
Gov. hospital Yavatmal (Post mortem)
Injured - Pravin Haridas Rathod In Kasare hospital yavatmal
- 6 Name of the vehicals and type of the vehicals Moter cycle Shaine MH 29 AZ 4516
- 7 Name and address of the driver of the vehicules 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 public service and the address of the issuing of the said badge Death 1. Mahesh Ramesh Rathod Age 24
Years at Amdi Tq ghatanji
- 8 Name and address of the owner of the vehicules as it stand on the on the date of the accidents Arvind Haridas Rathod age 33 year AT amdi TQ ghatanji
- 9 Name and address of the insure company with whoim the vehicle was insured and the divisional office of the said insurance company N/A
- 10 Number of insurance policy/ insurance certificate and the date of validaty of the insurance certificate N/A
- 11 Action taken if any and the result thereof Police station Parwa dist yavatmal maharastra cr no 317/22 sec 279, 337, 338, 304 A IPC r/w 184 MV I/O ASI 620 Balaji Sasane PS parwa

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

Prasanna
11.06.20