

FORM COMO A A**{ 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	06/20 sec 279,337,338,304 a IPC rw 134/177
3	Date, time and place of the accident	Date 14/01/2020 at 15/00 mahagaon
4	name of the injured	1. Bhimrao tekam age 35 at zotingdhra 2. Pradip tekam age 24 at zotingdhra 3. Datta Gomaji Zoting age 25 yr Zotingdara
5	Name of the hospital to which he/she was removed	Psc maregaon
6	Name of the vehicles and type of the vehicles	Container truck NO. TS/26/T/3151
7	Name and address of the driver of the vehicles with particular on driving license of the said driver and the address of the issuing authority of the said driving license the number of badge in case of public service and the address of the issuing of the said badge	Rafik Ahemad Deshmukh age 42 at. Ashok nagar behind RTO Office Yavatmal Driving License No- MH29 20080018570
8	Name and address of the owner of the vehicles as it stand on the on the date of the accidents	Abdul Salam Abdul Wahab
9	Name and address of the insure company with whom the vehicle was insured and the divisional office of the said insurance company	The New India Assurance Co.LTD.
10	Number of insurance policy/ insurance certificate and the date of validity of the insurance certificate	6106033119010000001056 Date 15/07/2020
11	Action taken if any and the result thereof	Police station maregaon dist yavatmal cr no 06/2020 sec 279,337,338,304A IPC R/W 134/177 Mv. Act. I/o PSI Choudhari ps maregaon 8888985456

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

