

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 Margaon dist yout male	
2	CR NO/TAR/SDE no	Maregaon dist yavatmal
3	Date, time and place of the accident	081/2020 sec 279,304 A IPC
4	name of the injured	Date 21/02/20 at 18/30 BOTONI
	The injured	Death Rameshwar Madhav Mendke dge 37
5	Namae of the land	year at ekghri tq Himayatnagar /Maregaon
	Namae of the hospital to which	Karanji phc, Neuron hospital Nagpur
6	he/she was removed	
0	Name of the vehicals and type of the	Motarcycle mh 29 AY 7270
7	venicals	
/	Name and address of the driver of	Rameshwar Madhav Mendke dge 37 year at
	the vechicles with pariculer on	ekghri tq Himayatnagar /Maregaon
	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	
8	Name and address of the owner of	Rameshwar Madhav Mendke dge 37 year at
	the vehicles as it stand on the on the	ekghri tq Himayatnagar,/Maregaon
	date of the accidents	
9	Name and address of the insure	_
	company with whoim the vehicle	A/H
	was insured and the divisional office	
	of the saiod insurance company	
10	Number of insurance policy/	
	insurance certificate and the date of	-N/A
	validaty of the insurance certificate	,
11	Action taken if any and the result	Police station maregaon dist yavatmal cr no
	thereof	081/20 sec 279,304 (A) IPC I/o Hc 683
		Ramkrushna Wete ps maregaon
		8805998683
ND TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE		

NB This form should accompagny with all the necessary documents viz (1) FIR (2)

Pnchanama (3) Medical certificate/post mortarm Report