

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	Maregaon dist yavatmal
2	CR NO/TAR/SDE no	277/19 sec 279, 338,304 A IPC RW 3/181 mv act
3	Date, time and place of the accident	Date 10/10/19 at 19/00 BOTONI
4	name of the injured	Death Pradip Nagorao uike age 32 year Injured Sandip Nagorao uike dge 34 year at- Pavnar tq zhari dist Yavatmal
5	Namae of the hospital to which he/she was removed	Maregaon phc, chandrapur
6	Name of the vehicals and type of the vehicals	Moter cycle Mh 29 BK 7682
7	Name and address of the driver of the vehicals 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 Pradip Nagorao uike age 32 year Pavnar tq zhari dist Yavatmal
8	Name and address of the owner of the vehicles as it stand on the on the date of the accidents	Nagorao laxman uike age 61 year at- Pavnar tq Zhari dist Yavatmal
9	Name and address of the insure company with whom the vehicle was insured and the divisional office of the said insurance company	TATA AIG INSURANCE COMPNY BRANCH YAVATMAL AT WARD NO 1 CHINCHONI YAVATMAL
10	Number of insurance policy/ insurance certificate and the date of validity of the insurance certificate	0189978933/0000000/00
11	Action taken if any and the result thereof	Police station maregaon dist yavatmal cr no 277/19 sec 279,338,304 A IPC I/o Hc 683 Ramkrushna Wete ps maregaon 8805998683

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

Bete
रामकृष्ण प वटे
पो.हे को ६८३
पो.स्टे मारेगाव