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	
		280/19 sec 279,337,338, ipc
3	Date, time and place of the accident	
		14/10/19 at 21/07mangur road
4	name of the injured	1.ku. priti anil rathod age 21 year adiwashi nagar nagpur 2. sau. durga anil rathod age 40 year adiwashi nagar Nagpur 3. ku. Aojhal kunal matte age 4 year at maregao 4.samsar shekh age 23 year at rajur kalari wani 5.vitthal ramaji tekam age 35 year at kumbha 6.kawadu ganpat mangam age 35 year at gond buranda 7.dasharath sonbaji khandre age 35 year at kumbha
5	Namae of the hospital to which he/she was removed	Maregaon phc,wani phc
6	Name of the vehicals and type of the vehicals	Ato MH 29/T/7695
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	Akhar mobin shekh age 31 year at rajur kalari wani
8	Name and address of the owner of the vehicles as it stand on the on the date of the accidents	
9	Name and address of the insure company with whoim the vehicle was insured and the divisional office of the saiod insurance company	No insure
10	Number of insurance policy/ insurance certificate and the date of validaty of the insurance certificate	No insure
11	Action taken if any and the result thereof	POlice station maregaon dist yavatmal cr no 280/19 sec 279,337,338, ipc,i/o nlpc 1975 uma karluke ps maregaon 9765816392

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