

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	276/19 sec 279,338,304 a IPC
3	Date, time and place of the accident	Date 06/10/19 at 19/30 Kosara
4	name of the injured	1. Babam Rajeshwar Jawade at soit 2. Kailas Dongare at soit
5	Name of the hospital to which he/she was removed	Warora
6	Name of the vehicles and type of the vehicles	Unknown
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	Unknown
8	Name and address of the owner of the vehicles as it stand on the on the date of the accidents	NA
9	Name and address of the insure company with whom the vehicle was insured and the divisional office of the said insurance company	NA
10	Number of insurance policy/ insurance certificate and the date of validity of the insurance certificate	NA
11	Action taken if any and the result thereof	Police station maregaon dist yavatmal cr no 276/19 sec 279,338,304A IPC 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