

**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	26/21 sec 279, 337,338, ipc
3	Date, time and place of the accident	08/02/21 at 07/30 kolgev to wegav road
4	name of the injured	Laxman vasanta kalaskar age 48 year at wegav tq maregaon dist yavatmal
5	Namae of the hospital to which he/she was removed	Maregaon phc, wani
6	Name of the vehicals and type of the vehicals	Accused Motercycle MH 31 /AV/2065 Bjaj Boxer Reporter Moter cycle MH 29 /AF/7992 pashan pro
7	Name and address of the driver of the vehicles 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 publice service and the address of the issuing of the said badge	
8	Name and address of the owner of the vehicles as it stand on the on the date of the accidents	Laxman vasanta kalaskar age 48 year at wegav tq maregaon dist yavatmal 08/02/2021
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 26/21 sec 279,337,338, ipc, I/O nlpc 1975 umta 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

उमा ग. कलुके  
म.ना.पो.फो. /ब.नं. १९५७  
पोलीस स्टेशन मरेगाव

पोलीस निरीक्षक  
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