

**FORM COMO AA****{ see rules 253(c) 254(c) (iii) 254(8) 255(1)(iv)}****REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS**

1	Name of the police station	Maregaon dist yavatmal
2	CR NO/TAR/SDE no	<b>223/19</b> sec 279,304 a IPC
3	Date, time and place of the accident	Date 04/04/19 at 20/30 Mhagao sindhi
4	name of the injured	Arun Kisan Kale ag 58 At Kumbha
5	Namae of the hospital to which he/she was removed	Crist Hosp Chandrpur
6	Name of the vehicals and type of the vehicals	Two Wheeler MH 34 AC 5572
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	Arun Kisan Kale ag 58 At Kumbha LCI No NA
8	Name and address of the owner of the vehicles as it stand on the on the date of the accidents	Dhanraj Arun Kale At Karanjee tq Kelapur dist yavatmal
9	Name and address of the insure company with whoim the vehicle was insured and the divisional office of the saiod insurance company	NA
10	Number of insurance policy/ insurance certificate and the date of validaty of the insurance certificate	NA
11	Action taken if any and the result thereof	Police station maregaon dist yavatmal cr no 223/19 sec 279,304A IPC I/o HC 595 <andvkar ps maregaon 9881460595

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