

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	152/19 sec 279,337, 304 A IPC R/w 134(2) M.V. Act
3	Date, time and place of the accident	Date 30/04/2019 at 01.00 to 2.00 Maregaon
4	name of the injured	1. Sakshi Devidas Upare age 20 year 2. Lakshmibai Bharat Upare age 50 year 3. Sanika kisan Bhopale age 16 yr 4. Rajnandani Sunil Pawar ag 4 yr 5. Pooja Shankar Upare ag 23 yr 6. Pooja Sunil Pawar ag 30 yr 7. Sunil Bhaskar Pawar ag 45 yr 8. Sadhana Komdabarao Bomdare ag 40 y 9. Champabai Babarao Pendlewar ag 65 yr
5	Namae of the hospital to which he/she was removed	Rular Hospital Maregaon , Wani, Nagpur
6	Name of the vehicals and type of the vehicals	N/A
7	Name and address of the driver of the vechicles 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	N/A
8	Name and address of the owner of the vehicles as it stand on the on the date of the accidents	N/A
9	Name and address of the insure company with whoim the vehicle was insured and the divisional office of the saiod insurance company	N/A
10	Number of insurance policy/ insurance certificate and the date of validaty of the insurance certificate	N/A
11	Action taken if any and the result thereof	Police station Maregaon dist yavatmal maharastra cr no 152/19 sec 279,337, 304 (A) IPC R/w 134(2) M.V. Act I/o PSI Amol Choudhari P.S. Maregaon

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