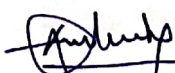
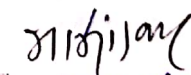


**FORM COMO AA****{ see rules 253(c) 254(c) (iii) 254(8) 255(1)(iv) }****REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS**

1	Name of the police station	Maregaon Dist yavatmal
2	CR NO/TAR/SDE no	307/19 sec 29]337 IPC r/w 134,3/181 MV
3	Date, time and place of the accident	Dewala to Mardi road date 10-12-19
4	name of the injured	Taranath Shankar Mahakulkar ag 38 At sindhi
5	Namae of the hospital to which he/she was removed	Astha Hos Wani dist yavatmal
6	Name of the vehicals and type of the vehicals	Two Wheeler MH 34 BP 2416
7	Name and address of the driver of the vehicals 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 public service and the address of the issuing of the said badge	Shrikant Shankar kinake ag 19 at Goulkhurd ps warora Driving lci – NA
8	Name and address of the owner of the vehicles as it stand on the on the date of the accidents	Shrikant Shankar kinake ag 19 at Goulkhurd ps warora Driving lci – NA
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	HC MNDWKAR Mob 9767306630

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

  
पोलीस निरीक्षक  
पो. स्टे. मारेगांव

  
मालवंद मु. मांडवकर  
पो. हे. काँ. नं. 595  
पो. स्टे. मारेगांव