

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	219/2020 sec 279, 304 A IPC
3	Date, time and place of the accident	Date 22/08/2020 on 15/00 at Near Smnashan Bhumi Kosara
4	name of the injured	Sachin Mahadev Thavri age 32 yr At. Jalka tq warora
5	Namae of the hospital to which he/she was removed	PSC Madhali, Ruler Hospital Warora , Sevagram Hospital
6	Name of the vehicals and type of the vehicals	Unknown
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	Unknown
8	Name and address of the owner of the vehicles as it stand on the on the date of the accidents	-
9	Name and address of the insure company with wholm the vehicle was insured and the divisional office of the salad insurance company	-
10	Number of insurance policy/ insurance certificate and the date of validaty of the insurance certificate	-
11	Action taken if any and the result thereof	Police station Maregaon dist yavatmal maharastra cr no 219/2020 sec 279, 304 A IPC I/o NPC/892 Raju Tekam P.S. Maregaon

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

[Signature]
राजु तोंडवा देकाय
ना.पो.क्रॉ. 892
पो.स्टे.मारेगाव