FORM COMP A.A.

(See rules (c) ,234 (5),(ii),254 (2),255 (i)(iv) )

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

1 . Name of the police station :- Malegaon Dist- Washim

2 . Cr No/Tar No/ Sec No ? :- 200/2026 Sec. 106(1), 281 BNS. 2023

3 . Date time and place of the accident :- 23/01/2026 time - 20/00, Gorkanda

4 . Name of the injured/deceased :- Sukhandan manik shinde at. Medshi

5 . Name of the hospital to which he/has was removed:- Gov. hospital Nagpur

6 . Name of Vehicle and The types of the vehicle :- Motercycle NU. MH-37 AJ-1719

7 . Name and address of the driver of the Vehicle with particulars of :- Sukhandan manik shinde at Medshi

A) Driving licence of the said driver driver :- NO

B ) The adderss of the issuing Authority of the said Driving Licence :- ——

C ) The number of the Badge in case of public service Vehicle and the address of the issuing Authority of the said Badge ? :- NO

8 . Name and address of the owner of the Vehicle as it stand on the date of the accident ? :- Shankar Machindra Shinde age- At Kalakamatha Ta. Malegaon

9 . Name and address of the insurance company With whom the vehicle was injured and the Divisional office of the said insurace Company ?:- NO

10 . No. of Insurance policy /Insurance Certificate And date of the validity of the Insurance policy Insurance Certificate ? :- NO

11 . Action taken,if any, and the result thereof :- Fir Registed at PS Malegaon 200/26 Sec. 106(1), 281 B.N.S, 184 MV

Date :-

प्रदिप लोडगे
पो.हे.कॉ.ब.नं.१०
पो.स्टे.मालेगांव

INSPECTOR OF POLICE
पोलीस निरीक्षक
POLICE STATION
पो.स्टे.मालेगांव जि.वाशिम

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