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 :- PS MALEGAON

2 . Cr No/Tar No/ Sec No ? :- 253/26 U/S 125(b),281, BNS 184MVACT

3 . Date time and place of the accident :- 20/03/2026 14/30 PM

4 . Name of the injured/deceased :- SANJAY BANSHILAL VYAS

5 . Name of the hospital to which he/has was removed:- VAYNKTESH HOSPITAL WASHIM

6 . Name of Vehicle and The types of the vehicle :- BAJAJ 160 NS PULSAR TINO WHELAR

7 . Name and address of the driver of the

Vehicle with particulars of :- HARISH GANESH BORKAR

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

B ) The adderss of the issuing Authority of the said

Driving Licence :- NO

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 ? :- THE VEHICLE IS NOT RTO Registerd

9 . Name and address of the insurance company

With whom the vehicle was injured and the

Divisional office of the said insurace Company ?:- NO INSURANCE

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 :- THE RTO OFFICER WASHIM HAS FINED THE VEHICLE OWNER RS 12000/-

Date :- 10/2026

INSPECTOR OF POLICE

POLICE STATION

सुनिल तुकाराम पवार

पो हे कॉ ब.न.७८९

पो स्टे मालेगांव जि.वाशिम

पोलीस निरीक्षक

पो.स्टे.मालेगाव जि.वाशिम

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