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 ? :- 0347/2026 Sec-106(1),125(A),281, BNS

3 . Date time and place of the accident :- 16/05/2026 17/00 Malegaon to Borgaon Road

4 . Name of the injured/deceased :- Sakharam Vitthal Landkar.

5 . Name of the hospital to which he/has was removed:- Gov. Hospital Malegaon Dist. Washim

6 . Name of Vehicle and The types of the vehicle :- Motor Cycle MH 28 U 4630

7 . Name and address of the driver of the

Vehicle with particulars of :- Shekh Ayaj sheth Ajij Agg-27 Year - Malegaon

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 Bhoskar Ramkisan Talekar

Vehicle as it stand on the date of the accident ? :- ~~Tal~~ Post Bhumrala Ta- Lonar Dis- ~~Buldh~~ Buldhana

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-347/2026 Sec-106(1),125(A) 281 BNS Ssection 185 MV Act

Date :-

INSPECTOR OF POLICE

POLICE STATION

पोलीस निरिक्षक

पो. स्टे. मालेगांव

पोहेकॉ. दिलीप मोहन राठोड

ब.नं.८७७ पो.स्टे.मालेगांव

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