FORM COMP. A.A.

(See rules 253 (c), 234 (5) (iii), 254 (2), 255 (1)(iv))

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS.

Name of the Police Station :- malegaon Dis Washim.

Cr/No. Tar/No. SEC No. 352/2026 क.106(1)281 BN.S. 184 M.V. Act

Date, time and place of the accident :- 16/5/2026 रो 22/15 वा. मौजा

Name of the Injured / deceased :- ① Purushottam Pansabrao Raut age 62
② Sattar Kha Aliyar Kha age 41

Name of the Hospital to which he / she was removed :- Civil Hospital Akola.

Number of Vehicle and the types of the vehicle :- Two Vehical - ① Countress and Two wheeler

Name and address of the driver of the vehicle with particulars of :- Rajinath Sahebrao Awhad age-39 at Post-Jambhali Ta-Pathardi Dis Ahilyanagar

a) driving license of the said driver driver :- MH-16-20090024841

b) the address of the issuing Authority of the said Driving License, :- Ahilyanagar maharashtra

c) the number of theBadge 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 ? :- Rajinath Sahebrao Awhad age-39 at Post-Jambhli Ta-Pathardi Ahilyanagar

9. Name and address of the Insurance company with whom the vehicle was insured and the Divisional office of the said Insurance Company ? :- Royal Sundaram Insurance. VGC-129025400010 5/1/26 to 4/1/2027 Kalapakkam Chennai-600097

10. No. of Insurance Policy / Insurance Certificate and the date of the validity of the Insurance policy / Insurance certificate. :- →

11. Action taken, if any, and the result thereof. :- FIR Registered. No. 352/2026 section-106(1)281 BNS 184 M.V. Act.

Date :- 28/5/2026

पो.नि.जी.गितम [illegible]
ब.न ३४९ पो.स्ट.मालेगाव

INSPECTOR OF POLICE

POLICE STATION.

पोलीस निरीक्षक
पो.स्टे.मालेगांव जि.वाशिम

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