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 ? :- 0358/2026 Sec 281, 106(1) BNS SG 184 MVAct

3 . Date time and place of the accident :- 18/05/2026, 14:50 Dahi Fata malegaon

4 . Name of the injured/deceased :- Ganesh Gopal Chagdale

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

6 . Name of Vehicle and

The types of the vehicle :- Tempo MH02EC-0981

7 . Name and address of the driver of the Vehicle with particulars of :- Narayan Mothuram Lathad at Pimpla. post. Ambhoda, ta Malegaon.

A) Driving licence of the said driver driver :- MH-37-20150000529

B ) The adderss of the issuing Authority of the said Driving Licence :- Washim, Maharashtra

C ) The number of the Badge in case of public service Vehicle and the address of the issuing Authority of the said Badge ? :- -

8 . Name and address of the owner of the Vehicle as it stand on the date of the accident ? :- Bajirao Gulab, Pawar. at post Arandoli ta Shirpur

9 . Name and address of the insurance company With whom the vehicle was injured and the Divisional office of the said insurabce Company ?:- Chola-MS-

10 . No. of Insurance policy /Insurance Certificate And date of the validity of the Insurance policy Insurance Certificate ? :- 04/03/2027

11 . Action taken,if any, and the result thereof :- CR NO. 0358/2026 Sec. 281, 106(1), BNS-2023 S.S. 184 MV Act.

Date :- 28/05/2026

पोलीस निरीक्षक
पोलीस स्टेशन मालेगांव जि. वाशिम

INSPECTOR OF POLICE

POLICE STATION

सचिन कल्ले