FORM COMP AA नमुना
Rules २५३, २५४(c(iii)] ५४(१) (iv)

जावक क्र. २९६३/२०२६
दि. ३०/०३/२०२६

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1.	Name of the police station	hatkangale Dis- Kolhapur
2.	CR. NO. TAR No./ SDE No.	CR NO. ८२/२०२६ BNS १०६[१], २८१, १२५ [B] M.V.Act १८४
3.	Date Time and place of the accident	DATE - 09/03/2026 Time - 01.25 PM AT RUKADI RURAL ICHALKARNJI KOLHAPUR ROAD BALU MAMA TEMAPAL NEAR ROAD TAL -HATKANGALE DIST- KOLHAPUR
um	Name of the Injured / **Deceased**	NARAYAN MAHADEV CHAVAN AGE - 55 A/P TILAVANI, TAL -HATKANANGALE, DIST- KOLHAPUR ,- **Deceased**
5.	Name of Hospital to which he / she was removed	I.G.M. HOSPITEL ICHALKARANJI DIST- KOLHAPUR
6.	Number of vehicles and type of the vehicle	1) ASHOK LELYAND TEMPO NO.MH-45-AF-8652, 2) SPELANER MOTER NO.MH-09-BQ-4787
7.	Name and address of the Driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authority of the said Driving License. The number of Badge in case of Public Service Vehicle and the address of the Issuing Authority of the said Badge.	SHAM AUDUMBAR WAKADE AGE - 31 Driver
8.	Name and the address of the owner of the vehicle as it stands on the date of the accident.	A/P. 138 SANTOSH NAGAR BALE TAL. NORTH SOLAPUR DIST-SOLAPUR
9.	Name and address of the insurance Company with whom the vehicle was insured and the Divisional Office of thesaid Insurance Company.	NO
10	Number of Insurance Policy / Insurance Certificate and the Date of Validity of the insurance Policy / Insurance Certificate	NO
11	Action taken, if any and the result thereof	CR NO. ८२/२०२६ BNS १०६[१], २८१, १२५ [B] M.V.Act १८४
		[S.S.MEMANE] Inspector of Police HATKANGALE PLICE STATION

N.B. This form Should accompany with all the necessary document viz (1) F.I.R. (2) Panchanama (3) Medical Certificate / Post Mortem Report