FORM COMP AA-सूत्र

Rules २५३, २५४(c(iii)] ५४(१) (iv)

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

१.	Name of the police station	Hatkangale Dis- Kolhapur
२.	CR. NO. TAR No / SDE No.	११९/२०२६भा.न्या.सं.का.कलम१०६,२८१,१२५[ब]मो.वा.का.क १८४ प्रमाणे
३.	Date Time and place of the accident	दि.२२/०३/२०२६ रोजी रोजी सकाळी ०८.३० ते ०८.४० वाचे सुमारास मुजरीत हातकणंगले ते वडगाव जाणारे रोडवर असलेले गावचे हद्दीत असले पटरास जवळ
४.	Name of the Injured / Deceased	भास्कर बाबासो क्षीरसागर
५.	Name of Hospital to which he / she was removed	सिव्हील हॉस्पीटल सांगली
६.	Number of vehicles and type of the vehicle	१] बजाज,पॅसीना १०० ईएस MH-१० DK-८५५३
७.	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.	भास्कर बाबासो क्षीरसागर व.व.४३ रा.मस्तेवाडी ता.मिरज ,जि.सांगली [मयत]
८.	Name and the address of the owner of the vehicle as it stands on the date of the accident.	भास्कर बाबासो क्षीरसागर व.व.४३ रा.मस्तेवाडी ता.मिरज ,जि.सांगली [मयत]
९.	Name and address of the insurance Company with whom the vehicle was insured and the Divisional Office of thesaid Insurance Company.	-
१०	Number of Insurance Policy / Insurance Certificate and the Date of Validity of the insurance Policy / Insurance Certificate	-
११	Action taken, if any and the result thereof	११९/२०२६भा.न्या.सं.का.कलम१०६,२८१,१२५[ब]मो.वा.का.क १८४ प्रमाणे
		Inspector of Police
		HATKANGALE Police Station
N.B. This form Should accompany with all the necessary document viz (१) F.I.R. (२) Panchanama (३) Medical Certificate / Post Mortem Report		

Scanned with OKEN Scanner