FORM COMP AAनमुना

Rules 253, 254(c(iii)] 54(1) (iv)

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1.	Name of the police station	Hatkangale Dis- Kolhapur
2.	CR. NO. TAR No./ SDE No.	हातकणंगले पोलीस ठाणे गुरनं १३/२०२६ भारतीय न्याय संहिताचे २०२३ कलम १०६[१],२८१, १२५[अ], १२५[ब], मो.वा.का.क १८४ प्रमाणे
3.	Date Time and place of the accident	दिनांक १४/०१/२०२६ रोजी दुपारी १.३० वा.चे सुमारास माणगाववाडी गावच्या हददीत ,सांगली ते कोल्हापुर जाणारे रोडवर ,माणगाववाडी फाटा ता.,हातकणंगले
4.	Name of the Injured / **Deceased**	पंकज प्रकाश चाटील वय २५ रा.धामणी ता.मिरज जि.सांगली
5.	Name of Hospital to which he / she was removed	सी.पी.आर रुग्णालय, कोल्हापुर
6.	Number of vehicles and type of the vehicle	१] छोटा हत्ती एसएस टाटा टेम्पो चार चाकी नंबर एमएच ०९ बीसी ९२०१ २] होडा शाईन मोटर सायकल क्र. MH-१०-DZ- ९७०४
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.	पवन दत्तात्रय कुंभार वय ३४ रा.माणगाववाडी ता.हातकणगंले जि. कोल्हापुर.
8.	Name and the address of the owner of the vehicle as it stands on the date of the accident.	पवन दत्तात्रय कुंभार वय ३४ रा.माणगाववाडी ता.हातकणगंले जि. कोल्हापुर.
9.	Name and address of the insurance Company with whom the vehicle was insured and the Divisional Office of thesaid Insurance Company.	रिलाईन्स जनरल इन्शुरन्स कंपनी लि.
10	Number of Insurance Policy / Insurance Certificate and the Date of Validity of the insurance Policy / Insurance Certificate	१७०६२२५२३३४००१३५०६
11	Action taken, if any and the result thereof	१३/२०२६ भारतीय न्याय संहिताचे २०२३ कलम २८१, १२५[अ], १२५[ब],१०६ [१] मो.वा.का.क १८४
12	SHARAD S.MEMANE	POLICE INSPECTOR
13	HATKANAGLE	POLICE 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

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