FORM COMP A A नमुना
Rule 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.	164/2024 भा.न्याय.सहीता 281,125(अ),125(ब)सह मो.वा.का.क.184,प्रमाणे
3	Date Time and place of accident	दि.14/04/2026 रोजी सकाळी 09.40 वा सुमारास सांगली ते कोल्हापुर जानारे राष्ट्रीय महामार्ग क्र.166 यार रोडवरहातकणंगले गावचे हद्दीत असले यश बारचे समोरील तारा हॉटेल जवळ रोडवर हातकणंगले एस.टी.स्टँन्डचे पुर्वेस असले अरुंद रोडवर ता. हातकणंगले जि. कोल्हापुर .
4	Name of the Injured/**Deceased**	मंहमदअली रफिक जमादार व.व.30 रा.वैरण बाजार जमादार गल्ली मिरज ता.मिरज जि.सांगली मो.नं.9156611944
5	Name of Hospital to which he/she was removed	निरंक
6	Number of vehicles and type of vehicle	नं.1)MH-10-EB-5031 रॉयल इनफिल्ड बुलेट . 2) नं.MH-43-Y-7484 टाटा कंपणीचा मालवाहु ट्रक .
7	(1)Name and address of Driver of the vehicle with particulars orDriving License of the said Driver and the address of the Issuing Authority of the said Driving License.The number of Badge in case of the Issuing Authority of the said Badge.	प्रकाश शामसुंदर शिंदे व.व.41 शिक्षण-9 वी रा.फोंडा घाट खैराटवाडी ता.कणकवली जि.सिंधुदुर्ग (आरोपी) 1)परवाना क्रमांक -MH-07-20100005143 2)दि. 25/11/2030 व दि.27/11/2029 पर्यंत
8	Name and the address of the owner of the vehicle as it stand on the date of the accident.	समिर रामचंद्र सावंत रा.भातपणवाडी आसरोंडी ता.मालवण जि.सिंधुदुर्ग महाराष्ट्र नं.MH-43-Y-7484 टाटा कंपणीचा मालवाहु ट्रक 04/03/2016 697TC69BTY101525. MAT373017G2802716. RTO SINDHUDURG(KUDAL) माल वहातुक
9	Name and address of the insurance Company with whom the vehicle was insurance Certificate and the Date of Validity of the insurance Policy/ insurance Certificate	SHRIRAM ganral insurance compony limited e- 8 E PIP,sitapura industrial area ,jaipur
10	Action taken,if any and the result there of	
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N.B.This form Should accompany with all necessary document viz(1)F.I.R (2)Panchanama (3)Medical Certificate/Post Mortem Report		