FORM COMP AA

1	Name of the police station	Kurundawad Dist. Kolhapur.
2	Cr No.	205/2026.
3	Date, Time and Place of the accident	Date-13/05/2026, Time- 18.30 pm aourwad to shedshal janare roadlagat kavtheguland gavi vardhman gaste yanche shetajaval kavtheguland tal. Shirol. Dist Kolhapur.
4	Name of the injured/Deceased	1) satish janardan gosavi 2)harish satish rokde 3)priya ajhad gosavi 4)janabai anil rokde 5) anita sani gosavi 6)samrudhi jayaram gosavi 7)shakuntala pandu gosavi 8)sunita jayram gosavi 9)jamuna ratan rokde 10)vinod anil rokde 11)orjyol vinod rokde 12)ujval vinod rokde 13)kashibai hari hatgale 14)jaya jitendra hatagale 15)sachin atmaramdende 16)akshata sachin dende 17)lakshmi prakash upadhe (injured)
5	Mane of the hospital to which he/she was removed.	Gov.medical college & hospital miraj
6	Number of the vehicles and type of the vehicale	1) Bus No MH 09 BC 3050, 2) Cruser no KA 28 N 8287
7	Name and address of the driver of the vehicale with particulars or driving license of the said driver and the address of the issuing authorty of the said driving the number of badge in case of public service vehicle and the address of the issuing authorty of the said badge	1) mahammadsadik rajesaheb pandugol a/p ukkali tal bagevadi dist vijyapur state karnatka.
8	Name and address of the owenar of the vehicle as it stand on the date of the accident	Owenar Name- rajesaheb murtujasahab pandugol
9	Name and address of the insurance company with whom the vehicle was insured and the divisional office of the	Shriram general insurance limited, jaipur rajasthan.

	said insurance company	
10	Number of insurance policy/ insurance certificate and the date of validity of the insurance policy/ insurance certificate	21/01/2026 to 20/01/2027.
11	Action taken, if any and the result there of	Fill in case section 281, 125(अ), 125(ब), 324(4) Mv Act 184.
12	Inspector of police	S.M.Mane
13	Police station	Kurundawad Police station.