FORM COMP AA

1	Name of the police station	Kurundawad Dist. Kolhapur.
2	Cr No.	213/2026.
3	Date, Time and Place of the accident	Date-13/04/2026, Time- 18.30 pm near panchganga river brigh kurundwad tal. Shirol. Dist Kolhapur.
4	Name of the injured/Deceased	1) baban appaso bedkyale age 71 a/p hanuman galli hupri tal hatkangale dist- kolhapur (Dead) 2) rahul baban bedkyale age 46 a/p hanuman galli hupri tal hatkangale dist- kolhapur (injured)
5	Mane of the hospital to which he/she was removed.	Sidhivinayak hospital kurundwad tal shirol.
6	Number of the vehicles and type of the vehicale	1) mo cy no bajaj ct 100 MH.09- EX-7821 2) maruti suzuki waganor no KA23-P.3010
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) baban appaso bedkyale age 71 a/p hanuman galli hupri tal hatkangale dist- kolhapur (Dead)
8	Name and address of the owenar of the vehicle as it stand on the date of the accident	Owenar Name- baban appaso bedkyale a/p hanuman galli hupri tal hatkangale dist- kolhapur
9	Name and address of the insurance company with whom the vehicle was insured and the divisional office of the said insurance company	No Information
10	Number of insurance policy/ insurance certificate and the date of validity of the insurance policy/ insurance certificate	No Information
11	Action taken, if any and the result there	Fill in case section 106[1], 281,

	of	125[A], 125[B],324[4] Mv Act 184.
12	Inspector of police	Api S.M.Mane
13	Police station	Kurundawad Police station.