FROM COMP A A

[ See Rules 253 @,254 (c) (iii) , 254 (1) (iv) ]

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

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|---|---|---|
| 1 | Name of the police station | JUNA RAJWADA POLICE STATION KOLHAPUR |
| 2 | CR NO/TAR No./SDE No. | CR NO 223/2026 BNS 125 (A),(B), 281 MV ACT – 184<br>DATE – 04/05/2026 TIMING – 21.07,ENTRY NO- 50 |
| 3 | Date Time and place of the accident | DATE 04/05/2026 TIMING 15.50 RANKALA S.T. STAND YETHIL PLATFORM NO.03 CHE SAMOR,KOLHAPUR |
| 4 | Mame of the ijured / Deceased | IJURED – 1)KUMARI VAIDEHI YUVRAJ PATIL –17, ADD – AT POST - YEVLUJ, TAL – PANHALA , DIST - KOLHAPUR |
| 5 | Name of Hospital to which he/ she was removed. | GANGA PRAKASH HOSPITAL, KOLHAPUR,<br>ASTAR ADHAR HOSPITAL, KOLHAPUR. |
| 6 | Number of vehicles and typd of the vehicles | 1) TWO WHEELER NO - MH-14-MH-8642 |
| 7 | Name and address of the Driver of the vehicle with particulars or Drriving Licenseof the side Driver and the address of theIssuing Authority of the said Driving License The number of Badge in case of Public Service Vehicle and the address of the Issuing Authorityof the said Badge. | NAME – AMAR HARI NAIK, AGE – 35,<br>ADD – AT POST – KHERIVADE, TAL – PANHALA, DIST – KOLHAPUR.<br>LICENSE NO- MH0920090005823<br>RTO – KOLHAPUR RTO<br>MCWG - 05-12-2025<br>VALIDITY – 28-11-2030 |
| 8 | Name and address of the owner of the vehicle as it stands on the date of the accident. | NAME – S.T. MAHAMANDAL, KOLHAPUR.<br>ADD – SAMBHAJINAGAR,KOLHAPUR |
| 9 | Name and address of the insurance Company with whom the vehicle was insured and the Divisional office of the said Insurance company. | --- |
| 10 | Number of insurance policy/Insurance Cirtificate and the Date of Validity of the insurance policy | POLICY NO- ----<br>VALIDITY – ---- |
| 11 | Action taken if any and the result thereof | TAPASAVAR |
| 12 | Inspector of police | SHRI KIRAN LONDHE |
| 13 | Police station | JUNA RAJWADA POLICE STATION KOLHAPUR |