FORM COMP AA

1	Name of the police station	Kurundawad Dist. Kolhapur.
2	Apghat No.	Nival Apghat no 26/2026.
3	Date, Time and Place of the accident	Date - 21/01/2026 Time – 17.45 pm frony of sheti gat no 373/01 aourwad ganeshvadi road tal shirol. Dist kolhapur.
4	Name of the injured/Deceased	Name – 1) basappa shankar kambale a/p shedshal tal shirol. Dist kolhapur (Dead) 1. 2) lakshmi arun mhaishale a/p shedshal tal shirol. Dist kolhapur (injured)
5	Mane of the hospital to which he/she was roved	Gramin rugnalay dattwad tal hirol. Dist kolhapur
6	Number of the vehicles and type of the vehicale	1) Swaraj Tractor no – KA 28 TF 5904 2) hero honda cd delux mo cy- MH 12 Z 4030
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	Revappa chadchan a/p sonakanahalli tal indi dist vijayapur state karnataka
8	Name and address of the owenar of the vehicle as it stand on the date of the accident	Birappa pujari a/p sonakanahalli tal indi dist vijayapur state karnataka
9	Name and address of the insurance company with whom the vehicle was insured and the divisional office of the said insurance company	The oriental insuranceprivet limited
10	Number of insurance policy/ insurance certificate and the date of valid 88 ity of the insurance policy/ insurance	162600/31/2026/1969

	certificate	
11	Action taken, if any and the result there of	BNS sec – 281,125(अ)125(ब),106(1),324(4)(5), MV Act -134(a),(b),184
12	Inspector of police	API S.M.Mane
13	Police station	Kurundawad Police station.