Form - Comp.AA

(See rules २५३ (c), २३४ (५) (iii) २५४ (२) २५५(१) (iv))

REPORT ABOUT THE MOTOR VEHICLE ACCIDENTS

१	Name of the Police station	Bhudargad Police Station
२	Cr/no.Tar/no.Sec. No	गुरनं. २६५/२०२५ भा.न्या.सं. २८१, १२५(ब), मो.वा.का. १२२/१८३(१) प्रमाणे
३	Date,timeab=nd place of the accident	दि. ०८/१०/२०२५ रोजी सायं. ६:४५ वा. नांगरगाव, ता. भुदरगड, जि. कोल्हापुर येथे
४	Name of the injured/deceased	दत्तात्रय कृष्णात तानवडे, रा. मांगनुर, ता. कागल, सध्या रा. नांगरगाव, ता. भुदरगड
५	Name of the hospital to which he/she was removed	सी.पी.आर. हॉस्पिटल, कोल्हापूर
६	Number of Vehicle and the types of the vehicle	प्लॅटीना कंपणीचीदुचाकी वाहण क्र MH १४ AY ९८१८
७	Name of the address of the driver of the vehicle with particulars of driving license of the said driver driver and the address of the issuing Authority of the said Driving License,the number of the Badge in case of publice Service and the address of the issuing Authority of the said Badge?	**driver Name & Address :** १] सुजित सर्जेराव मोरबाळे, रा. कलनांकवाडी, ता. भुदरगड **driving license no :** **MH०९-२००४०१६३७२९** **१] License Type :- Permanent** **RTO Office :- Kolhapur** **License Validity Date : ३०-०९-२०३४**
८	Name of the address of the Owner of the Vehicle as it stand on the date of the accident	**Owner Name :** १] रणजित सर्जेराव मोरबाळे, रा. कलनांकवाडी, ता. भुदरगड
९	Name and address of the Insurance company with whorn the vehicle was insured and the Divisionl office of the said I	**Insurance Company name :** No
१०	No Of Insurance Certificate and the date of the validity of the Insurance policy/ Insurance certificate	१] Certificate No. **No** Validity : **No**
११	Action taken if any the result thereof	FIR Registered
१२	Inspector of Police	Kiran Londhe
१३	Police Station	Bhudargad Police Station

Date -

NB - This Form should accompany with all the necessary document viz (i) FIR (२)

Panchnama (३) Medical Certificate /PstMortum Report