FORM COMP AA

1	Name of the police station	Kurundawad Dist. Kolhapur.
2	Apghat No.	Apghat no 27/2026.
3	Date, Time and Place of the accident	Date - 01/12/2025 Time – 17.05 pm kolekar mala abdullat front of sunil kolekar house abdullat tal shirol. Dist kolhapur.
4	Name of the injured/Deceased	Name – 1) vhushabh tatoba hiralge a/p latewadi tal shirol. Dist kolhapur (injured) 1. 2) netra vhushabh hiralge a/p latewadi tal shirol. Dist kolhapur (injured)
5	Mane of the hospital to which he/she was roved	No Information
6	Number of the vehicles and type of the vehicale	1) motorcycle no – MH 09 CZ 3546 2) hero hf delux mo cy- MH 09 FZ 3014
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	Prem ashok koli a/p latwadi tal shirol dist kolhapur.
8	Name and address of the owenar of the vehicle as it stand on the date of the accident	Prem ashok koli a/p latwadi tal shirol 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 valid 88 ity of the insurance policy/ insurance certificate	No Information

11	Action taken, if any and the result there of.	BNS sec – 281,125(a), MV Act -184
12	Inspector of police	API S.M.Mane.
13	Police station	Kurundawad Police station.