FROM COMP A A

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

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1	Name of the police station	JUNA RAJWADA POLICE STATION KOLHAPUR
2	CR NO/TAR No./SDE No.	CR NO 291/2026 BNS 281,125 (A),(B) MV ACT – 184 DATE – 21/05/2026 TIMING – 20.59,ENTRY NO- 52
3	Date Time and place of the accident	DATE 18/05/2026 TIMING 09.30, UMA TALKIES CHAUKATIL, DHARMATTAR PETROL PUMPASAMOR ROADVAR,KOLHAPUR
4	Mame of the ijured / Deceased	IJURED – VAISHALI SANJAY KAMBALE, AGE – 42, ADD – 873, C WARD, UMA TALKIES SHEJARI, RAVIVAR PETH, KOLHAPUR.
5	Name of Hospital to which he/ she was removed.	C. P. R.HOSPITAL, KOLHAPUR
6	Number of vehicles and typd of the vehicles	1) TWO WHEELER NO - MH-09-EA0752
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 – PRANAV AMAR PATIL ADD – AMBAI TANKJAVAL, PLOT NO. 417, A WARD, MAJGAOKAR MALA, FULEWADI, KOLHAPUR LICENSE NO- MH0920250004520 RTO – KOLHAPUR RTO MCWG - 18-02-2025 VALIDITY – 30-10-2046
8	Name and address of the owner of the vehicle as it stands on the date of the accident.	NAME – AMAR GANPATI PATIL, ADD – AMBAI TANKJAVAL, PLOT NO. 417, A WARD, MAJGAOKAR MALA, FULEWADI, 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- ---- 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