FORM COMP AAनमुना

Rules २५३, २५४(c(iii)] ५४(१) (iv)

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

१.	Name of the police station	Hatkangale Dis- Kolhapur
२.	CR. NO. TAR No./ SDE No.	३४/२०२६भा.न्या.सं.का.कलम१०६,२८१,१२५[ब]मो.वा.का.क १८४ प्रमाणे
३.	Date Time and place of the accident	दि.१३/०१/२०२६ रोजी रोजी रात्रौ ०९.३० ते १०.०० वाचे दरम्यान मुदतीत कुंभोज ते नरंदे जाणारे रोडवर कुंभोज गावचे हददीत असले स्मशानभुमी जवळ
४.	Name of the Injured / **Deceased**	अमर विदयाधर शिरोटे
५.	Name of Hospital to which he / she was removed	आयजीएम हॉस्पीटल,इचलकरंजी
६.	Number of vehicles and type of the vehicle	०१ १] हिरोहोंन्डा फॅशन प्लस MH-०९ AV-४४००
७.	Name and address of the Driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authority of the said Driving License. The number of Badge in case of Public Service Vehicle and the address of the Issuing Authority of the said Badge.	अमोल विदयाधर शिरोटे व.व.४० रा.आलास ता.शिरोळ,जि.कोल्हापुर [मयत]
८.	Name and the address of the owner of the vehicle as it stands on the date of the accident.	अमोल विदयाधर शिरोटे व.व.४० रा.आलास ता.शिरोळ,जि.कोल्हापुर [मयत]
९.	Name and address of the insurance Company with whom the vehicle was insured and the Divisional Office of thesaid Insurance Company.	-
१०	Number of Insurance Policy / Insurance Certificate and the Date of	-

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	Validity of the insurance Policy / Insurance Certificate	
११	Action taken, if any and the result thereof	३४/२०२६भा.न्या.सं.का.कलम१०६,२८१,१२५[ब]मो.वा.का.क १८४ प्रमाणे
		Inspector of Police
		HATKANGALE Police Station

N.B. This form Should accompany with all the necessary document viz (१) F.I.R. (२) Panchanama (३) Medical Certificate / Post Mortem Report

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