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.	३५९/२०२६ भारतीय न्याय संहिताचे २०२३ कलम २८१,१२५[अ], १२५[ब] मो.वा.का.क १८४ प्रमाणे
३.	Date Time and place of the accident	दि.१२/०९/२०२६ रोजी रोजी सायंकाळी ०६.०० वाचे दरम्यान मुदतीत हातकणगंले ते वडंगााव जाणारे रोडवर आळते गावचे हददीत असले रेणुका मंदीर जवळ
४.	Name of the Injured / **Deceased**	स्व:त - फिर्यादी नितीन बाबुराव मोरे व.व.४५,धंदा शेती रा.सावर्डे ता.हातकणगंले ,जि.कोल्हापुर मो.नं.९८२२८२७४८३
५.	Name of Hospital to which he / she was removed	फिर्यादी व इतर असे हीरा नर्सिंग होम हॉस्पीटल,मार्केट यार्ड,कोल्हापुर.
६.	Number of vehicles and type of the vehicle	०२ १)होंन्डा कंपनीची युनिकॉर्न **MH-५१ - j- ३७९०** **२)** मोपेडे बजाज कंपनीची चेतक इव्ही नंबर MH-०९-HH-५६४७
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.	नितीन बाबुराव मोरे व.व.४५,धंदा शेती रा.सावर्डे ता.हातकणगंले ,जि.कोल्हापुर मो.नं.९८२२८२७४८३
८.	Name and the address of the owner of the vehicle as it stands on the date of the accident.	
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	-

	Validity of the insurance Policy / Insurance Certificate	
११	Action taken, if any and the result thereof	३५९/२०२६ भारतीय न्याय संहिताचे २०२३ कलम २८१,१२५[अ], १२५[ब] मो.वा.का.क १८४ प्रमाणे
	पोलीस निरीक्षक	Inspector of Police
	हातकणंगले पोलीस ठाणे	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		

पोलीस निरीक्षक
हातकणंगले पोलीस ठाणे
सत्यमेव जयते

(R.B. शिरगुप्पे)