COMP AA FORM

नमुना

Rules 253, 254(c(iii)] 54(1) (iv)

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1.	Name of the police station	hatkangale Dis- Kolhapur
2.	CR. NO. TAR No./ SDE No.	399/25 BNS 106(1),281, 125A, 125B, M.V.Act. 184, 146/196
3.	Date Time and place of the accident	14/08/2025 - 07.30 AT ALTE VILLAGE ON HATKANGALE TO VADAGAON ROAD INFRONT OF HOTEL JALLOSH
4.	Name of the Injured / Deceased	1) BALU SOMA GAVDE - DEATH
5.	Name of Hospital to which he / she was removed	-
6.	Number of vehicles and type of the vehicle	-1 1] MOTO CYCLE
7.	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.	1) ATUL SURESH FARANE - SHIGAON TAL- VALVA DIST- SANGLI LIC.NO.- MH10 20130009929
8.	Name and the address of the owner of the vehicle as it stands on the date of the accident.	-
9.	Name and address of the insurance Company with whom the vehicle was insured and the Divisional Office of thesaid Insurance Company.	-
10	Number of Insurance Policy / Insurance Certificate and the Date of Validity of the insurance Policy / Insurance Certificate	-
11	Action taken, if any and the result thereof	399/25 BNS 106(1),281, 125A, 125B, M.V.Act. 184, 146/196
		SHRAD MEMANE
		Inspector of Police
		HATKANGALE Police Station

N.B. This form Should accompany with all the necessary document viz (1) F.I.R. (2) Panchanama (3) Medical Certificate / Post Mortem Report