FORM COMP AA

1	Name of the police station	Kurundawad Dist. Kolhapur.
2	Apghat No.	443/2025.
3	Date, Time and Place of the accident	Date - 11/11/2025 Time – 21.30 pm Sainiktakli to akivat road near arambh hotel akivat villege tal shirol. Dist kolhapur.
4	Name of the injured/Deceased	Name – sarthak prasad chougule age 15 a/p akivat tal shirol. Dist kolhapur. (injured).
5	Mane of the hospital to which he/she was roved	Samrth buro hospital miraj dist Sangali.
6	Number of the vehicles and type of the vehicale	No information
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	No information
8	Name and address of the owenar of the vehicle as it stand on the date of the accident	No information
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 validity of the insurance policy/ insurance certificate	No information
11	Action taken, if any and the result there of	Fill in case section BNS -281,125(a), 125(b), 324(2) MV Act 184,134(a)(b).
12	Inspector of police	S.A.Mane
13	Police station	Kurundawad Police station.