FORM COMP AA

(See rules 253(c),234(5)(iii),254(2),255(1)(iv))

REPORT ABOUT THE MOTOR VEHICLES ACCIDENT

1	Name of the Police Station	Shivajinagar Police Station
2	Cr.No./Tar.no/SDE No.	Cr.No.566/2025 BNS 106(1),125(अ),281,324(2),MV ACT 184
3	Date,Time and place of the Accident	Date-15/07/2026 At 08.00 AM
4	Name of the injured/Diseased	1)Rahimatulla Alam Pathan ,Age-61 yrs, 2)Sayrabanu Rahimatulla Pathan Age-36, Recent Address-Sahara nagar,Abhar phata ,Rui galli no.10,Rui,Tal-Hatkalangale,Dist-Kolhapur, State-Maharashtra (PermanentAddress- Sahara nagar,Abhar phata ,Rui galli no.10,Rui,Tal-Hatkalangale,Dist-Kolhapur ,State-Maharashtra
5	Name of the hospital to which he / she was removed	1) I.G.M Hospital, Ichalkaranji, 2) Civil hospital ,Miraj, dist-sangli
6	Number of vehicle and the types if Vehicle (2)	1) REG.No.-MH09 CQ 2046 (Two Wheeler -MOPED Scooter ,Colour -Black) (Victim vehicle) 2) REG.NO.- MH09 GX 8469 (Goods Carrier HGV,colour-Titanium White, (Accused vehicle)
7	Name of the address of the driver of the vehicle with particular or driving license of the said driver and the address of the issuing Authority of the said Driving License. The number of the Badge in case of public Service vehicle and the address of the issuing Authority of the said Badge.	1) Rahimatulla Alam Pathan ,Age-61 yrs, , Address- Sahara nagar,Abhar phata ,Rui galli no.10,Rui,Tal-Hatkalangale,Dist-Kolhapur, State-Maharashtra License number- NA 2) Saurabh Shivaji Chavan ,Age- 25 ,Address-Janata Galli ,Shirgaonwadi,chikodi,Dist- Belgavi State- Karnataka Licence Number- KA2320220006954 (RTO- Chikodi)
8	Name of the address of the Owner of the vehicle as it stands on the date of the accident	1) MH09 CQ 2046 (Owner-Rahimatulla Alam Pathan ,Age-61 yrs,,Address-Sahara nagar,Abhar phata ,Rui galli no.10,Rui,Tal-Hatkalangale,Dist-Kolhapur, State-Maharashtra 2) MH09 GX 8469 (Owner- Vinayak Annapa Varade,Houseno.193,Sutar Galli, Sarnobatwadi, Shivaji University,Tal-Karvir Dist-Kolhapur State-Maharashtra
9	Name of the address of the Insurance company with whom the vehicle was insured and the Divisional office of the said insurance certificate	1) REG.No.-MH09 CQ 2046 -NA 2) REG.NO.- MH09 GX 8469 Policy Number AVO/2315/20069716 OFFICE Address- Ground Floor Plot no 45/46 Maya Apartment Bassaiye Nagar,Aurangabad,Maharashtra 431001
10	No Of Insurance Policy / Insurance Certificate and the date of the validity of the Insurance policy / Insurance Certificate	1) REG.NO.- MH09 GX 8469 Policy Number AVO/2315/20069716 From 00.00 Of 28/02/2026 To Midnight Of 27/02/2027
11	Action taken if any the result there of	Cr.No.566/2025 BNS 106(1),125(A),281,324(2),MV ACT 184
12	IO Name	Sambhaji Bhoskar (Police Sub Inspector)
13	Police Station	Shivajinagar

Stamp Of Police Station

Police Inspector Shivajinagar Police Station Ichalkaranji ★ Dist.Kolhapur ★ सत्यमेव जयते

(Sambhaji Bhoskar)
Police Sub Inspector
Shivajinager Police Station,
Ichalkaranji,Kolhapur

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