COMP AA FORM

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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.	74/26 BNS 106(1),281,125(A)125(B) MV ACT 184,146/196
3.	Date Time and place of the accident	22/01/2026 - 14.00 AT CHOKAK VILLAGE ON SANGALI TO KOLHAPUR ROAD
4.	Name of the Injured / Deceased	1) JITENDRA BABASO DARURE - 35 -DEAD
5.	Name of Hospital to which he / she was removed	1) C.P.R.HOSPITAL -- KOLHAPUR 2) YASH PRABHA HOSPITAL - MIRAJ
6.	Number of vehicles and type of the vehicle	01 1] MOTOR 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] JITENDRA BABASO DARURE - AGE -35 AT POST MALLEWADI DIST. SANGLI TA- MIRAJ -
8.	Name and the address of the owner of the vehicle as it stands on the date of the accident.	1 JITENDRA BABASO DARURE - AGE -35 AT POST MALLEWADI DIST. SANGLI TA- MIRAJ
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	74/26 BNS 106(1),281,125(A)125(B) MV 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