FROM COMP A A
[See Rules 253 @,254 (c) (iii) , 254 (1) (iv)]
REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1	Name of the police station	JUNA RAJWADA POLICE STATION KOLHAPUR
2	CR NO/TAR No./SDE No.	CR NO 792/2025 BNS 106(2), 281,125 (A),125 (B),119/177, 177/17 (1), MV ACT – 184, 134 (A)(B) DATE – 25 /12/2025 TIMING – 00.50 ENTRY NO-03
3	Date Time and place of the accident	DATE 23.12.2025 TIMING 23.30, SAKOLI RANAKALYAKDE JANARYA TAVTE VAKHAR RODE VAR, KILLEDAR HOSPITAL SAMOR, CHATRAPATI SHIVAJI PETH, KOLHAPUR
4	Mame of the ijured / Deceased	Deceased –1) SANDIP SHIVAJI POWAR, A/P- AAYREKAR GALLI, CHATRAPATI SHIVAJI PETH, KOLHAPUR IJURED 2) SHAILESH SHIVKUMAR KADAM A/P- RAJGHAT RODE CHATRAPATI SHIVAJI PETH, KOLHAPUR
5	Name of Hospital to which he/ she was removed.	DIMAND HOSPITAL KOLHAPUR
6	Number of vehicles and typd of the vehicles	1) FOUR WHEELER NO MH -09-DM -7222
7	Name and address of the Driver of the vehicle with particulars or Drriving Licenseof the side Driver and the address of theIssuing Authority of the said Driving License The number of Badge in case of Public Service Vehicle and the address of the Issuing Authorityof the said Badge.	1) AMOL ALIS ROHIT VIJAY JADHAV ADD – 1751 A WARD SAKOLI CORNER, KARVEER, SHIVAJIPETH, KOLHAPUR LICENSE NO- RTO - MCWG- VALIDITY –
8	Name and address of the owner of the vehicle as it stands on the date of the accident.	HARSHAVARDHAN SHREEKANT JADHAV ADD – 1751 A WARD SAKOLI CORNER, KARVEER, SHIVAJIPETH, KOLHAPUR
9	Name and address of the insurance Company with whom the vehicle was insured and the Divisional office of the said Insurance company.	FOUR WHEELER NO -MH -09-DM -7222 Insurance company- MAGMA HDI GENERAL INSHURANCE CO.LIMITED
10	Number of insurance policy/Insurance Cirtificate and the Date of Validity of the insurance policy	POLICY NO- P0026100023/4190/101161 VALIDITY -05/04/2026
11	Action taken if any and the result thereof	TAPASAVAR
12	Inspector of police	SHRI KIRAN LONDHE
13	Police station	JUNA RAJWADA POLICE STEATION KOLHAPUR