FORM COMP AAनमुना

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.	८९/२०२६ भारतीय न्याय संहिता कलम २८१, १२५|ब|,१०६|१|,मो.वा.का.क १८४,
3.	Date Time and place of the accident	दिनांक १६/०३/२०२६ रोजी रात्री ८.३० वा.चे सुमारास हेरले गावातील संदिप कोले यांचे घरामसोर असले सांगली ते कोल्हापुर जाणारे रोडवर,
4.	Name of the Injured / **Deceased**	अमित सुनिल लोखंडे वय ३५ रा.मातंग समाज,हेरले ता.हातकणंगले
5.	Name of Hospital to which he / she was removed	सिपीआर हॉस्पीटल,कोल्हापुर
6.	Number of vehicles and type of the vehicle	०१ १| आराम बस क्रमांक एआर ०१ टि ९०६३
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.	हारुण मेहबुब मुल्ला रा.कराड रोड,आईस्क्रीम फॅक्टरीचे पाठीमागे,विटा जि.सांगली
8.	Name and the address of the owner of the vehicle as it stands on the date of the accident.	राहुल शंकर मुदगल रा.कांडगाव ता.करवीर
9.	Name and address of the insurance Company with whom the vehicle was insured and the Divisional Office of thesaid Insurance Company.	दि न्यु इंडिया एश्योरन्स
10	Number of Insurance Policy / Insurance Certificate and the Date of Validity of the insurance Policy / Insurance Certificate	१५१२००३१२५०१०००००७१७३
11	Action taken, if any and the result thereof	८९/२०२६ भारतीय न्याय संहिता कलम २८१, १२५|ब|,१०६|१|,मो.वा.का.क १८४,

पोलीस निरीक्षक
हातकणंगले पोलीस ठाणे

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