FORM COMP AA

[See Rules 253 (C), 254 (c)(iii), 254 (80 255(1)(iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1	**Name of the Police Station**	Kankavali Police Station
2	**CR.NO Section**	Kanlavali police thane CR-No-346/2025 BNS क 106(1) 281, 125(a), 125(b)
3	**Date, Time and Place of the accident**	Date- 31/12/2025, Time- 11.00 At- मुंबई-गोवा महामार्गावरील, हुंबरट येथील ओव्हर ब्रिजजवळ, मुंबईकडुन गोव्याच्या दिशेने येणऱ्या लेनवर ता. कणकवली, जि. सिंधुदुर्ग
4	**Name Of the Deceased**	अमान अब्दुल गणी खतीब, रा. 517 मधील वाडा, ता. राजापुर, जि. रत्नागिरी
5	**Name of Hospital to which he/she was removed**	Sub District Hospital Kankavali,
6	**Number Of Vehicles and type of the vehicles**	01) TATA MOTORS LTD ट्रक नंबर MH 09 Q 5967 02) KTM ADVENTURE 390 मोटार सायकल क्र- MH 12 SN 6043
7	**Name and address of the Driver of the vehicle with particulars or Driving License of the saod driver and the address of the issuing authority of the said Driving License. The number of Badge in case of Public Service Vihicle and the address of the Issuing Authority Of the said Badge**	01) TATA MOTORS LTD ट्रक नंबर MH 09 Q 5967 Driver NAME- हरीष सर्जेराव पाटील वय-53 वर्षे Add :- राह. कौलव, ता. राधानगरी, जि. कोल्हापूर मो. नं :- 9421113384 Driving License No- MH 09 20100056920
8	**Name and address of the Owner of vehicle as it stands on the date of the accident.**	NAME- हरीष सर्जेराव पाटील वय-53 वर्षे Add :- राह. कौलव, ता. राधानगरी, जि. कोल्हापूर मो. नं :- 9421113384 Permenent add- राह. कौलव, ता. राधानगरी, जि. कोल्हापूर मो. नं :- 9421113384
9	**Name and address of the Insurance Company with whom the vehicle was insured and the Divisional office of the said Insurance Company**	इन्शुरन्स नाही.
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 there of**	Inspecter of Police Kankavali Police Station