

FORM COMP AA
(See Rules 253(C), 234(5)(iii), 254(2), 255(1)(Xiv))
REPORT ABOUT THE MOTER VEHICLES ACCIDENTS

1	Name of the Police Station	SHAHAPUR POLICE STATION
2	Cr/No. Tar/ No. SEC No	I - 122/24 IPC 304(a), 279, 337, 338 MV ACT 184, 187
3	Date, time and place of the accident	Date 19/03/2024 time- 06.00 pm atagaon railway station road, Mumbai- Nashik Agra Highway Road
4	Name of the Injured / deceased	DEAD- Sampat Baburav Padekar ADD - om Sai Ram apartment, room no 202 diva, Thane
5	Name of the Hospital to which he / she was removed	SUB-District Hospital, Shahapur
6	Number of Vehicle and the types of the vehicle	Accused Vehicle- TATA MOTORS LTD Truck RJ09GC9507
7	Name and address of the driver of the vehicle with particulars of: driving license of the said driver 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?	Accused Vehicle Driver - BHUPENDRA SINGH DEVDA Add- 131 Uit Colony Near Water Tank ,Purohiton Ki Madri,girwa,udaipur,Rajsthan-313001 Accused Driving License- RJ27 20200002431
8	Name and Address of the Owner of the Vehicle as it stand on: the date of the accident?	Accused Vehicle- TATA MOTORS LTD Truck RJ09GC9507 Owner Name- Surenderpal Singh Karela Add- NEAR MASJID BHEERANI, HANUMANGARH, Hanumangarh- 335503
9	Name and address of the Insurance company with whom the : Vehicle was insured and the Divisional office of the said Insurance Company?	HDFC ERGO General Insurance Company Ltd
10	No. of Insurance Policy Insurance Certificate and the date of the : Validity of the Insurance policy/ Insurance certificate.	2315205119882601000 Validity Date- 20-Dec-2024
11	Action taken, if any, and the result thereof	Chargesheet Submit

DATE- 29/01/2025


INSPECTOR OF POLICE
SHAHAPUR POLICE STATION

NB : This Form should accompany with all the necessary document viz (1) FIR (2) Panchnama,
(3) Medical Certificate / Post Mortum Report.