

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 - 134/24 IPC 304(a), 337,338 M.V act 187, 132(i)(a),133,134
3	Date, time and place of the accident	Date 24/03/2024 time- 10.45 am Golbhan, Shahapur, Thane, Maharashtra, India
4	Name of the Injured / deceased	INJURED- Dharmendr Kumar Harinarayn Das Add- 21 shirchok mohanpur dhanraj anchan mahuja dist vaishali rajya bihar
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- EICHER PRO TRUCK MH18BZ8199
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 - JITENDR KUMAR MAHTO At - Khairagada Dist Girdih Zharhkand Driving License- WLC MH18BZ8199
8	Name and Address of the Owner of the Vehicle as it stand on: the date of the accident?	Accused Vehicle- MH18BZ8199 Owner Name- Shreenathji Constructions AAKASH CHANDRESHBHAI PATEL At- 17 DADUSING COLONY SHIRPUR, TAL SHIRPUR DIST DHULE, Dhule- 425405
9	Name and address of the Insurance company with whom the : Vehicle was insured and the Divisional office of the said Insurance Company?	The New India Assurance Company Limited
10	No. of Insurance Policy Insurance Certificate and the date of the : Validity of the Insurance policy/ Insurance certificate.	31090031230350006287 Validity- 21-Aug-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.