

FORM COMP.AA [See Rules 253 ©, 254 ( c) (iii, 254 (80), 255 (1) (iv)] REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

|    |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                         |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1  | Name of the Police Station                                                                                                                                                                                                                                                                   | :- Kasara Police Station, Dist. Thane R.                                                                                                                                |
| 2  | CR.NO./TAR No./SDE No.                                                                                                                                                                                                                                                                       | Cr. No. 18/2025 BNS- 281, 125(a)(b) M.V.Act.- 184,                                                                                                                      |
| 3  | Date, Time and Place of the accident.                                                                                                                                                                                                                                                        | Date- 02/02/2025, 03-15 pm onwards on Nashik-Mumbai Highway Road at near umbarmali Railway Bridge on Mumbai lane, Village-Umbarmali                                     |
| 4  | Name of the <u>Injured</u> / Deceased                                                                                                                                                                                                                                                        | Pandurang Dada Dhapate, Age-18 yrs, Add- Pethyacha Pada, Po. Shirol, Tal. Shahapur, Dist. Thane                                                                         |
| 5  | Name of Hospital to which he / she was removed                                                                                                                                                                                                                                               | 1) Ruaral Hospital Khardi, and<br>2) Anurag Hospital Khardi                                                                                                             |
| 6  | Number of vehicles and type of the vehicle.                                                                                                                                                                                                                                                  | 1.Suzuki Scooty No. MH-05/BL-6605 (Complainant M.Cycle)<br>2. Scoda Car No MH-15/FT-7900 (Accuse Vehicle)                                                               |
| 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. | <b>Dipak Kashinath Chaure</b> , Age-30 Yrs,<br>Address :- At. Sakode, Po. Dangsaundane, Tal. Satana, Dist. Nashik<br><br>MH-4120170001991<br>R.T.O. – Malegaon          |
| 8  | Name and address of the Owner of the vehicle as it stands on the date of the accident                                                                                                                                                                                                        | <b>Scoda Car No MH-15/FT-7900</b><br><b>Anil Murlidhar Deshmukh, (Owner Name)</b><br>Address :- Sr.NO.7281, 80A, Shubhastu Banglow, Mahatma Nagar, Nashik, Dist. Nashik |
| 9  | Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.                                                                                                                                                         | <b>Scoda Car No MH-15/FT-7900</b><br>Bajaj Allianz General Insurance Company Ltd.<br><br>Add- Bajaj Allianz House, Airport Road, Yerwada, Pune-411006                   |
| 10 | Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy / Insurance Certificate.                                                                                                                                                                  | <b>Scoda Car No MH-15/FT-7900</b><br>Policy No & Certificare No. OG-25-2003-1801-00006692<br>Date of Validity :- 02/01/2025, 00-01 to Dt. 01/01/2025, Midnight          |

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|----|------------------------------------------------|-----------------------------------|
| 11 | Action taken, if any. And the result there of. | Chargesheet                       |
| 12 |                                                | Inspector of Police.Suresh Gavitt |
|    |                                                | KASARA .Police Station            |

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

*Suresh Gavitt*  
**पोलीस निरीक्षक**  
**कसारा पोलीस स्टेशन**