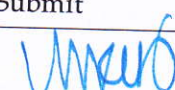


FORM COMP AA  
( See Rules 253(C), 234(5)(iii), 254(2), 255(1)(Xiv) )  
REPORT ABOUT THE MOTER VEHICLES ACCIDENTS

|    |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                              |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1  | Name of the Police Station                                                                                                                                                                                                                                                                                                    | SHAHAPUR POLICE STATION                                                                                                                                                                                                                                                                                                      |
| 2  | Cr/No. Tar/ No. SEC No                                                                                                                                                                                                                                                                                                        | I - 246/24 IPC 304(a),279, 337,338 M.V act<br>184, 187, 132(i)(a),133,134                                                                                                                                                                                                                                                    |
| 3  | Date, time and place of the accident                                                                                                                                                                                                                                                                                          | Date 09/06/2024 time- 04.00 pm Khardi<br>To Vashind Near Rod Khardi Tal<br>Shahapur                                                                                                                                                                                                                                          |
| 4  | Name of the Injured / deceased                                                                                                                                                                                                                                                                                                | <b>DEAD-</b> Sachin Nivrutti Pagare Add- Patil<br>Nager Vashind Purv Tal-Shahapur Dist-<br>Thane<br><b>INJURED-</b> 1) Kishori Sachin Pagare Add-<br>Sanjay Lahu Gavate Yanchi Room Patil<br>Nager Vashind Tal- Shahapur Dist -<br>Thane<br>2) Saykta Sachin Pagare Add- Patil Nager<br>Vashind Purv Tal Shahapur Dist Thane |
| 5  | Name of the Hospital to<br>which he / she was removed                                                                                                                                                                                                                                                                         | SUB-District Hospital, Shahapur                                                                                                                                                                                                                                                                                              |
| 6  | Number<br>of Vehicle and the types of the vehicle                                                                                                                                                                                                                                                                             | <b>Accused Vehicle-</b> UNKNOWN<br><b>Victim Vehicle -</b> HONDA SHINE<br>MH15EJ1459                                                                                                                                                                                                                                         |
| 7  | Name and address of the driver of the vehicle<br>with particulars of: driving license of<br>the said driver driver and the address of the<br>issuing<br>Authority of the said Driving License, the<br>number of the Badge in case of Public<br>Service Vehicle and the address of the issuing<br>Authority of the said Badge? | <b>Accused Vehicle Driver -</b> UNKNOWN<br><b>Accused Driving License-</b> UNKNOWN<br><b>Victim Vehicle Driver -</b> Sachin Nivrutti<br>Pagare At Patil Nager Vashind Purv Tal<br>Shahapur Dist Thane<br><b>Victim Driving License-</b> WLC<br>MH15EJ1459                                                                    |
| 8  | Name and<br>Address of the Owner of the Vehicle as it<br>stand on: the date of the accident?                                                                                                                                                                                                                                  | <b>Accused Vehicle-</b> UNKNOWN<br><b>Owner Name-</b> UNKNOWN                                                                                                                                                                                                                                                                |
| 9  | Name and address of the Insurance<br>company with whom the :<br>Vehicle was insured and the Divisional office<br>of the said Insurance Company?                                                                                                                                                                               | UNKNOWN                                                                                                                                                                                                                                                                                                                      |
| 10 | No. of Insurance Policy Insurance Certificate<br>and the date of the :<br>Validity of the Insurance policy/<br>Insurance certificate.                                                                                                                                                                                         | UNKNOWN                                                                                                                                                                                                                                                                                                                      |
| 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.