

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 - 263/24 BNS 281,125(a),125(b) M.V act 184
3	Date, time and place of the accident	Date 17/08/2024 time- 07.15 pm Service Road, Asangaon Brij Shahapur
4	Name of the Injured / deceased	INJURED- Navinya Hemant Kadam AGE-13 YEARS ADD-Rathi Society Asangaon, Tal-Shahapur
5	Name of the Hospital to which he / she was removed	Siddheshwar Hospital, Shahapur
6	Number of Vehicle and the types of the vehicle	Accused Vehicle- Scooty MH04KZ3896 Victim Vehicle - Autorickshaw MH04KX2541
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 - Kailas Chandar Pawar Driving License- MH0420200015964 Victim Vehicle Driver-Sachin Khandu Bhoir Driving License-MH0520210035830
8	Name and Address of the Owner of the Vehicle as it stand on: the date of the accident?	Accused Vehicle- Scooty MH04KZ3896 Name- Kailas Chandar Pawar
9	Name and address of the Insurance company with whom the : Vehicle was insured and the Divisional office of the said Insurance Company?	ICICI Lombard General Insurance Co. Ltd.
10	No. of Insurance Policy Insurance Certificate and the date of the : Validity of the Insurance policy/ Insurance certificate.	3005/TV-16534668/00/000 18/10/2024 Validity-17/10/2026
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.