

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 - 300/24 BNS 125(a),125(b),281 M.V act 184 ,187, 132(i)(a),133,134
3	Date, time and place of the accident	Date 02/09/2024 time- 07.00 cherpoli ghat Cherpoli Tal-shahapur
4	Name of the Injured / deceased	INJURED- Rajesh Sundarrao Nilamwar Add- Railway Officers Quarters, Flat No F/2/24, Opp Parel Workshop, Mumbai
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- HONDA CARS INDIA LTD CITY 1.5 VX MT I.DTEC MH46AL4145 Victim Vehicle- MARUTI SUZUKI INDIA LTD ERTIGA SMART HYBRID VXI MH01EF8962
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 - Yogesh Ashok Kene At Kene Ali, Opp Old Regd. Office At/post- Shahapur, Dist Thane Thane Driving License- MH0420140039207 Victim Vehicle Driver - Rajesh Sundarrao Nilamwar Add- Railway Officers Quarters, Flat No F/2/24, Opp Parel Workshop, Mumbai Driving License- MH3019860001618
8	Name and Address of the Owner of the Vehicle as it stand on: the date of the accident?	Accused Vehicle- MH46AL4145 Owner Name- Yogesh Ashok Kene At- Kene Ali Opp Registrar Office, Shahapur, Dist Thane, Thane-421601
9	Name and address of the Insurance company with whom the : Vehicle was insured and the Divisional office of the said Insurance Company?	SBI General
10	No. of Insurance Policy Insurance Certificate and the date of the : Validity of the Insurance policy/ Insurance certificate.	PBMC000000166931 Validity- 13-Feb-2025
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.