

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 - 48/24 IPC 304 (a), 279,337,338 M.V act 184,187
3	Date, time and place of the accident	Date 02/02/2024 time- 01.11 am Service Road, Asangaon Brij Shahapur
4	Name of the Injured / deceased	Dead- UNKNOWN
5	Name of the Hospital to which he / she was removed	SUB-DISTRICT HOSPITAL, SHAHAPUR TAL-SHAHAPUR
6	Number of Vehicle and the types of the vehicle	UNKNOWN
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?	UNKNOWN
8	Name and Address of the Owner of the Vehicle as it stand on: the date of the accident?	UNKNOWN
9	Name and address of the Insurance company with whom the : Vehicle was insured and the Divisional office of the said Insurance Company?	UNKNOWN
10	No. of Insurance Policy Insurance Certificate and the date of the : Validity of the Insurance policy/ Insurance certificate.	UNKNOWN
11	Action taken, if any, and the result thereof	A-Final 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.