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		:-	Kudal
2.	CR. NO./TAR No./ SDE No.		:-	**270/2026**
3.	Date, Time and place of the accident.		:-	Date 06.08.2026 at 15.30 hrs. At- SaiPrasad Motar Driving School Kudal Tal-Kudal ,Dist-sindhudurg
4.	Name of the Injured / Deceased		:-	1) Vina Shrikrushna Mayekar (Injured)
5.	Name of Hospital to which he /she was removed.		:-	1) Goa Vijan Hospital Mhapusa Goa
6.	Number of vehicles and type of the vehicle.		:-	**1) MH 07 Q 7584 Hyundai I 10 SPORTZ**
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.		:-	**1) MH 07 Q 7584 Hyundai I 10 SPORTZ** **Name –** Shrihari Shashikant Bakshi Age- 62 yrs Address- At. Nabarwadi Kudal, Tal-Kudal ,Dist- Sindhudurg **Driving License –** MH0720010004608 RTO -sindhudurg
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.		:-	**1) MH 07 Q 7584 Hyundai I 10 SPORTZ** **Name –Shubha Shashikant Bakshi** Address- At. Nabarwadi Kudal, Tal-Kudal ,Dist- Sindhudurg **Driving License – Paper not Avilable**
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.		:-	**1) MH 07 Q 7584 Hyundai I 10 SPORTZ** Insu. Company **Paper not Avilable** AT-- **Paper not Avilable** Policy No
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.		:-	**1) MH 07 Q 7584 Hyundai I 10 SPORTZ** Insu. Company **Paper not Avilable** AT-- **Paper not Avilable** Policy No
11.	Action taken, if any, and the result thereof.		:-	Chargesheeted Court case no – **RCC 91/2026 Date 12/10/2026**

Police Inspector

kudal police station

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