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	:-	BANDA
2.	CR. NO./TAR No./ SDE No.	:-	17/2026 BNS- 281,106(1),125(b) mv act 184
3.	Date, Time and place of the accident.	:-	Date- 04-03-2026 Time-- 03.20 place- insuli]khamdev naka near brij, tal-sawantwadi
4.	Name of the Injured /Deceased	:-	Deceased -shaury sachin tuyekar age-04,add-tilari charatha, colany tal-sawantwadi Injured --veena sachin tuyekar age-35 add-tilari charathacolany tal-sawantwadi
5.	Name of Hospital to which he /she was removed.	:-	yashoda orthopaedic hospital
6.	Number of vehicles and type of the vehicle.	:-	1) toyato korola altis no.MH-01-AN-9090
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) sachin vasudev tuyekar age 39 add-tilari charathacolany tal-sawantwadi DL No -MH 07 20050005211
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	1) High court Mumbai pin code 400032
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	1) The New india Assurance co.ttd Policy no 17060131250100001248
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	date 3-7-2025 to date 2-7-2026
11.	Action taken, if any, and the result thereof.	:-	Charjsheet send to court

Ass. Inspector of Police,
Banda Police Station.