10 **FORM COMP AA**

(sec Rules 253 (c), 254 (c) (iii), 254 (80 255 (1) (iv))

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1	Name of the Police Station	Deglur, dist.Nanded
2	CR.NO./TAR No./SDE No.	225/2025 U/S 281,106(1),125(A)(B) Bhartiya Naya Shanhita-2023
3	Date, Time and Place of the accident.	22/04/2025 at 07.19 hrs Deglur To Tamlur Road near farm Laxmam Kolnure At Narangal Tq.Deglur dist. Nanded.
4	Name of the Injured / Deceased	1. Datatray Ganpat Khandekar age 57 Year r/o 2.Puspa Yadav Kamble age 34 Year Ing 3.Nanda Sudhakar Nilam age 35 Year 4. Sinita Angadrav Gangnar age 41 Year all Tamlur At Tamlur Tq.Deglur Dist Nanded
5	Name of Hospital to Which he/she was removed	Govt. Hospital Deglur Dist Nanded
6	Number of vehicles and type of the vehicle	TS 16 UC 2846 Auto
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.	Shaikh Maulana Shaikh Fakrodin age 32 year r/o Sultan Peath Tq Madnur Dist Kamaraddy at p. Deglur Ghumdbes RTO Bodhan TS 21620150004572
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	Shaikh Pasha Shaikh Jainodin age 60 year Chandrashekhar Collny Nizamabad
9	Name and address of the insurance Company with whom the vehicle was insured and the Divisional office of the said insurance Company.	Future General Insurance Co.ltd Nizamabad
10	Number of Insurance Policy/ Insurance Certificate and the date of Validity of the insurance Policy/ Insurance Certificate.	132/02/22/0226/mtp/1010038675
11	Action taken if any and the result there of	An offence has been registered against the accused. After completion of investigation Charge-sheet has been submitted.

Inspector of Police
Police Station Deglur
Dist. Nanded (M.S)

जबाब

दिनांक 24/04/2025

मी राहुल दत्तात्रय खांडेकर वय 30 वर्ष व्यवसाय शेती रा.तमलुर ता.देगलुर जि.नांदेड मो.नं.9561848469.

समक्ष पोलीस ठाणे देगलुर येथे हजर येऊन जबाब देतो की, मी वरील ठिकाणी राहणारा असुन मला तीन बहिनी असुन त्यांचे लग्न झाले आहे. माझे वडील दत्तात्रय गणपत खांडेकर वय 57 वर्ष हे व मी शेती करुन कुंटूंबाची उपजिवीका भागवित होतो.

माझे वडील दत्तात्रय गणपत खांडेकर हे तिरुपती येथे देवदर्शनासाठी गेले होते. ते दि. 22/04/2025 रोजी सायंकाळी 04.30 वाजताचे सुमारास देगलुर येथे आले होते. सायंकाळी 07.19 वाजताचे सुमारास मी माझे वडील दत्तात्रय गणपत खांडेकर यांचे मोबाईल क्रं. 8600370717 वर कॉल केला असता कोणीतरी इसमाने माझ्या वडीलांचा फोन उचलुन सांगीतले की, देगलुर ते तमलुर जाणारे रोडवर नरंगल चे अलीकडे लक्ष्मण बळीराम कोळनुरे यांचे रोडलगत असलेल्या शेताजवळ ऑटो पल्टी होऊन माझे वडीलांचा अपघात झाला असुन ते गंभीर जखमी झाले आहेत असे सांगीतल्याने मी व माझे नातेवाईक असे घटनास्थळी गेलो असता घटनास्थळावर एक ऑटो ज्याचा क्रं. TS-16-UC-2846 हा पल्टी झालेला दिसला व माझे वडील डांबरी रोडवर रक्त भंबाळ होऊन पालथ्या अवस्थेत दिसले व त्यांचे बाजुला पुष्पा यादव कांबळे रा.तमलुर, सुनिताबाई अंगदराव गंगनर रा.तमलुर हे देखील गंभीर जखमी अवस्थेत दिसले. मी जखमीकडे विचारपुस करता त्यांनी सांगीतले की, ते व माझे वडील असे तमलुर येथे येण्यासाठी देगलुर येथुन ऑटो क्रं. TS-16-UC-2846 ने येत असतांना नमुद ऑटोचे चालकाने त्याचे ताब्यातील ऑटो हा हयगय व निष्काळजीपणे भरधाव वेगात चालवुन ऑटो पलटी केला आहे. तेंव्हा आम्ही माझे वडील व जखमींना उपचार कामी सरकारी दवाखाना देगलुर येथे आणले असता डॉक्टरांनी माझ्या वडीलाना तपासुन मयत झाले असल्याचे कळविले आहे.

तरी दि. 22/04/2025 रोजी सायंकाळी 07.19 वाजताचे सुमारास ऑटो क्रं. TS-16-UC-2846 च्या चालकाने त्याचे ताब्यातील ऑटो हा हयगय व निष्काळजीपणे भरधाव वेगात चालवुन ऑटो पलटी करुन माझे वडीलांचे मृत्युस व ऑटोतील इतर लोकांच्या जखमीस कारणीभुत झाला आहे. ऑटो क्रं. TS-16-UC-2846 च्या चालकावर कायदेशीर कारवाई होणेस विनंती आहे. माझ्या वडीलांचा अपघातामध्ये मृत्यु झाल्याने मी दुखात असल्याने तक्रार देण्यास विलंब झाला आहे.

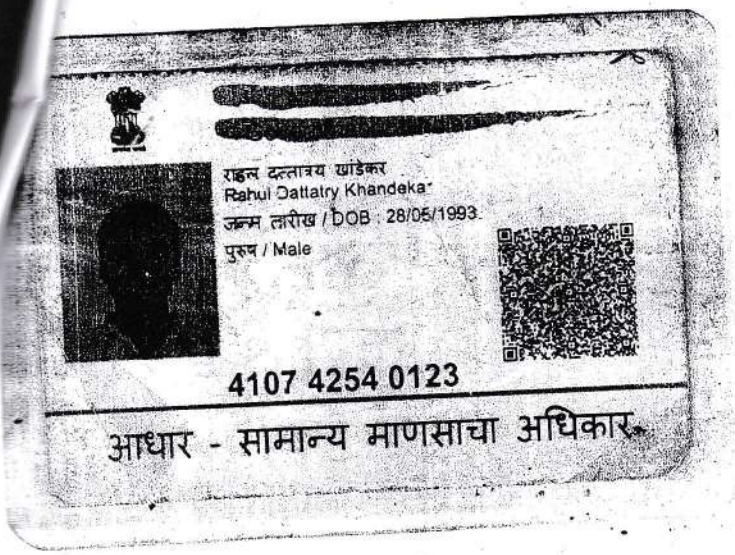
माझा वरील जबाब माझे सांगणे प्रमाणे संगणकावर टाईप केला त्याची प्रत करुन मला वाचण्यास दिली माझे सांगणे प्रमाणे बरोबर व खरा आहे.

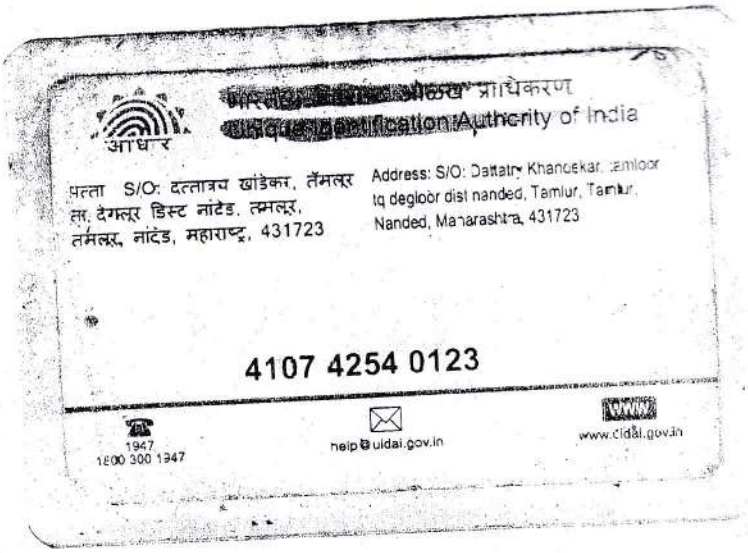
समक्ष

हा जबाब दिला सही
Rahul

दि. 24/04/2025 रोजी SD No 49 वेळ 21.15 वा वर
गु.र.नं. 225/2025 कलम 281, 106(1), 125(A), 125(B) BNS प्रमाणे मा. पो.नि.सो. यांचे आदेशाने गुन्हा दाखल करुन पुढील तपास कामी पो.उप.नि. फड सो. यांचेकडे दिला.

ठाणे अमलदार
पोलीस स्टेशन देगलूर जि. नांदेड

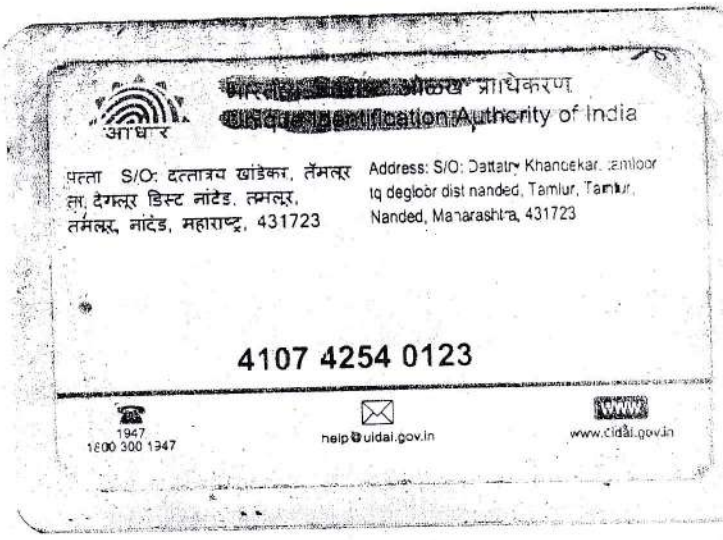

राहुल दत्तात्रय खांडेकर
Rahul Dattatry Khandeka
जन्म तारीख / DOB : 28/05/1993
पुरुष / Male
4107 4254 0123
आधार - सामान्य माणसाचा अधिकार


आधार
Unique Identification Authority of India
पत्ता S/O: दत्तात्रय खांडेकर, तेंमलूर
Address: S/O: Dattatry Khandekar, Temloor
4107 4254 0123
1947
1800 300 1947
help@uidai.gov.in
www.uidai.gov.in

राहुल दत्तात्रय खांडेकर
Rahul Dattatry Khandeka
जन्म तारीख / DOB : 28/05/1993
पुरुष / Male

4107 4254 0123

आधार - सामान्य माणसाचा अधिकार



आधार

Unique Identification Authority of India

पत्ता S/O: दत्तात्रय खांडेकर, तेमलूर ता. देगलूर डिस्ट नांदेड, तमलूर, तमलूर, नांदेड, महाराष्ट्र, 431723

Address: S/O: Dattatry Khandekar, Temloor tq degloor dist nanded, Tamlur, Tamlur, Nanded, Maharashtra, 431723

4107 4254 0123

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

(I.O. धर्टा)

N.C.R.B (एन.सी.आर.बी)

I.I.F.-I (एकीकृत अन्वेषण फॉर्म - १)

FIRST INFORMATION REPORT

(Under Section 173 B.N.S.S)

प्रथम खबर अहवाल

(कलम बी एन एस एस १७३ च्या अंतर्गत)

1. **District (जिल्हा):** नांदेड **P.S.(ठाणे):** देगलूर

FIR No.(प्रथम खबर क्र.): 0225 **Year (वर्ष):** 2025

Date and Time of FIR (प्र. ख. दिनांक आणि वेळ): 24/04/2025 21:24

2.

S.No. (अ.क्र.)	Acts (अधिनियन)	Sections (कलम)
1	भारतीय न्याय संहिता (बी एन एस), 2023	281
2	भारतीय न्याय संहिता (बी एन एस), 2023	106(1)
3	भारतीय न्याय संहिता (बी एन एस), 2023	125(a)
4	भारतीय न्याय संहिता (बी एन एस), 2023	125(b)

3. (a) **Occurrence of offence (गुन्ह्याची घटना):**

1. **Day(दिवस):** मंगलवार
Time Period (कालावधी): पहर 7
Date From (दिनांक पासून): 22/04/2025
Date To (दिनांक पर्यंत): 22/04/2025
Time From (वेळेपासून): 19:19 बजे
Time To (वेळेपर्यंत): 19:19 बजे

(b) **Information received at P.S. (माहिती मिळालेले पोलीस ठाणे):**

Date (दिनांक): 24/04/2025 **Time (वेळ):** 20:00 बजे

(c) **General Diary Reference (रोजनामचा संदर्भ):**

Entry No. (नोंद क्र.): 049

Date & Time (दिनांक आणि देळ): 24/04/2025 21:15 बजे

4. **Type of Information (माहितीचा प्रकार):** लेखी

5. **Place of Occurrence (घटनास्थळ):**

1.(a) **Direction and distance from P.S.(पोलीस ठाण्यापासून दिशा व अंतर):**

पूर्व, 15 किमी **Beat No. (बिट क्र.):**

(b) **Address (पत्ता):** देगलुर ते तमलुर जाणारे रोडवर,नरंगल चे अलीकडे लक्ष्मण बळीराम, नरंगल जवळ,देगलुर

(c) **In case, outside the limit of this Police Station, then (या पोलीस ठाण्याच्या हद्धीबाहेर असल्यास):**

Name of P.S.(पोलीस ठाण्याचे नाव):

District(State) (जिल्हा(राज्य)):

6. **Complainant / Informant** (तक्रारदार/माहिती देणारा):

(a) **Name** (नाव): राहुल दत्तात्रय खांडेकर

(b) **Father's/Husband's Name**(वडील / पती चे नाव) :

(c) **Date/Year of Birth** (जन्म तारीख/वर्ष): 1995

(d) **Nationality** (राष्ट्रीयत्व): भारत

(e) **UID No.** (यु.आय.डी. क्र.):

(f) **Passport No.**(पारपत्र क्र.):

Date of Issue (दिल्याची तारीख):

Place of Issue (दिल्याचे ठिकाण):

(g) **ID details (Ration Card,Voter ID Card,Passport,UID No.,Driving License, PAN)** ओळखपत्र विवरण (राशन कार्ड ,मतदाता कार्ड ,पासपोर्ट, यूआईडी सं., ड्राइविंग लाइसेंस, पैन कार्ड)

S.No. (अ.क्र.)	ID Type (ओळखपत्राचा प्रकार)	ID Number (ओळखपत्राचा क्रमांक)
1		

(h) **Address** (पत्ता):

S.No. (अ.क्र.)	Address Type (पत्याचा प्रकार)	Address (पत्ता)
1	वर्तमान पता	तमलुर ,देगलुर,देगलूर,नांदेड,महाराष्ट्र,भारत
2	स्थायी पता	तमलुर ,देगलुर,देगलूर,नांदेड,नहाराष्ट्र,भारत

(i) **Occupation** (व्यवसाय):

(j) **Phone number** (फोन नं.):

Mobile (मोबाइल नं.): 91-9561848469

7. **Details of known/suspected/unknown accused with full particulars** (माहीत असलेल्या /संशयीत/अनोळखी आरोपीचा संपूर्ण पत्ता):

S.No. (अ.क्र.)	Name (नाव) Alias (उर्फनाव)	Relative's Name (नातेवईकाचे नाव)	Present Address (वर्तमान पता)
1	अटो क्रं. TS-16-UC-2846 चा चा चालक		1. नाव गाव माहित नहीं,देगलूर, नांदेड,महाराष्ट्र,भारत

8. **Reasons for delay in reporting by the complainant/informant** (तक्रारदार/माहिती देणा-याकडून तक्रार करण्यातील विलंबाची कारणे):

9. **Particulars of properties of interest** (संबंधीत मालमत्तेचा तपशील):

S.No. (अ.क्र.)	Property Category (मालमत्ता वर्ग)	Property Type (मालनत्ता प्रकार)	Description (वर्णन)	Value(In Rs/-) (मुल्य (रू.

10 Total value of property (In Rs/-)
(चोरीस गेलेल्या मालमत्तेचे एकूण मुल्य (रू. मध्ये)):

11.Inquest Report / U.D. case No., if any
(इन्क्वेस्ट अहवाल/ अकस्मात नृत्यू प्रकरण क्र.,जर असल्यास)):

S.No. (अ.क्र.)	UIDB Number (यु.आय.डी.बी.क्र.)

12.First Information contents (प्रथम खबर हकीकत):

जबाब दिनांक 24/04/2025
मी राहुल दत्तात्रय खांडेकर वय 30 वर्ष व्यवसाय शेती रा.तमलुर ता.देगलुर जि.नांदेड मो.नं.9561848469.
समक्ष पोलीस ठाणे देगलुर येथे हजर येऊन जबाब देतो की, मी वरील ठिकाणी राहगारा असुन मला तीन बहिनी असुन त्यांचे लग्न झाले आहे. माझे वडील दत्तात्रय गणपत खांडेकर वय 57 वर्ष हे व नी शेती करुन कुंटूबाची उपजिवीका भागवित होतो.
माझे वडील दत्तात्रय गणपत खांडेकर हे तिरुपती येथे देवदर्शनासाठी गेले होते. ते दि. 22/04/2025 रोजी सायंकाळी 04.30 वाजताचे सुमारास देगलुर येथे आले होते. सायंकाळी 07.19 वाजताचे सुमारास मी माझे वडील दत्तात्रय गणपत खांडेकर यांचे मोबाईल क्रं. 8600370717 वर कॉल केला असता कोणीतरी इसमाने माझ्या वडीलांचा फोन उचलुन सांगीतले की, देगलुर ते तमलुर जाणारे रोडवर नरंगल चे अलीकडे लक्ष्मण बळी राव कोळनुरे यांचे रोडलगत असलेल्या शेताजवळ अॅटो पलटी होऊन माझे वडीलांचा अपघात झाला असुन ते गंभीर जखमी झाले आहेत असे सांगीतल्याने मी व माझे नातेवाईक असे घटनास्थळी गेलो असता घटनास्थळावर एक अॅटो ज्याचा क्रं. TS-16-UC-2846 हा पल्टी झालेला दिसला व माझे वडील डांबरी रोडवर रक्त भंबाळ होऊन पालथ्या अवस्थेत दिसले व त्यांचे बाजुला पुष्पा यादव कांबळे रा.तमलुर, सुनिताबाई अंगदराव गंगनर रा.तमलुर हे देखील गंभीर जखमी अवस्थेत दिसले. मी जखमीकडे विचारपुस करता त्यांनी सांगीतले की, ते व माझे वडील असे तमलुर येथे येण्यासाठी देगलुर येथुन अॅटो क्रं. TS-16-UC-2846 ने येत असतांना नमुद अॅटोचे चालकाने त्याचे ताब्यातील अॅटो हा हयगय व निष्काळजीपणे भरधाव वेगात चालवुन अॅटो पलटी केला आहे. तेव्हा आम्ही माझे वडील व जखमींना उप्चार कामी सरकारी दवाखाना देगलुर येथे आणले असता डॉक्टरांनी माझ्या वडीलांना तपासुन मयत झाले असल्याचे कळविले आहे.
तरी दि. 22/04/2025 रोजी सायंकाळी 07.19 वाजताचे सुमारास अॅटो क्रं. TS-16-UC-2846 च्या चालकाने त्याचे ताब्यातील अॅटो हा हयगय व निष्काळजीपणे भरधाव वेगात चालवुन अॅटो पलटी करुन माझे वडीलांचे मृत्युस व अॅटोतील इतर लोकांच्या जखमीस कारणीभुत झाला आहे. अॅटो क्रं. TS-16-UC-2846 च्या चालकावर कायदेशीर कारवाई होणेस विनंती आहे. माझ्या वडीलांचा अपघातानध्ये नृत्यु झाल्याने मी दुखात असल्याने तक्रार देण्यास विलंब झाला आहे.
माझ वरील जबाब माझे सांगणे प्रमाणे संगणकावर टाईप केला त्याची प्रत काढुन मला वाचण्यास दिली माझे सांगणे प्रमाणे बरोबर व खरा आहे.
समक्ष हा जबाब दिला सही

13. **Action taken: Since the above information reveals commission of offence(s) u/s as mentioned at Item No. 2.** (केलेली कारवाईः बाब क्र.२ मध्ये नमूद केलेल्या कलमान्वये वरील अहवालावरून अपराध घडल्याचे.)

(1) **Registered the case and took up the investigation:**
(प्रकरण नोंदविले आणि तपासाचे काम हाती घेतले):

or (किंवा)

(2) **Directed (Name of I.O.)** (तपास अधिका-याचे नाव):
narhari trimbak phad
Rank (पद): SI (Sub-Inspector) **No.**(क्र.): DGPNTPM8602
to take up the Investigation (ला तपास करण्याचे अधिकार दिले) **or** (किंवा)

(3) **Refused investigation due to** (ज्या कारणामुळे तपास करण्यास नकार दिला):

or (ज्या कारणामुळे तपास करण्यास नकार दिला)

(4) **Transferred to P.S.**
(गुन्हा दुसरीकडे पाठविला असल्यास त्या पोलीस ठाण्याचे नाव):

District (जिल्हा):
on point of jurisdiction (को क्षेत्राधिकार के कारण हस्तांतरित) .

F.I.R. read over to the complainant / informant,admitted to be correctl recorded and a copy given to the complainant / informant free of cost. (
खबर तक्रारदाराला/खबरीला वाचून दाखविली, बरोबर नोंदविली असल्याचे त्याने मान्य केले आणि तक्रारदाराला/खबरीला खबरीची प्रत मोफत दिली.)

R.O.A.C.(आर. ओ .ए .सी.)

14 **Signature/Thumb impression of the complainant / informant.**
(तक्रारदाराची/खबर देणा-याची सही/अंगठा):

Rahul

15. **Date and time of dispatch to the court**
(न्यायालयात पाठवल्याची तारीख व वेळ):

ठाणे अमलदार
पोलीस स्टेशन देगलूर जि. न

Signature of Officer in ci Police Station
(ठाणे प्रभारी अधिका-याची स्वाक्षरी

Name (नाव): MARUTI SHR
Rank(पद): I (Inspector)
No.(सं.): API

Form :II

CRIME DETAILS FORM

घटनास्थळ पंचनामा / गुन्हयाच्या तपशीलाचा नमुना

1. State महाराष्ट्र -Dist नांदेड -P.S देगलूर -FIR/Proceeding/G.D.No 225 -Year 2025 -Date 24/04/2025
राज्य जिल्हा पोलीस ठाणे प्रथमखबर क्र/कार्यवाही क्र. वर्षे दिनांक.

2. Acts and Section : भा.न्या.स. कलम- 106(1), 281, 125(A), 125(B) अन्वये
अधिनियम व कलमे :

3. The place of Occurrence shown by :
घटनेचे ठिकाण दाखविणाऱ्याचे संपुर्ण नांव व पत्ता :

Name: नंदा निलम Fathers / Husband Name : सुधाकर निलम
नांव : पित्याचे / पतीचे नांव:

Adress : तमलूर ता. देगलूर जि. नांदेड
पत्ता :

4. TYPE OF CRIME (All including M.O Crime) :
गुन्हयाचा प्रकार (गुनहयाच्य सर्व पध्दतीसह) :

(i)* Major Head : मृत्यूस कारणीभूत होणे (ii) Classification of Major Head :
प्रधान शिर्ष : प्रधान शिर्षाचे वर्गीकरण :

(iii)* Mathod (s)
पध्दती :

1 —
2 —
3

(iv) * Conveyances used : TS-16-UC-2846 ऑटो
वापरलेली वाहने :

(v) * Character assumed :
केलेले वेषांतर/ केलेली बतावणी:

(vi) * Language / S. lang. used :
वापरलेली भाषा/बोली भाषा :

(vii) * Special Feature- 1 :
विशेष वैशिष्ठय १ :

(iv) * Special Feature- 2 :
विशेष वैशिष्ठय २:

* Special Feature- 3 :
विशेष वैशिष्ठय ३:

(viii)* Type of place of Occurrence : नरंगल ते तमलूर जाणारे रोडवरील लक्ष्मण बळीराम कोळूरे यांचे शेतातवळा मौजे नरंगल शिवार.
घटनेच्या ठिकाणाचा प्रकार :

(1) (2)

(3) (4)

5. Perticulersof the victims (Attach separate sheet, if required) :

बळीचा तपशील (आवश्यक असल्यास स्वतंत्र्य कागद जोडावा) :

Sr No अ. क्र.	Full Name संपुर्ण नांव	Date/ Year of Birth जन्म तारीख / वर्षे	Sex लिंग	Nationality राष्ट्रीयत्व	Religion धर्म	Whether SC/ ST जाती / जमाती	Occupation व्यवसाय	Adress पत्ता	Injury: Grievous Simple दुखःपत गंभीर / साधी
1	2	3	4	5	6	7	8	9	10
1>	दत्तात्रय गणपत खाडेकर	57 वर्षे	पु	भारतीय	हिंदू	-	शेती	तमलूर ता. देगलूर	अपघाताने मयत.
2>	पुष्पा यादव कांबळे		स्त्री	-do-		अनु.जा	शेतमजूरी	-do-	जखमी
								-do-	-do-
3>	सुनिताबाई बगदराव नागनर		स्त्री	~~हिंदू~~ -do-	हिंदू	-	शेती	-do-	-do-
4>	नंदाबाई कुमार निलम	35 वर्षे	-do-	-do-		अनु.जा	शेतमजूरी	-do-	-do-

6. Motive of crime :-

गुन्हयाचा हेतू : जखमी करण्यास व मयतास कारणीभूत झाला.

7. Details of property Stolen/Involved : [Use appropriate prescribed forms (s) and attach] :

चोरीच्या अंतर्भूत मालमत्तेचा तपशील (योग्य नमुना वापरावा व सोबत जोडावा) :

—

—

—

—

8. Descriptin of the place of occurance :

घटनेच्या जागेचे वर्णन :

आम्ही एन. टी. फड, पोलीस उपनिरीक्षक, पो. स्टे. देगलूर नी पचनाम्यालीज नमूद दोन पंचाना बोलावून पो. स्टे. गु. र. न. 225/25 कलम - 106(1), 281, 125(अ), 125(ब) भा. न्या. सं. मध्ये घटनास्थळ पंचनामा करणे आहे तुम्ही पंच म्हणून हजर रहा. असे कळविल्यावरून पंच स्वखुशीने संमती देऊन घटनास्थळ पंचनामा करणे कामी घटनास्थळी हजर झाले. सदर घटनास्थळी यातील साक्षीदार नामे नंदा कुमार निलम वय- 35 वर्षे व्यवसाय शेतमजूरी रा. तमलूर ता. देगलूर ह्या हजर असून साक्षी त्यांच्या घोडक्यात हकिकत सांगितली की, दि. 21/04/25 रोजी देगलूर वरून ऑटो क्र. TS-16-UC-2846 ने तमलूरकडे येत असताना वेळ अंदाजे सायंकाळी 7.19 वाजता उपमय बळीराम कोळनूर यांचे शेताजवळ मी व इतर प्रवासी बसलेल्या ऑटो चालकाने सांचे - PTO.

लाखनिपाळ येथे भरधाव वेगात हयगय व निष्काळजीपणाने चालवून पलटी करून आमच्या गावातील दत्तात्रय गणपत खाडेकर वय 57 वर्षे यांच्या मृत्यूस व आम्हा सर्वांच्यास जखमी केल्यास कारणीभूत झाला आहे ती हीच जागा आहे असे सांगून स्वतःचे बोट दाखवून घटनास्थळ दाखविले.

सदरचे घटनास्थळ हे मौजे नंगल ते मौजे तमलूर कडे जाणारे रोडवर दोन्ही गावाच्या मध्यभागी रस्त्याच्या बाजूस लक्ष्मण बळीराम कोळनूरे यांचे शेताजवळ सार्वजनिक रोडवर [illegible] असल्याचे दिसत असून सदर रोडवरून मोठ्या प्रमाणात वाहनांची [illegible] व माणसांची ये जा चालल्याचे दिसत असून सदरचा रोड हा [illegible] पक्का डांबरी रस्ता असल्याचे दिसत अंदाजे 40 फूट रुंदीचा [illegible] गाडीचे काच फुटलेले दिसत आहे. घटनास्थळाचे बाजूस [illegible] सदर घटनास्थळाची आम्ही पंचासमक्ष बारकाईने पाहणी केली असता गुन्ह्यासंबंधी काही एक मिळून आले नाही वस्तू दिसून न आल्याने जप्त करण्यात आली नाही. घटनास्थळाची चतुःसीमा खालील प्रमाणे

पूर्वेस :- मौजे तमलूर कडे जाणारा व येणारा डांबरी अंदाजे 40 फूट रस्ता

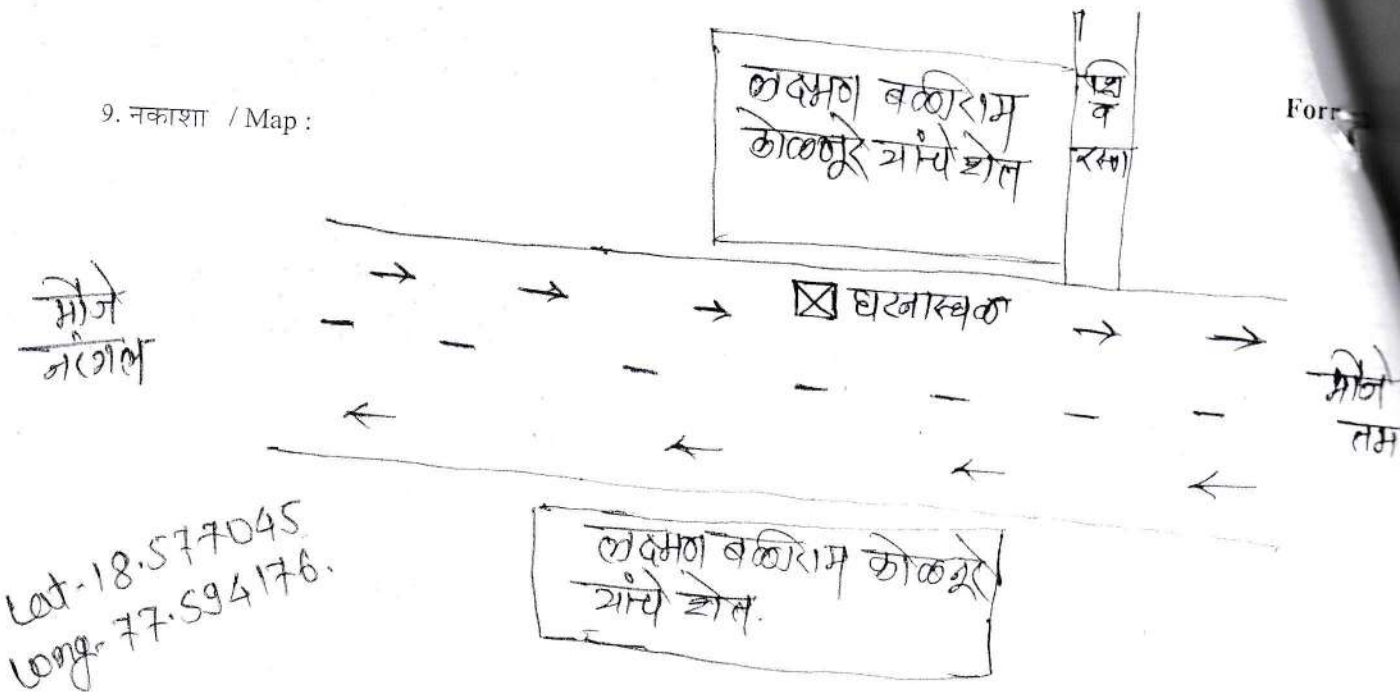
पश्चिमेस :- मौजे नंगल कडून येणारा व जाणारा डांबरी अंदाजे 40 फूट रस्ता

दक्षिणेस :- लक्ष्मण बळीराम कोळनूरे यांचे मौजे नंगल शिवारातील शेत

उत्तरेस :- लक्ष्मण बळीराम कोळनूरे यांचे मौजे नंगल शिवारातील शेत

सदरचा घटनास्थळ पंचनामा दि. 26/04/2024 रोजी 14.10 वाजता सुरू करून 14.55 वाजता समाप्त करून [illegible] आमच्या व पंचांच्या समक्ष असून दिसल्या परिस्थितीनुसार बरोबर व खरा आहे.

9. नकाशा / Map :



10. Decsription of physical evidence from the scence of crime for the property recoverd / seized for the purpose of investigation :

नकाशा तपासकामी प्रत्यक्ष परावा म्हणून गुन्हयाच्या जागेवरून मिळविलेल्या/ जप्त केलेल्या मालमत्तेचे वर्णन:

11. Date and time of panchnama

घटनास्थळ पंचनाम्याची दिनांक 26/04/2025 Time वेळ 14:10 ते 14:55 पर्यंत

12. Name of panchas

पंचाची नांवे

(1) चंद्रकांत रामलू गजभवर वय 55 वर्षे व्यव. शेती

Full Address रा. शेळगाव ता. देगलूर

पत्ता मो.नं. 8149332123

(2) लालू विश्वनाथ वनंजे वय 70 वर्षे व्यवसाय

Full Address मरखेल रा. लमलूर ता. देगलूर

पत्ता मो.नं. 8554807708

Signature of panchas

पंचाच्या सहया :

(1) .....

(2) N/P

Name and Signature of Investigation Officer

तपासिक अधिकाऱ्याची सही.

Name एन.टी. फड

नांव

Rank पो.उप.नि. B.No if any .....

पदनाम ब.क्र

पो.स्टे. देगलूर जि. नांदेड

मो.नं. 9130087444

Date 26/04/2025

दिनांक.

C. M. 67 c.

CJPN (O-127)-9-2008-5,00,000 Bks./4 lvs.-PA4*
G. R., G. D., No. 733/33, dated 16-6-41 and
G. R., H. and L. G. D., No. 723/33, dated 11-12-47,
vide Surgeon General with the Govt. of Maharashtra, Bombay's
Letter No. FRM/1462/19357/1, dated 4-7-62.]

Memorandum of a post-mortem examination held at SDH Deglour Dispensary / Hospital

on the dead body of Dattatreya Ganpatrao khanekar Village / City of Tamloor

Taluka Deglour, District Nanded, by Dr. B.S. Gaikwad

I. *General Particulars*—

1. (a) By whom was the corpse sent? — P.C 2822/ Mohan kankawale PS-Deglour

(b) Name of place from which sent. — Tamloor

(c) Distance of place from which sent. — -

2. By whom was the corpse brought? — P.C 820/ Wanare N.T PS-Deglour

3. By whom identified? — Madhav Arjun Shendage

4. The date, hour and minute of its receipt. — 22/04/2025 at 11:00PM

(a) The date, hour and minute of beginning post-mortem examination. — 22/04/2025 at 11:15 PM

(b) The date, hour and minute of ending post-mortem examination. — 23/04/2025 at 12:15 AM

5. Substance of accompanying Report from Police Officer or Magistrate, together with the date of death if known. Supposed cause of death or reason, for examination. — As per the police inquest and requisition, alleged history of RTA on 22/04/2025 near Tamloor, PS-Deglour, to know the exact cause of death PM was requested.

6. If not examined at Dispensary or Hospital—

(a) Name of place where examined.

(b) Distance from Dispensary or Hospital—

(c) Reason why the body was not sent to the Dispensary or Hospital.

} Not applicable.

II. External Examination—

7. Sex, apparent age, race or caste.

Male, 57 years.

Description of clothes and of ornaments on the body.

Blood soaked white shirt, full sleeves, white banyan and Green underwear. Silver ring in Right hand.

8. *Condition of the clothes*—Whether wet with water, stained with blood or soiled with vomit or foecal matter.

stained with blood.

9. Special marks on the skin such as scars, tattooing etc., any malformations peculiarities, or other marks of identification. State of the teeth.

Body duly identified and verified by PC on duty.

In newly born infants, the length and (if possible), the weight of the body to be recorded together with the state of the hair, nails and umbilical cord, its length, whether placenta is attached or not, if present, its size and condition.

Not applicable.

10. *Condition of body*—Whether well-nourished, thin or emaciated, warm or cold.

Averagely built and nourished cold.

11. *Rigar Mortis*—Well-marked, slight or absent; whether present in the whole body or part only.

Rigor mortis slightly present in whole body.

12. Extent and signs of decomposition, presence post-mortem lividity of buttocks, loins, back and thighs or any other part. Whether bullae present and the nature of their contained fluid. Condition of the cuticle.

No signs of decomposition.
PM lividity present on back and buttocks except on pressure areas.
Not fixed.

13. *Features*—Whether natural or swollen, state of eyes, position of tongue; nature of fluid (if any) oozing from mouth, nostrils or ears.

Features - Natural.
Eyes - closed.
Mouth - Partly open.
Tongue - clenched between front teeth
oozing of blood from ears, nostrils.

14. *Condition of skin*—Marks of blood etc. In suspected drowning the presence or absence of cutes anserina to be noted.

Marks of blood seen on torso and lower limbs at multiple places.

15. Injuries to external genitals. Indication of purging.

Intact. No purging.

16. ***Position of limbs***— Especially of arms and of fingers in suspected drowning the presence or absence of sand or earth within the nails or on the skin of hands and feet.

straight.

17. ***Surface wounds and injuries***—Their nature, position, dimensions (measured) and directions to be accurately stated-their probable age and causes to be noted.

If bruises be present what is the condition of the subcutaneous tissues ?

(***N.B.***—(When injuries are numerous and cannot be mentioned within the space available they should be mentioned on a separate paper which should be signed).

① Contusion over right side o face 7cm x 3cm size near Rigl epicanthus.
② Abrasion 5cm x 1cm size over Right forearm on dorsal aspect.
③ Pressure abrasion 3cm x 5cm or Right elbow, Red.
④ Pressure abrasion on 2nd, 3rd f knuckles of left hand, Red.
⑤ Abrasion 3cm x 1cm over left arm
⑥ Abrasion 5cm x 2cm, dorsally on right shoulder, Red.
⑦ Abrasion, 3cm x 1cm on lower back just above anal cleft, Red.
⑧ Abrasion, 3cm x 3cm in Right flan
⑨ Laceration 1cm x 1cm under 5th t of Right foot.
⑩ Abrasion 8cm x 3cm around left ankle, Red.

18. Other injuries discovered by external examination or palpation as fractures etc.

No fracture.

(a) Can you say definitely that the injuries shown against serial Nos. 17 and 18 are ante mortem injuries ?

Not applicable.

III. *Internal Examination*—

19. *Head*—

(i) Injuries under the scalp, their nature. → Hematoma, 6cm×3cm under scalp in right frontal region, occipital region- 3cm×2cm, right parietal region 9cm×2c Red colour.

(ii) *Skull*—Vault and base-describe fractures, their sites, dimensions, directions, etc. → Vault: fracture along sagittal sutur line from anterior fontanelle to post fontanelle; frontal bone fracture on both sides of size 6cm×0.5cm on right & 3cm×0.5cm on left.
Base - Intact, no fracture.

(iii) *Brain*—The appearance of its coverings, size, weight and general condition of the organ itself and any abnormality found in its examination to be carefully noted (weight M. 3 grams F. 2.75 grams). → Dura - Intact
Brain matter - Intact, No injury, congested, edematous.
Subdural hematoma allover surface of brain, red, about 60 ml.

20. *Thorax*—

(a) Walls, ribs, cartilages — No fracture

(b) Pleura — Intact, about 100 ml blood in right pleural cavity.

(c) Larynx, Trachea and Bronchi. — Intact, No foreign body seen.

(d) Right Lung } Intact, pale.

(e) Left Lung }

(f) Pericardium — Intact.

(g) Heart with weight } Intact, blood and blood clots present.

(h) Large vessels }

(i) Additional remarks. — Nil.

21. *Abdomen*—

Walls	Intact
Peritoneum	Intact
Cavity	Intact, no free fluid.
Bucal Cavity, teeth, tongue and Pharynx.	Tongue clerched between front teeth.
Oesophagus	Intact
Stomach and its contents	Intact, mucosa pale, No peculiar smell.
Small intestine and its contents.	Intact, partly loaded with faece and gases.
Large intestine and its contents.	
Liver (with weight) and gall bladder.	Intact. congested.
Pancreas and Suprarenals	
Spleen with weight	Intact, pale.
Kidneys with weight	Intact.
Bladder	Intact, empty.
Organs of generations	Not applicable.
Additional remarks with where possible, medical officer's deduction from the state of the contents of the stomach as to time of death and last meal.	Nil.
State which viscera (if any) have been retained for chemical examination and also quote the numbers on the bottles containing the same.	viscera not preserved.

22. *Spine and Spinal Cord— No injury.

Opinion as to the cause probable cause of death. complications following Head injury

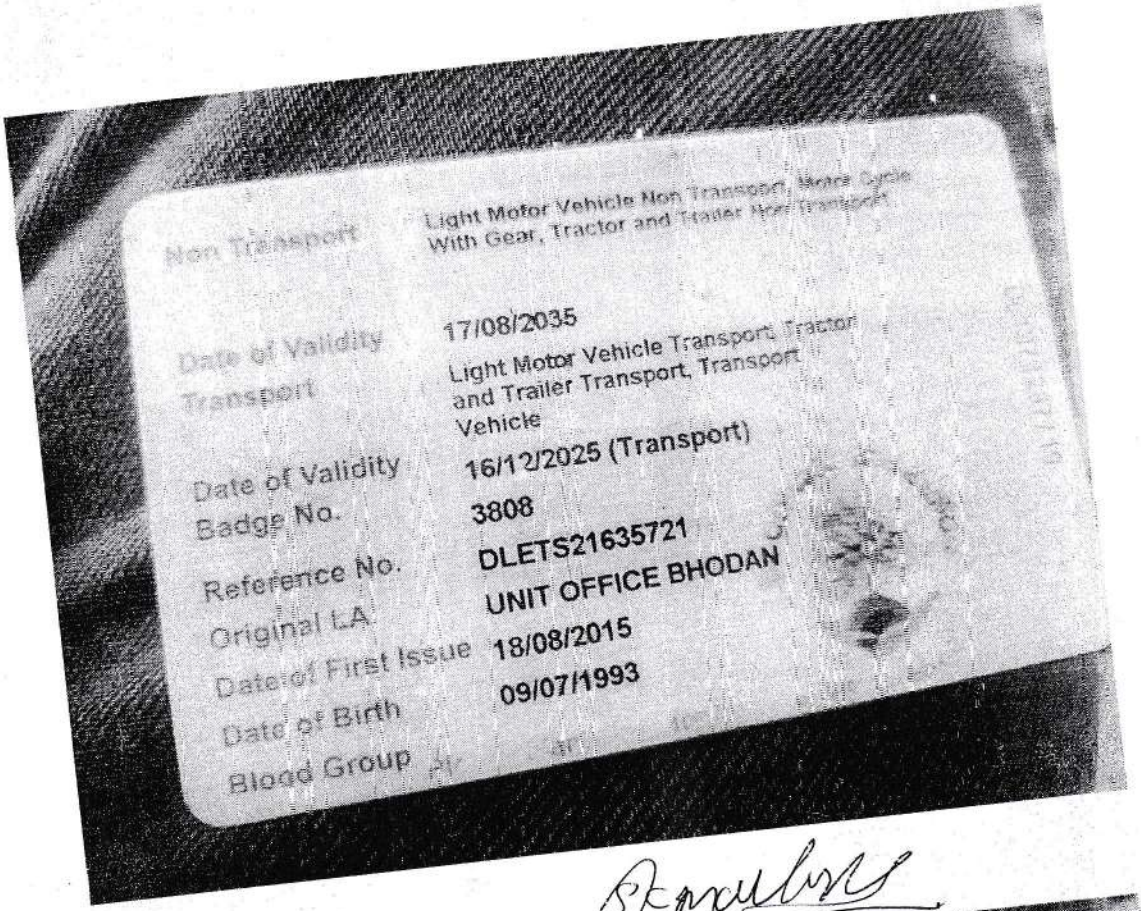
Dated 23/4/2025.

MEDICAL OFFICER
PRIMARY HEALTH CENTER SHAHAP
TQ. DEGLOOR DIST. NANDED

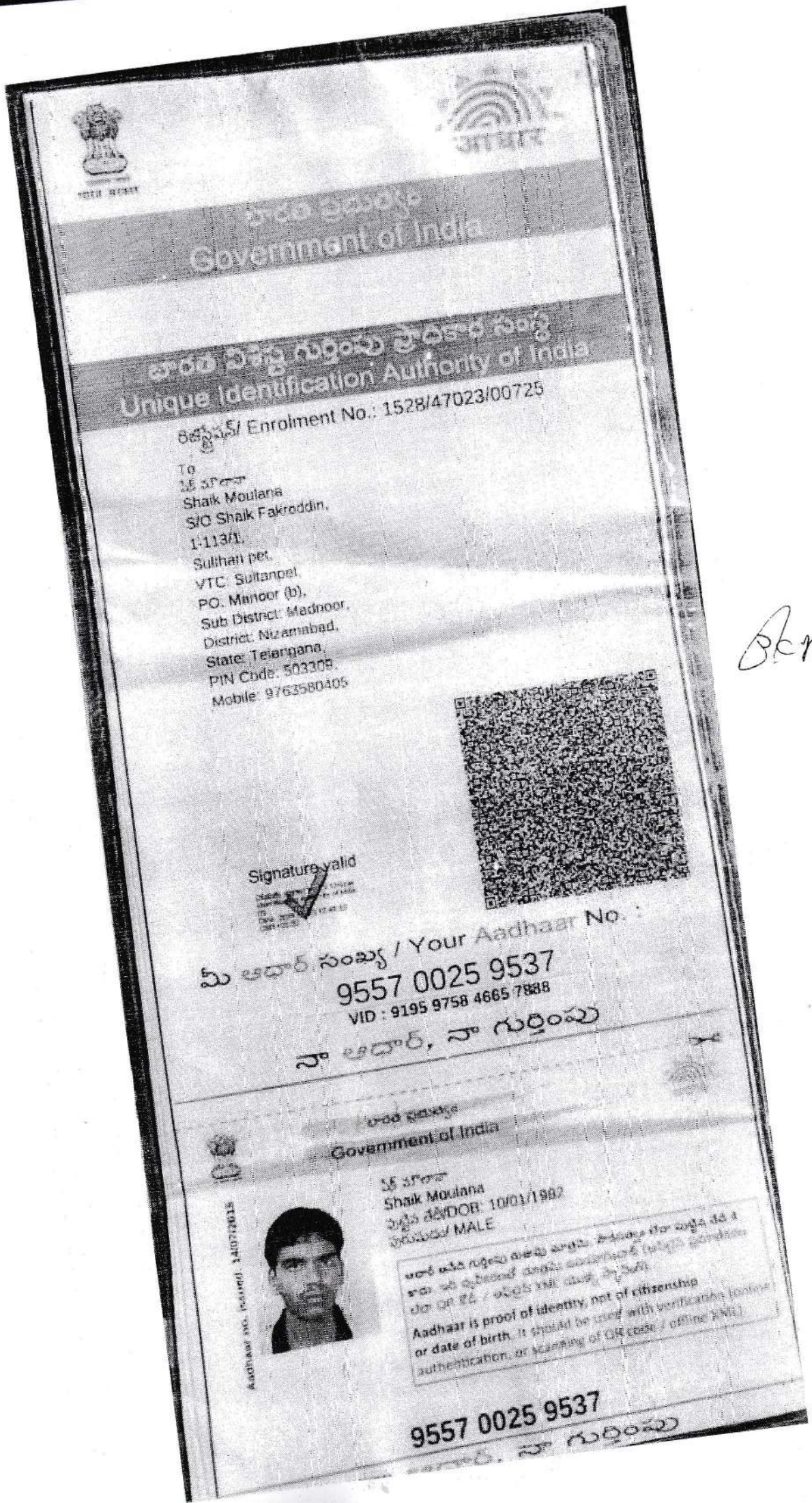
*The Spinal Cord need not be examined unless there are any indications of disease, Strychnia poisoning or injury.

Note—The report must be written and signed immediately after the examination. Medical Officers will at once despatch a duplicate copy to the Civil Surgeon of their district for record in his office.

Great care should be taken not to cut the viscera before they have been inspected *in situ*.


Non Transport
Light Motor Vehicle Non Transport, Motor Cycle With Gear, Tractor and Trailer Non Transport
Date of Validity Transport
17/08/2035
Light Motor Vehicle Transport, Tractor and Trailer Transport, Transport Vehicle
Date of Validity Badge No.
16/12/2025 (Transport)
3808
Reference No.
DLETS21635721
Original LA
UNIT OFFICE BHODAN
Date of First Issue
18/08/2015
Date of Birth
09/07/1993
Blood Group


TS21620150004572
SHAIK MOULANA
SHAIK FAKRODDIN
1-113/1
SULTHAN PET
MADNOOR
BODHAN
NIZAMABAD - 503185
Issued On: 09/02/2021
UNIT OFFICE BHODAN



భారత ప్రభుత్వం
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

నమోదు సంఖ్య/ Enrolment No.: 1528/47023/00725

To
షేక్ మౌలానా
Shaik Moulana
S/O Shaik Fakroddin,
1-113/1,
Sulthan pet,
VTC: Sultanpet,
PO: Mainoor (b),
Sub District: Madnoor,
District: Nizamabad,
State: Telangana,
PIN Code: 503309,
Mobile: 9763580405

Signature valid

మీ ఆధార్ సంఖ్య / Your Aadhaar No. :
9557 0025 9537
VID : 9195 9758 4665 7808

నా ఆధార్, నా గుర్తింపు

భారత ప్రభుత్వం
Government of India

షేక్ మౌలానా
Shaik Moulana
పుట్టిన తేదీ/DOB: 10/01/1992
పురుషుడు/ MALE

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML)

9557 0025 9537

నా ఆధార్, నా గుర్తింపు

POPULAR AUTO CONSULTANT

Estd: 22-03-2007

SALE & PURHCASE 3 & 4 WHEELER, NEW & OLD

Opp. Limra Garden Function Hall, Bodhan Road, NIZAMABAD - 503 001. (T.S.)

Date 24/2/2022

No. 59

I Mohd Nadeem

Residence of & H.No. 9-11-92 [illegible] Colony, NZB

Occupation Mechanic

Do here by solemnly and sincerly take the affirm and state as follows

That I have sold by Vehicle Piaggio

Vehicle No. TS16UC2846 Model 2019 Making Piaggio

Chassis No. MBXOOOBFXM9M59 Engine No. R9M 2126347

To Mr. Shaik Partha S/o. Shaik Zchruddin

Residence of H.No. 1-10-8 PHJ1078

Rate a sum of Rs. 54,000 (Rupees) Fifty Four Thousand only

from which sum of Rs. _____ (Rupees) _____

has been received by me towards in advance (The remaining Amount of) Rs. 10/3/2022 (1)

(Rupees) _____

Finance Amount 180,550/- Financer's Name Sri Rama Transport

Instalment Per Months Rs. 7850x23 Total Months Paid Inst. _____ Due 3 Bal. Ins 23

Tax _____ insurance DY Fitness DY Permit OK L.P. DY

will be collected from Mr. _____ on or before _____

and the all papers of Vehicle should be handover after receiving above said if infuture of any kind of cases RTO and RTA legal responsible. Any person have not pay the amount on said date the advance amount will be forfeited the matter written above that the best of my knowledge agreement Date _____

Agreement Date _____ Registration Date _____

PURCHASER

Cell: 9948869303

No Responsible for old Vehicle

DELIVERY NOTE

SELLER

Cell: 9948697080

9000898354

Delivery of Mrs. MDIMTIAZ P.M. 4:40 Date 24/2/2022

Witness

1. KHAJA
2. MOJEEB
3.

Witness

1.
2.
3.

Purchaser Sign.

Seller Sign.

Cell: 99486 97080

Mohd. Imtiyaz

POPULAR AUTO CONSULTANT

SALE & PURCHASE 3 & 4 WHEELER, NEW & OLD

Estd: 22-03-2007

Opp. Limra Garden Function Hall, Bodhan Road, NIZAMABAD - 503 001. (T.S.)

No. 39 Date 24/2/2022

I Mohsin Khan

Residence of & H.No. 9-11-92 Ahmedpura colony NZB

Occupation Mechanic

Do hereby solemnly and sincerely take the affirm and state as follows:

That I have sold by Vehicle Piagio

Vehicle No. TS16UC2846 Model 2019 Making Piaggio

Chassis No. MBX0001SFXM9N509 Engine No. R9M2126343

To Mr. Shaik Pasha S/o. Shaik Zaheruddin

Residence of H.No. 1-10-8 Phulong

Rate a sum of Rs. 54000 (Rupees) Fifty Four Thousand only

from which sum of Rs. ______ (Rupees) ______

has been received by me towards in advance (The remaining Amount of) Rs. 10/3/2022 ①

(Rupees) ______

Finance Amount 180550/- Financer's Name Sri Rama Transport

Instalment Per Months Rs. 7850x23 Total Months Paid Inst. ______ Due 3 Bal. Ins. 23

Tax ______ insurance Ok Fitness Ok Permit Ok L.P. Ok

will be collected from Mr. ______ on or before ______

and the all papers of Vehicle should be handover after receiving above said if infuture of any kind of cases RTO and RTA legal responsible. Any person Have not pay the amount on said date the advance amount will be forfeited the matter written above that the best of my knowledge agreement Date ______

Agreement Date ______ Registration Date ______

SELLER	No Responsible for old Vehicles	PURCHASER
Cell: 9912897...		Cell: 9948961344
9000898354		

Delivery of Mr. MD Imtiyaz P.M. 4:40 Date 24/2/2022

Witness
1.
2.
3.

Seller Sign.

Witness
1. K Hash
2. Mozee
3.

Sk Pasha

Purchaser Sign.

144744/TRFR1-41002/18/4/2024

FORM 35
[See Rule 61 (1)]
NOTICE OF TERMINATION OF AN AGREEMENT OF HIRE - PURCHASE LEASE / HYPOTHECATION

(To be made in Duplicate and in Triplicate where the Original Registering Authority is different the duplicate copy & the triplicate copy with the endorsement of the Registering Authority to be returned to the Financier and Registering Authority simultaneously on making the termination entry in the Certificate Registration & Form 24)

Reg.Owner : **MOHAMMAD ABDUL**
Engine No : **R9M2126347**
Chassis No: **MBX0003BFXM981509**

To,
The Registering Authority,
RTA- NIZAMABAD

I/We hereby declare that the Agreement of hire - purchase / lease/Hypothecation entered into between us has been terminated. We therefore request that the note endorsed in the Certificate of Registration of the vehicle No.**TS16UC2846** in respect of the said Agreement between us be cancelled. The Certificate of Registration together with the fee is enclosed.

Date:**18/4/2024**

x----------
Signature or Thumb impression of the Registered Owner.

For SHRIRAM FINANCE LTD.
For SHRIRAM FINANCE LTD.

Authorized Signatory
Authorised Signatory

Date:**18/4/2024**
* Strike out whichever is inapplicable

Signature of the Financier with official seal and address

OFFICE ENDORSEMENT

Ref. No:..... Office of the.....

The cancellation of entry of an agreement as requested above is recorded in this office Registration Record in Form 24 Registration Certificate on Date:_____

Date:_____

x.....
Signature of the Registering Authority.

SHRIRAM FINANCE LTD.
12-13-[illegible], 2nd Floor, Nagpack House,
Near St. Ann's School, Tarnaka,
SECUNDERABAD-500 017.
Ph: 040-27006644, Fax: 040-27004050

To
The Financier

The Registering Authority.....

.....

(To be sent to both the above parties by Registered Post Acknowledgement due)

Specimen Signatures of the Financier are to be obtained in original application for affixing and attestation by the Registering Authority with this Office Seal in Form 23 & 24 in such a manner that the part of impression of Seal on Stamp and attestation seal fall upon each signature.

Specimen Signature of the Financier.

For SHRIRAM FINANCE LTD.
For SHRIRAM FINANCE LTD.

Authorized Signatory
Authorised Signatory

For SHRIRAM FINANCE LTD.
For SHRIRAM FINANCE LTD.

Authorized Signatory

Authorised Signatory

Specimen Signature of the REGISTERED OWNER

1.....

2.....

SHRIRAM FINANCE LIMITED

Branch : SHRIRAM FINANCE LIMITED,#12-13-1274, 3rd Floor Maspack House,Tarnaka, spencers supermarket above,Secunderabad, HYDERABAD

Date : 18/04/2024

To,

RTO / Insurance Company

Dear Sir/Madam,

Sub : Cancellation of Hypothecation Endorsement in vehicle registration certificate- Reg.

Borrower Name	:	MR MOHAMMAD ABDUL
Loan Number	:	TRFR1T002130004
Vehicle Registration Number	:	TS16UC2846
Vehicle Engine Number	:	R9M2126347
Vehicle Chassis Number	:	MBX0003BFXM981509
Vehicle Make, Description & Model	:	PIAGGIO, APE PASSENGER-P , 2019

Please cancel the Hypothecation Endorsement that stands in the name of SHRIRAM FINANCE LIMITED in the certificate of registration in respect of the above mentioned Vehicle.

This No-Objection Certificate is valid for 30 days from the date of Issue.

Regards,

PP

For SHRIRAM FINANCE LIMITED.

For SHRIRAM FINANCE LTD.

Authorized Signatory

Authorised Signatory

744/TRFR1-41002/18/4/2024

FORM 35
[See Rule 61 (1)]
NOTICE OF TERMINATION OF AN AGREEMENT OF HIRE - PURCHASE LEASE / HYPOTHECATION

(To be made in Duplicate and in Triplicate where the Original Registering Authority is different the duplicate copy & the triplicate copy with the endorsement of the Registering Authority to be returned to the Financier and Registering Authority simultaneously on making the termination entry in the Certificate Registration & Form 24)

Reg.Owner :**MOHAMMAD ABDUL**
Engine No :**R9M2126347**
Chassis No: **MBX0003BFXM981509**

To,
The Registering Authority,
RTA- NIZAMABAD

I/We hereby declare that the Agreement of hire - purchase / lease/Hypothecation entered into between us has been terminated. We therefore request that the note endorsed in the Certificate of Registration of the vehicle No.**TS16UC2846** in respect of the said Agreement between us be cancelled. The Certificate of Registration together with the fee is enclosed.

Date:**18/4/2024**

x.....
Signature or Thumb impression of the Registered Owner.
For SHRIRAM FINANCE LTD.
For SHRIRAM FINANCE LTD.

Authorized Signatory
Authorised Signatory
Signature of the Financier with official seal and address

Date:**18/4/2024**
* Strike out whichever is inapplicable

OFFICE ENDORSEMENT

Ref. No:.....Office of the.....

The cancellation of entry of an agreement as requested above is recorded in this office Registration Record in Form 24 Registration Certificate on Date:_____

Date:_____

x.....
Signature of the Registering Authority.

To
The Financier

SHRIRAM FINANCE LTD.
12 13-1274, 2nd Floor, Mespack House,
Near St. Ann's School, Tarnaka,
SECUNDERABAD-500 017.
Ph: 040-27006644, Fax: 040-27004050

The Registering Authority.....

(To be sent to both the above parties by Registered Post Acknowledgement due)

Specimen Signatures of the Financier are to be obtained in original application for affixing and attestation by the Registering Authority with this Office Seal in Form 23 & 24 in such a manner that the part of impression of Seal on Stamp and attestation seal fall upon each signature.

Specimen Signature of the Financier
For SHRIRAM FINANCE LTD.
For SHRIRAM FINANCE LTD.

Authorized Signatory
Authorised Signatory

For SHRIRAM FINANCE LTD.
For SHRIRAM FINANCE LTD.

Authorized Signatory
Authorised Signatory

Specimen Signature of the REGISTERED OWNER
1.....
2.....

आधार

భారత ప్రభుత్వం
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: 0867/20047/00876

To
మొహమ్మద్ అబ్దుల్
Mohammad Abdul
S/O: Moulana
H No5-38/10
Timmanpalle
Nizamabad Telangana - 503246
9502517198

Signature valid

మీ ఆధార్ సంఖ్య / Your Aadhaar No.:
8381 1439 7861
VID : 9163 1490 8088 8167
నా ఆధార్, నా గుర్తింపు

భారత ప్రభుత్వం
Government of India

ఆధార్

మొహమ్మద్ అబ్దుల్
Mohammad Abdul
పుట్టిన తేది/DOB: 12/12/1980
పురుషుడు/ MALE

Issue Date: 23/08/2013

8381 1439 7861
VID : 9163 1490 8088 8167
నా ఆధార్, నా గుర్తింపు

సమాచారము / INFORMATION

- ఆధార్ అనేది గుర్తింపు రుజువు, పౌరసత్వానికి కాదు.
- ఆధార్ ప్రత్యేకమైనది మరియు సురక్షితమైనది.
- సురక్షిత QR కోడ్/ఆఫ్లైన్ XML /ఆన్లైన్ ప్రామాణీకరణను ఉపయోగించి గుర్తింపును ధృవీకరించండి.
- ఆధార్ లెటర్, PVC కార్డ్, ఇ ఆధార్, ఏ ఆధార్ వంటి అన్ని రకాల ఆధార్ లు సమానంగా చెల్లుబాటు అవుతాయి. 12 అంకెల ఆధార్ నంబర్ స్థానంలో వర్చువల్ ఆధార్ ఐడెంటిటీ (VID)ని కూడా ఉపయోగించవచ్చు.
- కనీసం 10 సంవత్సరాలకు ఒకసారి ఆధార్ ను అప్డేట్ చేయండి.
- వివిధ ప్రభుత్వ మరియు ప్రభుత్వేతర ప్రయోజనాలు/సేవలను పొందడంలో ఆధార్ మీకు సహాయపడుతుంది.
- మీ మొబైల్ నంబర్ మరియు ఈ-మెయిల్ ఐడిని ఆధార్ లో అప్డేట్ చేసుకోండి.
- ఆధార్ పేరును పొందండి స్మార్ట్ ఫోన్లలో ఏ ఆధార్ యాప్ను డౌన్లోడ్ చేసుకోండి.
- భద్రతను నిర్ధారించడానికి లాక్/అన్లాక్ ఆధార్/బయోమెట్రిక్స్ ఫీచర్ ను ఉపయోగించండి
- ఆధార్ ను అభ్యర్థించే సంస్థలు తగిన సమ్మతిని పొందవలసి ఉంటుంది.

- Aadhaar is a proof of identity, not of citizenship.
- Aadhaar is unique and secure.
- Verify identity using secure QR code/offline XML/online Authentication.
- All forms of Aadhaar like Aadhaar letter, PVC Cards, eAadhaar and mAadhaar are equally valid. Virtual Aadhaar Identity (VID) can also be used in place of 12 digit Aadhaar number.
- Update Aadhaar at least once in 10 years.
- Aadhaar helps you avail various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app on smart phones to avail Aadhaar Services.
- Use the feature of lock/unlock Aadhaar/biometrics to ensure security.
- Entities seeking Aadhaar are obligated to seek due consent.

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

చిరునామా:
S/O: మౌలానా, ఇంటినం5-38/10, తిమ్మాంపల్లి,
నిజామాబాద్,
తెలంగాణా - 503246

Address:
S/O: Moulana, H No5-38/10, Timmanpalle,
Nizamabad,
Telangana - 503246

8381 1439 7861
VID : 9163 1490 8088 8167

1947 | help@uidai.gov.in | www.uidai.gov.in

Signature of the Owner

Registering Authority
RTA NIZAMABAD

INSURANCE DETAILS

Vehicle Number	: TS16UC2846
Owner Name	: MOHAMMAD ABDUL
Address	: H NO 5-38/10, TIRMANPALLE,
Chassis Number	: MBX0003BFXM981509
Engine Number	: R9M2126347
Month Year of Manufacture	: 12/12/2019
Insurance Company Name	: Future Generali Insurance Co. Ltd.
Insurance Valid From	: 12/02/2025
Insurance Valid Upto	: 11/02/2026

PUC Details

PUC Certification No	: TS-PUC-20251869977
PUC Valid From	: 11/02/2025
PUC Valid To	: 10/02/2026

FITNESS CERTIFICATE

GOVERNMENT OF TELANGANA
TRANSPORT DEPARTMENT
FORM 38-CERTIFICATE OF FITNESS

NEW FC NUMBER: FC/709/2025/TG016 Issue Date: 11/02/2025

Vehicle No: TS16UC2846 IS CERTIFIED AS COMPLYING WITH THE PROVISIONS OF CHAPTER VII OF MOTOR VEHICLE ACT, 1988 AND THE RULES MADE THERE UNDER THE CERTIFICATE WILL EXPIRE ON 10/02/2027.

Chassis Number	: MBX0003BFXM981509
Engine Number	: R9M2126347
Vehicle Class	: Auto Rickshaw

MOTOR VEHICLE INSPECTOR

Transport Department, Govt. Of Telangana State

Form PUC

Sub Rule(2) of Rule 115

POLLUTION UNDER CONTROL CERTIFICATE

PUC Certificate Number: **TS-PUC-20251869977**

PTS License Number	: 5/NZB/2013
PTS License Validity	: 23-05-2025
Registration Number	: TS16UC2846
Make	: PIAGGIO VEHICLES PVT LTD
Model	: APE AUTO DX BSIV
Vehicle Class	: Auto Rickshaw
Mfg. Month/Year	: 12/2019
Type Of Engine	: 4 Stroke
BS Norms	: Bharat Stage IV
Fuel Type	: DIESEL
Test Date	: 11-02-2025 12:01:24
Odometer Reading	: 4275

S.No.	RPM	K Value (0.00 - 1.62)	HSU Value% (0.00 - 50.00)
1.	580 - 1710	0.750	27.570
2.	580 - 1620	0.000	0.000
3.	580 - 1880	0.000	0.000
Mean	580 - 1703	0.250	10.190

PUC Test Result : PASS

Tested the vehicle with Registration Number **TS16UC2846** and found **Complying** with provisions made under Sub Rule(2) of Rule 115 of Central Motor vehicle Rules, 1989.

The period of validity is from **11-02-2025** to **10-02-2026**

Authorized Signatory

Seal of PTS

Name and Address of PTS : MANGALA MURTHI PTS , 10-10-608/1, OPP RAJARAM STADIUM, NAGARAM

Mobile Number : 7569206067 , Email : ABHINAYPALLYKONDAABHINAY@GMAIL.COM

Government of Telangana
Transport Department

TRANSPORT DEPARTMENT
CERTIFICATE OF REGISTRATION
FORM 23

1742087

Registration umber	TS16UC2846
. Vehicle Class	Auto Rickshaw
. Registered wner	MOHAMMAD ABDUL
S/D/W of	MOULANA
Present ddress	H NO 5-38/10 TIRMANPALLE NIZAMABAD NIZAMABAD NIZAMABAD TELANGANA
Date Of egistration	30/01/2020

24. Registered Axle Weight s(Kgs)	
Front Axle	160
Rear Axle	570
Any Other Axle	
Tandem Axle	0
25. Tax Paid (₹.)	EXEMPTED
26. Tax valid till	

ND2B110395546

This Certificate is valid from 30/01/2020 to 29/01/2022

Registering Authority

Specimen Signature of Owner

Date 30/01/2020

RTA NIZAMABAD

ETAILED DESCRIPTION

Vehicle Class	Auto Rickshaw
Makers Name	PIAGGIO VEHICLES PVT LTD
Body Type	Hackney
). Month & Year : Manufacture	12/2019
.. No. of linder	1
:. Chassis umber	MBX0003BFXM981509
:. Engine er	R9M2126347
. Fuel Used	DIESEL
:. Horse Power	8.05
. Cubic pacity	436
'. Maker's assification	APE AUTO DX BSIV
:. Wheel Base	1920
. Seating pacity	4
. Unladen eight	426
. Colour or lour Of Body & ngs	GOLDEN YELLOW
. . Gross Vehicle eight	730
. Number, Tyre re	Description Of Size Of

The motor vehicle described is subjected to Hypothecation Aggrement with SHRIRAM TRANSPORT FIN. CO. LTD ,TARNAKA, SECUNDERABAD, HYDERABAD.,HYDERABAD For Hire/Purchase

Agreement Date: 30/01/2020

Registering Authority

Signature of Financer

Date 30/01/2020

RTA NIZAMABAD

Transaction Type : Fresh
Transaction Date : 30/01/2020

49/29

FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

Policy No : 132/02/22/0226/MTP/1010038675	Period Of Insurance : From 00:00 hours of 12/02/2025 To Midnight of 11/02/2026					
INSURED'S DECLARED VALUE						
Type of Body	For Vehicle - ₹	For Vehicle Body - ₹	For Non Elec Accessories - ₹	For Trailers - ₹	For Electrical Accessories - ₹	For Bi-Fuel Kit (CNG/LPG) - ₹	Total Value - ₹
RICKSHAW	180,000.00	0.00	-	-	-	-	180,000.00

SCHEDULE OF PREMIUM	₹		₹
A-OWN DAMAGE	581.40	B-LIABILITY	5,773.00
Basic Premium on Vehicle	87.21	Basic Premium including Premium for TPPD	50.00
Add: Lamps tyre tube mudguard bonnet side parts bumper headlight paintwork of damage	669.00	Add: Legal liability to paid driver and or conductor and or cleaner employed (No. of persons 1)	330.00
Total Own Damage Premium (A) (rounded off)		Add: Compulsory Personal Accident Rs. 15 Lacs (For 1 year From 12/02/2025 To 11/02/2026)	6,153.00
		Total Liability Premium (B)	6,822.00
		Total Annual Premium (A+B)	6,822.00
		Total Premium for the Policy Period	1,227.88
		Goods and Service Tax	8,050.00
		Total Premium (rounded off)	

Class of Vehicle: CB-Passenger Carrying - 3 Wheel & Carrying Capacity <= 6

Subject to Endorsement Nos. 15,22,23,28

I/We hereby certify that the Policy to which this Certificate relates as well as this Certificate of Insurance are issued in accordance with the provisions of chapter X and chapter XI of M .V. Act, 1988.

For FUTURE GENERALI INDIA INSURANCE CO. LTD.

(Authorized Signatory

Receipt No : X2039905
Date of Issue : 11/02/2025
Place of Issuance : Mumbai*
*Address as mentioned below

Note:This document is digitally signed by Mr Vaibhav Risbud,Authorised Signatory of Future Generali India Insurance Company Limited on 11/02/2025 .

For registration of your Motor Claims SMS MOTORCLAIM to 9222211100(Standard SMS charges applicable)

Stamp Duty of Rs. 0.50 is paid as provided under Article Policy of Insurance 47B of Indian Stamp Act, 1899 and included Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller Of Stamps, Mumbai General Stamp Office, Fort, Mumbai-400001., vide this Order No. (NO.LOA/ENF-2/CSD/08/2025 (Validity Period Dt. 23/01/2025 Dt. 31/03/2026)/OW NO. 271, Dated 16/01/2025.).GRN NO MH013959858202425E ,DATE 08/01/2025 ,BANK MAHARASHTRA ,and DEFACE NO 0007869003202425 ,DEFACE DATE 13/01/2025

Product UIN : IRDAN132RP0015V02200708

Hypothecation Agreement with:- 1)Hypothecation - SHRIRAM TRANSPORT FIN.CO.LTD

SPECIAL CONDITIONS – NIL

ADDITIONAL EXCESS – NIL

The nominee for Compulsory PA to owner driver cover is 1) MOULANA, Age: 60, Relationship: FATHER, Share Percentage: 100%

Future Generali India Insurance Company Limited ,Registered and Corporate Office address 801 and 802, 8thFloor, Tower C, Embassy 24X7 Park, L.B.S. Marg, Vikh West, Mumbai, Maharashtra - 400083 Care Line:- 1800-220-233, 1860-500-3333, 022-67837800, Email: fgcare@futuregenerali.in, Website: www.futuregenerali.in. I Regn.No. 132, CIN - U66030MH2006PLC165287.

FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

Future Secure Commercial Vehicle Package Policy

CERTIFICATE OF INSURANCE CUM POLICY SCHEDULE - Form 51 of the Central Motors Vehicles Rules, 1989

Policy Servicing Office :	1St Floor, No 102, 1-13-405/C Rukmani Chambers Vinayak Nagar, , NIZAMABAD, TELANGANA, INDIA,Pin Code :503003		
Policy No.	: 132/02/22/0226/MTP/1010038675	**Period of Insurance**	: From 00:00 hours of 12/02/2025 To Midnight of 11/02/2026
Name of Insured/Proposer	: MR MOHAMMAD ABDUL	**Covernote No.**	: **Dated: Zone:** C
CKYC No.	:	**Intermediary Name/Code**	: PEDDI CHENDU-60107704
Address	: H No 538 10, TIRMANPALLE, NIZAMABAD, TELANGANA, INDIA, Pincode : 503246	**Telephone(Mob,Hom)**	: 9912386303
		Email ID	: AERVAROHITH18@GMAIL.COM
GSTIN Number	: 0	**FGI GSTIN Number**	: 36AABCF0191R1ZA

INSURED MOTOR VEHICLE DETAILS AND PREMIUM COMPUTATION

Registration No., RTA Location	Make/Model of Vehicle	Engine No.	Chassis No.
TS-16-UC-2846, NIZAMMABAD	PIAGGIO APE AUTO DX	R9M2126347	MBX0003BFXM981509
Year of Manufacture	Cubic Capacity	Seating Capacity	Passenger Carrying Capacity
2019	435	4	3

DRIVERS CLAUSE - Any person including insured:Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learners license may also drive the vehicle when not used for the transport of goods *at the time of the accident and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules 1989.

* When the vehicle is used for passengers add the following words: when not used for the transport of passengers at time of the accident.

LIMITATIONS AS TO USE - The Policy covers use only under a permit within the meaning of the Motor Vehicle Act, 1988 or such a carriage falling under Sub-section 3 of section 66 of the Motor vehicle's Act 1988. The policy does not cover use for a) Organized racing b) Pace Making c) Reliability Trails d)Speed Testing e) Use whilst drawing a trailer except the towing (other than for reward) of any on disabled Mechanically propelled vehicle

Geographical Area : India

IMPORTANT NOTICE

The Insured is not indemnified if the vehicle is used or driven otherwise in accordance with this schedule. Any payment made by t Company by reason of wider terms appearing in the certificate in order to comply with the Motor Vehicle Act, 1988 is recoverable fro the Insured. See the clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY". For legal interpretati English version will be good.

For full details on coverage, terms, conditions and exclusions, please refer the standard policy wordings attached with this schedule.

IMPORTANT - 1) All other Terms, Conditions and Exclusions as per Policy Wordings. 2) For complete terms, conditions exclusions, please visit https://general.futuregenerali.in/customer-service/downloads/ 3) For any redressal of grievance and for escala matrix https://general.futuregenerali.in/customer-service/grievance-redressal 4) If the payment of premium amount has been m through a cheque or in online mode and (i) such cheque is dishonoured, for any reason whatsoever, upon presentation, or (ii) the on payment does not yield a credit to the bank account of FGII, or (iii) the policyholder reverses the premium amount through a chargeb the insurance cover evidenced through this policy schedule shall stand cancelled, from its inception, with immediate effect, irrespecti whether a separate communication is sent by FGII or not.

Warranted that the *Vehicle insured herewith has a valid Pollution Under Control (PUC) Certificate as on the inception date o policy.(*Not applicable for Electric Vehicles and New Non- Electric Vehicles).

LIMITS OF LIABILITY

UIN: IRDAN132RP0015V02200708

2005873

GOVERNMENT OF TELANGANA

TRANSPORT DEPARTMENT

FORM 38 - CERTIFICATE OF FITNESS

Issue Date : 11/02/2025

NEW FC NUMBER : FC/709/2025/TG016

Vehicle No. **TS16UC2846** IS CERTIFIED AS COMPLYING WITH THE PROVISIONS OF CHAPTER VII OF MOTOR VEHICLE ACT 1988 AND THE RULES MADE THERE UNDER. THE CERTIFICATE WILL EXPIRE ON

10/02/2027

REGISTER ANY GREIVANCE

Website : www.transport.telangana.gov.in

[illegible] KAMPALA

MOTOR VEHICLE INSPECTOR

Chassis Number : MBX000[illegible]981509

Discharge Summary Print

Hospital Logo

MUNDE HOSPITAL SURGICAL AND MATERNITY HOME
Near Old Bus Stand RAMPUR ROAD, Degloor Dist. Nanded 431717 Phone: 9172478101 Email: drmunde@yahoo.com

Dis.Summary Bill No	10	**Date**	2025-06-24
OPD No.	REG20001914	**IPD No.**	IPN00001848
Gender / Age	Female 33	**Patient Name**	PUSHPA YADAV KAMBLE
City	NANDED	**Marital Status**	Married
State	Maharashtra	**Mobile No.**	8830119344
Admission Date	2025-05-22	**Address 1**	SUGAON
Discharge Date	2025-05-30	**Ward / Room & Bed**	GENERAL /
		Admission Time	19:53
		Discharge Time	13:54

Consultant **Anesthesia** **Surgery Date**

Clinical Examiniation Temparature : **98** Pulse : **80** B.P. : **110/70**

Drug Allergies NAD

Final Diagnosis RTA WITH MULTIPLE CONTUSION WITH CLW

Chief Complaints H/O RTA, CLW OVER ANT ABDOMINAL WALL

Patient History NAD

Clinical Examiniation CLW OVER ANT ABDOMINAL WALL ? DEEP TO PERTONEUM

Investigation Details ATTACHED WITH FILE

Consultation

Referral

Treatment Given SUTURING AND CONSERVATIVE MANAGEMENT

Condition At Discharge STABLE

Discharge Advice

Diet

Physical Activity

Medication TAB LINCEF BD, TAB EMANZIN D BD, CAP RABICET D OD, SYR LUPIZYME TDS

Follow Up AFTER 5 DAYS

Dr. V. C. MUNDE
M.S.

Medical Officer : DR V C MUNDE

Consultant : DR V C MUNDE

Medicolegal Injury Certificate

No/MLCI 137

Rural Hospital DEGLOOR

Name of the Patient Pushpa Yadav Kambale 39Yr, fe

Date: 22/4/25 at 7:15PM

Brought by Relatives. R/o. Tamlur Tq: Deglur

Police Station: Deglur

Referance Date & Time of Exam 22/4/25 at 7:15PM

OPD/Inpatent 296

Date of Discharge 22/4/25 at 8PM

Marks of Identification

1 Thumb Impression attached

2

Kind of Injury	Measurement	Part of Body	Sample or Grivious	Weapon	Age of Injury	Remarks
(1) CLW	4 x 4cm	Left Lumbar area of Abdomen	simple	Blunt	< 24 hrs	Patient went to Private Hospital for further treatment
(2) Abrasion.	3 x 2cm	Left Lumbar area of Abdome	Simple	Blunt	< 24hrs	

Medical Officer
Rural Hospital, Deglor

Medical Officer
Sub-District Hospital, Deglor

Medicolegal Injury Certificate

No/MLCI 133

Rural Hospital DEGLOOR

Name of the Patient Sunita Angad Gangmar 52yr, Fe. Date: 22/4/25

Brought by Relatives R/o. Tamlya Tq: Deglur Police Station: Deglur

Referance Date & Time of Exam 22/4/25 at 7:15PM ~~OPD~~/Inpatent 300

Marks of Identification Date of Discharge 22/4/25

1 Thumb Impression attached.

2

Kind of Injury	Measurement	Part of Body	Sample or Grivious	Weapon	Age of Injury	Remarks
① Swelling	10 x 8 cm	Right Shoulder	Simple	Blunt	< 24 hrs	
② Swelling	8 x 4 cm	Right Elbow	Simple	Blunt	< 24 hrs	
③ Abrasion	2 x 2 cm	Right Elbow	Simple	Blunt	< 24 hrs	
④ Swelling	8 x 4 cm	Right Hip	Simple	Blunt	< 24 hrs	

Medical Officer
Rural Hospital, Degloor

Medicolegal Injury Certificate

No/MLCI 136

Rural Hospital DEGLOOR

Name of the Patient Nanda Sudhakar Nilam 35yr, fe

Date: 22/4/25

Brought by Relative R/o. Tamlyr

Police Station: Deglyr

Referance Date & Time of Exam 22/4/25 at 7:30pm OPD/Inpatent 297

Marks of Identification Date of Discharge 22/4/25

1 Thumb Impression attached

2

Kind of Injury	Measurement	Part of Body	Sample or Grivious	Weapon	Age of Injury	Remarks
(1) CLW	Left Temporal area 13x3cm	Left Temporal area	Simple	Blunt	<24hrs	
(2) Blunt Trauma	—	Right Elbow	Simple	Blunt	<24hr	

Medical Officer
Rural Hospital, Degloor