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	Nanded (R) dist.Nanded
2	CR.NO./TAR No./SDE No.	28/2025 U/S 281,106(1) Bhartiya Naya Shanhita
3	Date, Time and Place of the accident.	24/12/2024 at 19.00 hrs Wajegaon Tq. dist. Nanded.
4	Name of the Injured / Deceased	Mohamadd Ayub Mohamadd Yousuf age 49 Year r/o Mominpura Karbalaroad Itwara Tq. Dist Nanded
5	Name of Hospital to Which he/she was removed	Govt. Hospital Vishnupuri Nanded
6	Number of vehicles and type of the vehicle	MH 38 B 3265 Tractor
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 Fayaz Shaikh Hujur age 27 year r/o Jama Masjid road Wajegaon Tq. dist. Nanded MH26 20150008184 RTO Nanded
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	Ram Balajirao Shinde age 49 r/o Dhanegaon Tq. dist. Nanded
9	Name and address of the insurance Company with whom the vehicle was insured and the Divisional office of the said insurance Company.	Reliance General Insurance com.Ltd.
10	Number of Insurance Policy/ Insurance Certificate and the date of Validity of the insurance Policy/ Insurance Certificate.	6000822423580000077
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 Loha
Dist. Nanded (M.S)

N.C.R.B.
Form V-A

दोषारोप / अंतिम अहवाल

(भारतीय नागरीक सुरक्षा संहिता 2023 कलम 193 अन्वये)

FINAL FORM / REPORT (Under Section 193 B.N.S.S 2023.)

न्यायालयाचे नाव :- **मा. प्रथमवर्ग न्यायदंडाधिकारी साहेब कोर्ट 02 रे नांदेड यांचे सेवेत.**

IN THE COURT OF

1. राज्य **महाराष्ट्र** जिल्हा **नांदेड** पो.स्टे. **नांदेड ग्रामीण** पहिली खबर क्र./कार्यवाही क्र. **28** वर्ष **2025** दिनांक **17/01/2025**

   Sate District P.Stn. FIR No / Proceeding / G.D.No. Year Date

2. **दोषरोप पत्र क्र.**/ अंतिम अहवाल क्र. ..... 3) पाठवलेचा दिनांक .....

   Final Report / Charge Sheet No. Date

3. (i) अधिनियम - **भारतीय न्याय संहिता 2023** कलम :- **281, 106.**

4. (ii) अधिनियम कलम :-

   (iv) इतर अधिनियम व कलमे :- .....

5. अंतिम अहवालाचा प्रकार :- **आरोपपत्र दाखल केले** / पुराव्या अभावी आरोपपत्र दाखल केले नाही / तपास लागला नाही / आरोपी मरण पावला (योग्य ठिकाणी अशी **-/** खुन करा)

   Type of Final Form / Report : Carge Sheet / Not charge Sheeted for want of evidence / FR True, Undetected / FR True, offence abated,(tick -/applicable portion).

6. जर अंतिम अहवालाचा प्रकार :-घडलाचनाही /खोटी /वस्तुस्थितीची चुक /कायदयाची चुक /अदखलपात्र / दिवानी स्वरुप If FR Unoccurred :-False/ Mistake of Fact/Mistake of Law/Non Cognisable /Civil nature.(tick-/applicable portion).

7. जर आरोपपत्र ठेवले तर :- तात्पुरते / **मुळ** / पुरवणी (योग्य ठिकाणी -/ अशी खुन करा)

   If Charge sheet :- Provisnal / Original / Supplementary. (tick -/ applicable portion).

8. तपासी अधिका-याचे नाव:- **विजयकुमार दत्ता कांबळे** पदनाम:- **सहाय्यक** पोलीस निरीक्षक कोड नं.....

   Name of I.O. Rank No. (at the time of charge sheet)

9. अ) तक्रार दाराचे नाव :- (a) Name of complainant / informant- **रहिमाबेगम भ्र. सय्यद आय्युब**

   ब) वडीलाचे / पतीचे नाव :- (b) Father's / Husband's name - **भ्र. सय्यद आय्युब**

   कायमचा पत्ता/ Permanent Address :- **करबला रोड, इतवारा** गाव/ Village :- **नांदेड** घर नं./ House No :- पोष्ट/ Post:- मोहल्ला : Mohalla :- वार्ड / गल्ली नं. Ward / Lane No. रस्ता : Rode **करबला रोड** पोस्टे. P.S. **नांदेड ग्रामीण,** जवळचे प्रसिध्द / ओळखीचे ठिकाण/ Nearest adentifiable place :- ..... तालूका/ Tq - **नांदेड,** जिल्हा/ Dist - **नांदेड,** राज्य/ State - **महाराष्ट्र,**

10. कोर्टात दोषारोपपत्र पाठविलेले आरोपीतांची यादी (फरारी सह असल्यास) आवश्यक असल्यास वेगळा कागद जोडावा Atteched sepret sheet if required.

अ. क्र.	आरोपीताचे संपूर्ण नाव	वय	राहण्याचे ठिकाण	अटक दिनांक	न्यायालयात हजर होण्याचा दिनांक	शेरा
1	2	3	4	5	6	7
1.	**शेख फय्याज पिता शेख हुजुर मो.नं. 8421928944**	**27**	**ग्रामपंचायत जवळ जामा मस्जीद रोड वाजेगाव ता.जि. नांदेड**	**15/02/2025 रोजी 13.43 वा. स्टे.डा.नं. 23 नॉमिनल**	**भा.ना.स.सं.2023 कलम 35 (3) अन्वये नोटीस देवुन सोडण्या आले.**	

N.C.R.B.
Form V-B

नोट :- वरील दोषरोप पत्रात कोर्टात पाठवलेल्या प्रत्येक आरोपी करीता फॉर्म क्र. V E वेगळा जोडावा.
(Attach V E form separate for each accused)

11. पडताळलेल्या साक्षीदाराचे विवरण :- Particulars of witnesses to be examined

अ.क्र. Sr. No.	साक्षिदाराचे संपूर्ण नाव Name of witnesses	जन्म तारीख/वय Date of birth/age	व्यवसाय Occupation	संपूर्ण पत्ता Address	सादर करावयाचे पुराव्याचा प्रकार Type of evidence to be tendered
1	2	3	4	5	6
1.	रहिमाबेगम भ. सय्यद आयुब	39	घरकाम	रा. जामा मस्जीद जवळ, वाजेगाव ता.जि. नांदेड ह.मु. मोमीनपुरा, करबला नांदेड. मो.नं. 9325499133.	फिर्यादी
2.	प्रकाश महाजन सोळंके	63	शेती	रा. वाजेगाव ता.जि. नांदेड मो.नं. 9881645846.	घटनास्थळ पंच
3.	शेख अजीज शेख रहिम	25	ड्रायव्हर	रा. आंधेगाव ता. हिमायतनगर जि. नांदेड मो.नं. 9272150877.	घटनास्थळ पंच
4.	समशेरखान पिता बशीरखान पठाण	25	मजुरी	रा. घर नं. 172 आण्णाभाऊ साठे समाज मंदिराजवळ, वाजेगाव ता.जि. नांदेड मो.नं. 7517259534.	साक्षीदार
5	अब्दुल मुस्तफा पिता अब्दुल वहाब	23	ड्रायव्हर	रा. जामा मस्जीद जवळ वाजेगाव ता.जि. नांदेड मो.नं. 8380962446.	साक्षीदार
6.	राम बालाजी शिंदे	49	शेती	रा. धनेगाव ता.जि. नांदेड मो.नं. 8888606018	साक्षीदार
7.	डॉ. पी. शरदकुमार	--	डॉक्टर	स. द. विष्णुपुरी नांदेड	वै. अधिकारी
8.	डॉ. कृष्णापा राठोड	--	डॉक्टर	स. द. विष्णुपुरी नांदेड	वै. अधिकारी
9.	डॉ. ए. जे. पुंडगे	--	डॉक्टर	स. द. विष्णुपुरी नांदेड	वै. अधिकारी
10.	महेंद्र सवनकर	---	पोहेकॉ / 2812	पोलीस स्टेशन नांदेड ग्रामीण मो.नं. 8975527310.	दाखल अधिकारी
11.	व्ही. डी. कांबळे	--	सपोनि.	पोलीस स्टेशन नांदेड ग्रामीण मो.नं. 9823031227.	तपासी अधि.

कार्यालय पोलीस स्टेशन नांदेड ग्रामीण
सत्यमेव जयते

N.C.R.B.
Form V-C

12. तपासाचे वेळी जप्त केलेल्या / परत मिळविलेल्या / अंतर्भुत असलेल्या मालमत्तेचा / वस्तुचा / दस्तऐवजाचा तपशिल. (आवश्यक असल्यास स्वतंत्र कागद जोडावा मुद्देमाल पावतीप्रमाणे लिहू नये, खालील तक्त्याप्रमाणे सविस्तर भरावे)Details of Properties / Articles / Documents recovered / seized during investigations and relied upon (separate list can be attached, if necessary)

अ. क्र. Sr. No.	मालमत्तेचे वर्णन Property description	अदाजीत मुल्य (रुपयात) Estimated value (Rs.)	पोलीस ठाणे मालमत्ता नोंद वही क्र. P.S. Property Register No.	कोणाकडून / कोठून परत मिळविली / जप्त केली. From whom / where recovered or seized	मालमत्तेची विल्हेवाट Disposal
1	2	3	4	5	6
01.	एक लाल रंगाचे ट्रॅक्टर हेड ज्याचा पासींग क्रमांक MH 38 B 3265 ज्याचा चेसी नं. AAAA602556 व इंजीन नं. S325C91394 असा असलेला जु.वा.कि.अं.	1,00,000=00	दिनांक 28/01/2025 स्टेशन डायरी नोंद नंबर 14 वेळ 12.23	पो.स्टे.नांदेड ग्रामीण येथे	मोहरील यांचे ताब्यात.

13. घटनेची थोडक्यात हकीगत :- (आवश्यक असल्यास वेगळा कागद जोडावा) Brief facts of the case Attach sepret paper if necessary)

सादर विनंती कि, मा. हु।. कोर्ट स्थळसीमेच्या हद्दीत गोदावरी नदीजवळील, जुन्या पुलाजवळ वाजेगाव शिवारात वीट भट्टी येथे दिनांक 24/12/2024 रोजी चे 19.00 वाजताचे सुमारास यातील कॉलम नंबर 10 मधील आरोपीने त्याचे ताब्यातील ट्रॅक्टर हेड क्रमांक MH 38 B 3265 हे अविचाराने, हयगयीने, बेदरकारपणे व निष्काळजीपने चालवुन मयत नामे मोहम्मद आयुब पिता मोहम्मद युसुफ वय 49 वर्ष रा. मोमीनपुरा, करबला रोड, इतवारा, नांदेड हा वीट भट्टीवर काम करत असतांना त्याचे अंगावर ट्रॅक्टर हेड पलटी होवुन त्याखाली दबुन गंभीर जखमी होवुन मरण पावला. यातील ट्रॅक्टर हेड चालक हा निष्काळजीपणामुळे सदर मयताचे मृत्युस कारण झाला आहे.

सदरचा अपराध केल्याबाबत सदर आरोपी विरुध्द पुरावा गोळा झाला असल्याने सदर आरोपी विरुध्द गुन्हा कलम 281, 106 BNS 2023 चा गुन्हा केल्याचा दोषारोप चार्ज आहे.

पोलीस ठाणे नांदेड ग्रामीण सत्यमेव जयते

N.C.R.B.
Form V-D

14. पहीली खबर खोटी असेल तर भारतीय नागरीक सुरक्षा संहितेच्या कलम 202 / 234 अन्वये केलेली किंवा करावयाची कार्यवाही नमुद करावी. If F.I.R. is falls, indicate action taken or proposed to be taken under section 202 / 234 BNS 2023.

15. प्रयोग शाळा विश्लेशनाचे निष्कर्श :- (Result of Laboratory Analysis)

16. फिर्यादीला भारतीय न्या.संहितेच्या कलम 193 प्रमाणे त्याने दिलेल्या तक्रारीचे निरसन केल्याबद्दल कळविलेचा दिनांक:-Information given to complainant about his complaint's Police disposal date:- .....

17. सोबत जोडलेल्या सहपत्रांची संख्या (Inclosed papers No.) .....

टिप :- 1) सदर गुन्ह्यातील फिर्यादी, पंच व साक्षीदार यांचे नावे मा. न्यायालयाकडुन समन्स पाठविण्यास विनंती आहे.

2) सदरची केस मा. न्यायालयात सरकारच्या वतीने शासकिय अभियोक्ता हे चालवतील.

3) सदर गुन्ह्याचे दोषारोप पत्र आणि दोषारोप पत्रासोबत सादर करण्यात आलेल्या तपासाचे कागद पत्रांच्या छायांकित प्रतीचे सदर गुन्ह्यातील आरोपीस मा. न्यायालयाकडुन पुरविण्यासाठी या सोबत जोडुन सादर करण्यात आल्या आहेत.

4) सदर गुन्ह्या संबंधाने अधिक पुरावा लागल्यास मागावुन मा. न्यायालयात सादर करण्याची परवानगी असावी.

कार्यालय पोलीस ठाणे नांदेड ग्रामीण सत्यमेव जयते

18. पोलीस ठाणेचे प्रभारी अधिका-याची सही
(Signature of the incharge of the Police Station)
नाव Name :- **ओमकांत चिंचोलकर**
पदनाम Designation **पोलीस निरीक्षक**
कोड नं. Codr No. .....
नेमणुक Posting **पोलीस स्टेशन नांदेड ग्रामीण**

तपासीक अधिका-याची सही
(Signature of the Investigation Officer)
नाव Name :- **विजयकुमार दत्ता कांबळे**
पदनाम Designation **सहा. पोलीस निरीक्षक**
कोड नं. Codr No. .....
नेमणुक Posting **पोलीस स्टेशन नांदेड ग्रामीण**

N.C.R.B.
Form V-E

आरोपपत्र ठेवलेल्या आरोपीचा तपशिल (प्रत्येक आरोपीसाठी स्वतंत्र कागद जोडावा)

Particulars of accused persons charge-sheeted : (Use separate sheer for each accused)

आरोपी अटक रजि. क्र. Accused arrest Reg. No.

(i) नाव Name - **शेख फय्याज पिता शेख हुजुर** पडताळणी केली काय? Whether verified होय

(ii) वडील/पतीचे नाव : Father's / Husband's name - **शेख हुजुर** (iii) जन्मतारीख / वय : Date / Year of birth - **27**

(iv) लिंग : Sex - **पुरुष** (v) राष्ट्रीयत्व : Nationality - **भारतीय** (vi) पासपोर्ट क्र. : Passport No. ..... दिलेचा दिनांक : Date of Issue .....ठिकाण : Place of Issue .....

(vii) धर्म :Religion **मुस्लीम** (viii) अनु.जाती/जमातीचा आहे काय? : **होय** Whether SC/ST/OBC/SC

(ix) व्यवसाय : Occupation **ड्रायव्हर**

(x) आरोपीचा पत्ता :- Address **ग्रामपंचायत जवळ जामा मस्जीद रोड वाजेगाव ता.जि. नांदेड** ..... पडताळणी केली काय? : Whether verified होय

(xi) तात्पुरता गुन्हेगार क्र. (eg. A1, A2) : Provisional criminal No. **A1**

(xii) नियमीत गुन्हेगार क्र. (माहीत असल्यास) (अंगुलीमुद्रकाकडुन आल्यास) ..... Regular Criminal No. (if known) if after conviction received by Fingar Print Beuro.

(xiii) आरोपी अटक तारीख : Date of arrest **15/02/2025 वेळ 13.43 वाजता SD.NO. 23 वर**

(xiv) जामीनावर सोडल्याचा दिनांक : Date of release on bail दि. **15/02/2025 नॉमिलन अटक करुन रोजी BNSS 2023 कलम 35 (3) अन्वये नोटीस देवुन सोडण्या आले.**

(xv) न्यायालयात पाठवलेचा दिनांक : Dare on which forwarded to court

(xvi) कोणत्या अधिनियमाखाली व कलमाखाली:-Under Acts & Section **कलम 281, 106 BNS.**

(xvii) जामीनदाराचे नाव व पत्ता :- Details of bailers / sureties

नाव : Name ..... वडीलाचे / पतीचे नाव : Father's/Husband's name .....व्यवसाय : Occupation .....पत्ता : Addres आरोपीचे ओळख चिन्ह : Identification **पाठीवर तीळ**

(xviii) प्रकरणाचे संदर्भासह पूर्वीची अपराधसिध्दी : Previous convictions with case references

(xix) आरोपीची स्थिती : Status of the accused

पुढे पाठविले / **कलम 35 (3) भा.ना.सु.सं. 2023 अन्वेय पोलीसांनी जामीनावर सोडले** / पोलीस कोठडीत / न्यायालयाने जामीनावर सोडले/ न्यायालयीन कोठडीत / फरारी उद्घोषित अपराधी (योग्य ठिकाणी अशी -/ खुन करा)

Forwarded / Bailed by police / Bailed by court / Judicial custody / Absconding / Proclaimed offender (tick -/ applicable portion).

(xx) दोषरोप पत्राप्रमाणे कोर्टात पाठविलेल्या आरोपीचा फोटो (Photo of charge sheeted accused)

व्ही.डी.कांबळे
सहा.पोलीस निरिक्षक
पो.स्टे.नांदेड ग्रामीण

दि.07/01/25

जबाब

मी रहीमा बेगम भ्र. सय्यद अयुब वय 39 वर्षे व्यवसाय घरकाम रा. जामा मस्जिद जवळ वाजेगाव ता.जि.नांदेड, ह.मु. मोमीनपुरा करबला नांदेड मो.नं. 9325499133 समक्ष पोलीस स्टेशन नांदेड ग्रामीण येथे हजर येवुन तक्रारी जबाब नोंदवुन घण्यास सांगते की, मी वरील ठीकाणी माझे पति व मुलांबाळासह राहते.मी व माझे पति सय्यद अयुब दोघे मीळुन आमच्या विट भट्टीवर काम करुन उपजीवीका भागवितो.

दि. 24/12/24 रोजी सायंकाळी 07.00 वा. सुमारास आमचे मौजे वाजेगाव शिवारातील विटभट्टीवर ट्रॅक्टर हेड क्र. MH-38-B-3265 चा चालक माती/चिखल कालविण्याचे काम करीत असतांना माझे पति सय्यद अयुब मोहम्मद युनुस हे गा-या जवळ उभे असतांना ट्रॅक्टर हेड क्र. MH-38-B-3265 च्या चालकांने त्याचे ताब्यातील ट्रॅक्टर हायगई व निष्काळजीपणे वेगाने चालवुन ट्रॅक्टरचे हेड पलटी होउन माझे पतिच्या अंगावर पडल्याने त्यांचे डोक्यास व छातीला गंभीर दुखापत झाली. तेव्हा तेथे उपस्थित असलेले 1) अब्दुल मुस्तफा पि. अब्दुल वहाब 2) शमशेर खान व माझे नातेवाईक यांनी सरकारी दवाखाना विष्णुपुरी येथे नेले असता तेथील डॉक्टरांनी रात्री 08.30 वा.तपासुन मरण पावल्याचे घोषीत केले आहे.

तरी दि. 24/12/24 रोजी रात्री 08.30 वा. सुमारास वाजेगाव शिवार विटभट्टीवर ट्रॅक्टर हेड क्र. MH-38-B-3265 च्या चालकांने त्याचे ताब्यातील ट्रॅक्टर हायगई व निष्काळजीपणे वेगाने चालवुन ट्रॅक्टरचे हेड पलटी होउन माझे पतिच्या अंगावर पडल्याने त्यांचे डोक्यास व छातीला गंभीर दुखापत करुन माझे पति सय्यद अयुब मोहम्मद युनुस वय 49 वर्षे यांचे मरणास कारणीभुत झाला आहे. मी दुखात असल्याने आज रोजी पो स्टेला येवुन तक्रार देत आहे. तरी त्यांचेवर कायदेशिर कार्यवाही करावी ही विनंती.

दिनांक 07/01/2025 वेळ 1-22.43 वा रुग्णालय 49 वर्ष मरण 24/12/2024 कलम 281, 106 BNS प्रमाणे गुन्हा दाखल करुन पुढील तपास मा.पो.नि. यांचे आदेशाने स.पो.नि./श्री कोकणे सर यांना दिला

माझा वरील जबाब माझे सांगणे प्रमाणे पो स्टेच्या संगणकावर टंकलीखीत केला तो मी वाचुन दाखविला तो माझे सांगणे प्रमाणे बरोबर व खरा आहे.

हा जबाब दिला सही.

समक्ष

पोलीस ठाणे अंमलदार
पो. स्टे. नांदेड (ग्रा.)

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):** नांदेड ग्रामीण

FIR No.(प्रथम खबर क्र.): 0028 **Year (वर्ष):** 2025

Date and Time of FIR (प्र. ख. दिनांक आणि वेळ):07/01/2025 22:52

2.

S.No. (अ.क्र.)	Acts (अधिनियम)	Sections (कलम)
1	भारतीय न्याय संहिता (बी एन एस), 2023	281
2	भारतीय न्याय संहिता (बी एन एस), 2023	106

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

1. **Day(दिवस):** मंगलवार

Time Period (कालावधी): पहर 7

Date From (दिनांक पासून): 24/12/2024

Date To (दिनांक पर्यंत): 24/12/2024

Time From (वेळेपासून): 19:30 बजे

Time To (वेळेपर्यंत): 20:30 बजे

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

Date (दिनांक): 07/01/2025 **Time (वेळ):** 21:00 बजे

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

Entry No. (नोंद क्र.): 049

Date & Time (दिनांक आणि वेळ): 07/01/2025 22:43 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, 4 किमी **Beat No. (बिट क्र.):**

(b) **Address (पत्ता):** वाजेगाव शिवार विटभट्टीवर,नांदेड

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

Name of P.S.(पोलीस ठाण्याचे नाव):

District(State) (जिल्हा(राज्य)):

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

(a) **Name** (नाव): रहीमा बेगम भ्र. सय्यद अयुब

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

(c) **Date/Year of Birth** (जन्म तारीख/वर्ष): 1986

(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, पॅन 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	मोमीनपुरा करबला,नांदेड,नांदेड ग्रामीण,नांदेड,महाराष्ट्र,भारत
2	स्थायी पता	जामा मस्जिद जवळ वाजेगाव,नांदेड,नांदेड ग्रामीण,नांदेड,महाराष्ट्र,भारत

(i) **Occupation** (व्यवसाय):

(j) **Phone number** (फोन नं.):

Mobile (मोबाइल नं.): 91-9325499133

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 (नातेवाईकाचे नाव)	Present Address (वर्तमान पता)
1	ट्रॅक्टर हेड क्र. MH-38-B-3265 चा चालक			1. पत्ता माहीत नाही,नांदेड ग्रामीण, 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 (मालमत्ता 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 मृत्यू प्रकरण क्र.,जर असल्यास)):

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

12.First Information contents (प्रथम खबर हकीकत):

जबाब दि.07/01/25

मी रहीमा बेगम भ्र. सय्यद अयुब वय 39 वर्षे व्यवसाय घरकाम रा. जामा मस्जिद जवळ वाजेगाव ता.जि.नांदेड, ह. मु. मोमीनपुरा करबला नांदेड मो.नं. 9325499133
समक्ष पोलीस स्टेशन नांदेड ग्रामीण येथे हजर येवुन तक्रारी जबाब नोंदवुन घण्यास सांगते की, मी वरील ठीकाणी माझे पति व मुलांबाळासह राहते.मी व माझे पति सय्यद अयुब दोघे मीळुन आमच्या विट भट्टीवर काम करुन उपजीवीका भागवितो.
दि. 24/12/24 रोजी सायंकाळी 07.00 वा. सुमारास आमचे मौजे वाजेगाव शिवारातील विटभट्टीवर ट्रॅक्टर हेड क्र. MH-38-B-3265 चा चालक माती/चिखल कालविण्याचे काम करीत असतांना माझे पति सय्यद अयुब मोहम्मद युनुस हे गा-या जवळ उभे असतांना ट्रॅक्टर हेड क्र. MH-38-B-3265 च्या चालकांने त्याचे ताब्यातील ट्रॅक्टर हायगई व निष्काळजीपणे वेगाने चालवुन ट्रॅक्टरचे हेड पलटी होउन माझे पतिच्या अंगावर पडल्याने त्यांचे डोक्यास व छातीला गंभीर दुखापत झाली. तेव्हा तेथे उपस्थित असलेले 1) अब्दुल मुस्तफा पि. अब्दुल वहाब 2) शमशेर खान व माझे नातेवाईक यांनी सरकारी दवाखाना विष्णुपुरी येथे नेले असता तेथील डॉक्टरांनी रात्री 08.30 वा.तपासुन मरण पावल्याचे घोषीत केले आहे.
तरी दि. 24/12/24 रोजी रात्री 08.30 वा. सुमारास वाजेगाव शिवार विटभट्टीवर ट्रॅक्टर हेड क्र. MH-38-B-3265 च्या चालकांने त्याचे ताब्यातील ट्रॅक्टर हायगई व निष्काळजीपणे वेगाने चालवुन ट्रॅक्टरचे हेड पलटी होउन माझे पतिच्या अंगावर पडल्याने त्यांचे डोक्यास व छातीला गंभीर दुखापत करुन माझे पति सय्यद अयुब मोहम्मद युनुस वय 49 वर्षे यांचे मरणास कारणीभुत झाला आहे. मी दुखात असल्याने आज रोजी पो स्टेला येवुन तक्रार देत आहे. तरी त्यांचेवर कायदेशिर कार्यवाही करावी ही विनंती.
माझा वरील जबाब माझे सांगणे प्रमाणे पो स्टेच्या संगणकावर टंकलीखीत केला तो मी वाचुन दाखविला तो माझे सांगणे प्रमाणे बरोबर व खरा आहे.

हा जबाब दिला सही.

समक्ष

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): dnyaneshwar devidas ~~matwad~~ APSI श्री जाधवे
Rank (पद): SI (Sub-Inspector) **No.**(क्र.): 15101000402DD
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 correctly recorded and a copy given to the complainant / informant free of cost. (प्रथम 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):

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

Signature of Officer in charge, Police Station
(ठाणे प्रभारी अधिका-याची स्वाक्षरी)

Name (नाव): omkant anandrao ch
Rank(पद): I (Inspector)
No.(सं.): DGPOACM8201

(9)

Form : I

CRIME DETAILS FORM
घटनास्थळ पंचनामा/गुन्हयाच्या तपशीलाचा नमुना

1.State. Dist.....P.S..... .FIR/Proceeding/G.D.No 28---/2024 Year 2025 Date 07/01/2024
राज्य महाराष्ट्र जिल्हा नांदेड पोलीस ठाणे:-नांदेड ग्रामीण पहिली खबर क्र./कार्यवाही क्र वर्ष तारीख

2. Act and Sections: कलम 281, 106 BNS 2023
अधिनियम व कलमे:

3. The Place of Occurrence Shown by
घटनेचे ठिकाण दाखविण्याचे:

Name: रहीमा बेगम Father's/Husband's Name: मोहम्मद जावेद
नाव: पित्याचे/पतीचे नाव:

Address : रा. जामा मस्जीदजवळ वाजेगाव ता.जि.नांदेड हा.मु. मोमीनपुरा
पत्ता: कारखाना रोड रत्नाळ, नांदेड

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

(i)*Major Head : निष्काळजी वणामुळे (ii) Classification of Major Head : मृत्यु कारणीभूत
प्रधान शीर्ष: प्रधान शीर्षचेवर्गीकरण:

(ii)*Method (s)
पध्दती:

1. ट्रक्टरचे चालकाने ट्रक्टर हे ट्रक्टरने व निष्काळजीपणे
2. चालवून मृत्युस कारणीभूत होणे
3. .....

(iv) *Conveyances used : ट्रक्टर हे क्र. MH38-B-3265
वापरलेली वाहने:

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

(vi) *Language/s. Lang. Used : .....
वापरलेली भाषा/बोली भाषा:

(vii) * Special Feature – 1 : .....
विशेष वैशिष्टये–१:

(iv) * Special Feature – 2 : .....
विशेष वैशिष्टये–२:

* Special Feature –3 : .....
विशेष वैशिष्टये–३:

(viii) Type of Place of Occurence : गोदावरी नदीजवळील गुन्हा पुलाजवळ वाजेगाव
घटनेच्या ठिकाणाचा प्रकार: शिवार वीटभट्टी.येथे.

(ix) Type of Property Involoved (4 types) (major head of the property to be felled) :
अंतर्भुत मालमत्तेचे प्रकार:

(1) .....(2) .....

(3).....(4) .....

5. Particulars of the victims (Attach separate sheet, if required):
बळींचा तपशीत(आवश्यक असल्यास स्वतंत्र कागद जोडावा):

Sr. No. अ.क्र. 1.	Full Name संपूर्णनाव 2.	Date/ Year Of Birth जन्म तारीख /वर्ष 3.	Sex लिंग *4	Nationality राष्ट्रीयत्व *5	Religion धर्म *6	Whether SC/ST जाती/जमाती *7	Occupation व्यवसाय *8	Address पत्ता 9	Injury: Grievous Simple दुखापत गंभीर साधी 10
1.	मोहम्मद [illegible] मोहम्मद युसुफ	वय 45 वर्षे	पुरुष	भारतीय	इस्लाम	मुस्लीम	कामगार	रा. मोमीनपुरा, करबला रोड, इतवारा नांदेड	गंभीर मयत

6. Motive of Crime : ट्रॅक्टर हेड निष्काळजीपणे चालवुन मरणास कारण हो
गुन्हयाचा हेतु:

7.Details of properties Stolen/Inovolved : (Use appropriate prescribed forms (s) and attch) :
चोरीच्या/अंतर्भुत मालमत्तेचा तपशील(योग्य नमुना वापरावा व सोबत जोडावा):

निरंक

8.Descripation of the place of occurrence :
घटनेच्या जागेचे वर्णन: आम्ही सपोनि व्ही. डी. कांबळे नेमणुक पोस्टे. नांदेड(ग्रा)
गुरनं. 28/2025 कलम 281, 106,BNS 2023 प्रमाणे गुन्हा दाखल
होवुन सदर गुन्हयाचे तपासकामी आम्ही घटनास्थळ पंचनामा करणे
असल्याने आपण पंच म्हणुन समक्ष हजर रहा असे कळवुन पं
नी समंती दिल्याने घटनास्थळाचा दिसल्या परिस्थीतीचा पंचना
पंचनामा येणे तो पुढील प्रमाणे →
सदर घटनास्थळी फिर्यादी रहिमा बेगम भ्र. मोहम्म
आयुब वय 39 वर्षे व्यवसाय घरकाम रा. नामा मस्जिदच्या बाजु
ता. जि. नांदेड ह.मु. मोमीनपुरा करबला नांदेड हया समक्ष हजर [illegible]
त्यांनी सदरबाबत ओळखुन सांगीतले की, दिनांक 24/12/20
रोजी रात्री 08:30 वाजताचे सुमारास वाघेगाव शिवार बिट
वर ट्रॅक्टर हेड क्रमांक MH 38 B 3265 च्या चालकाने
त्याचे ताब्यातील ट्रॅक्टर हयगई व निष्काळजीपणे वेगाने चाल

Continue →

Descripation of the place of occurrence : (Contd):

घटनेच्या जागेचे वर्णन(पुढे चालु):

ट्रॅक्टरचे हेड पलटी होऊन माझे पतीच्या अंगावर पडल्याने त्यांचे डोक्यास व छातीला गंभीर दुखापत करुन माझे पती मोहम्मद आसुफ मोहम्मद युसुफ वय 49 वर्षे यांचे मरणास कारणीभूत झाला ते घटनास्थळ हेच असल्याचे दाखवुन घटनास्थळ दाखवले ते पाहता पुढील प्रमाणे →

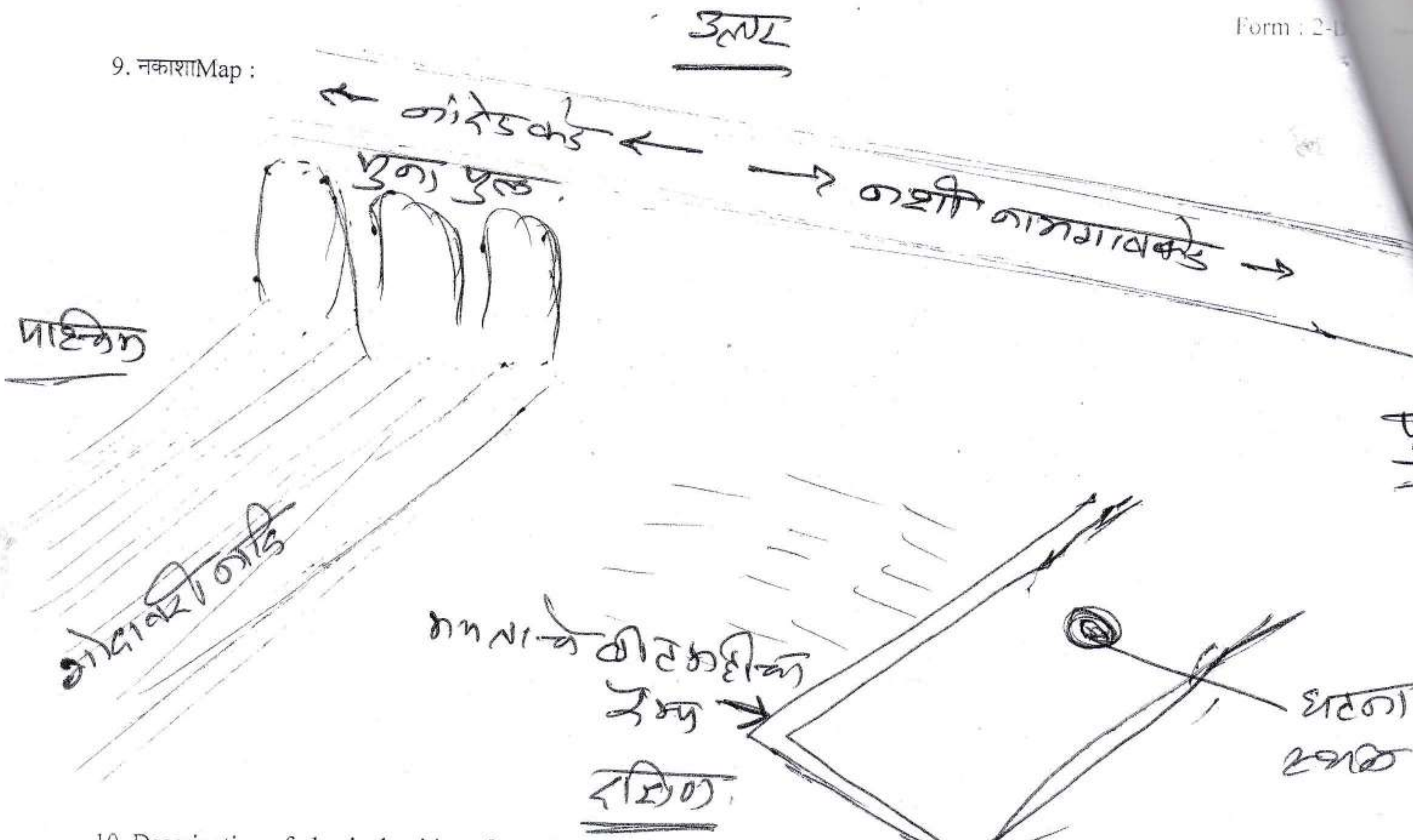
सदरचे घटनास्थळ पाहता हे गोदावरी नदीचे पुर्वेस वाघेगाव शिवारातील मयत नामे मोहम्मद आसुफ मोहम्मद युसुफ यांचे मालकीचे वीट भट्टीतील रॅम्प असुन सदर रॅम्प हा अंदाजे 15 फुट उंचीचा व 80 फुट लांबीचा रॅम्प असुन सदर रॅम्पचे पुर्वेकडुन 10 फुट अंतरावर आतमध्ये घटनास्थळ असुन घटना स्थळावर चीखल माती दिसत आहे. सदरचे ठिकाण हे वीट भट्टीचे चीखल मातीचे कामाचे ठिकाण असल्याने गुन्ह्या संबंधाने काहीएक चीज वस्तु मिळुन आली नाही किंवा जप्त करण्यात आली नाही.

सदर घटनास्थळाची चतुरसीमा पाहता पुर्वेस → मोकळी जागा व मयताचे वीट पक्क्याचे घरखोल्या. पश्चिमेस → मयताचे वीटभट्टीचे कच्च्या वीटा टाकलेले मैदान दक्षिणेस → रॅम्प व मोकळी जागा, उत्तरेस → मोकळी जागा व वीटभट्टी येणे प्रमाणे चतुरसीमा असुन सदर घटनास्थळाचा Latitude — 19.143371 व Longitude — 77.343118 असा आहे.

सदर घटनास्थळ पंचनामा आम्ही पोलीस व पंचासमक्ष दिसल्या परिस्थिती प्रमाणे केला त्यावर आम्ही व पंचानी सह्या केल्या बरोबर व खरा आहे.

Form : 2-

9. नकाशाMap :



10. Descripation of physical evidnce from the scence of crime for the property recovered /seized for the purpose of investigation :

तपासकामी प्रत्यक्ष पुरावा म्हणुन गुन्हयाच्या जागेवरुन मिळवलेल्या/जप्त केलेल्या मालमत्तेचे वर्णन:

11.Date and Time of Panchnama Time
घटनास्थळ पंचानाम्याचा दिनांक 10/01/2025 वेळ 11:20 ते 11:50 पर्यंत

12. Name of panchnama Signature of panchas
पंचाची नावे:पंचाच्या सहया:

(1) प्रकाश ... वय 63 वर्षे व्यवसाय शेती

Full Address--

पत्ता: रा. ... ता. जि. नांदेड मो.नं 9881645846

(2) शेख ... वय 25 वर्षे

Full Address ... रा ... ता ...

पत्ता: जि. नांदेड मो.न 9272150877

signature of Investigation officer

तपास अधिकारी सही

Date

दिनांक: 10 /01 /2025

Name

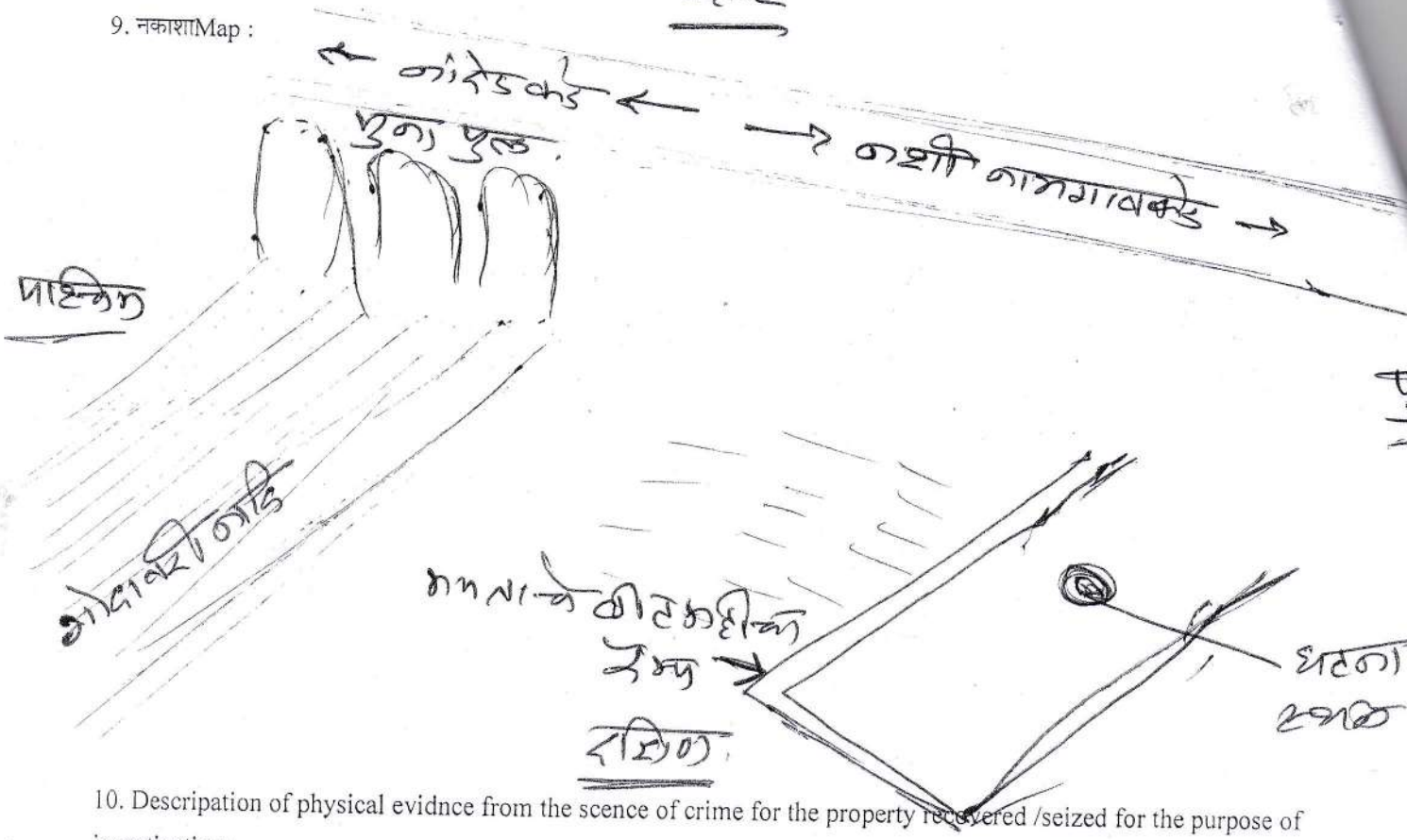
नाव: ...

Rank B.No. if any

पदनाम: API ब.नं. पोस्टे नांदेड (ग्रा)

Form : 2-

9. नकाशाMap :



10. Description of physical evidnce from the scence of crime for the property recovered /seized for the purpose of investigation :

तपासकामी प्रत्यक्ष पुरावा म्हणुन गुन्हयाच्या जागेवरुन मिळवलेल्या/जप्त केलेल्या मालमत्तेचे वर्णन:

11.Date and Time of Panchnama Time
घटनास्थळ पंचानाम्याचा दिनांक 10/01/2025 वेळ 11:20 ते 11:50 पर्यंत

12. Name of panchnama Signature of panchas
पंचाची नावे:पंचाच्या सहया:

(1) प्रकाश नागनाथ लोकंडे वय 63 वर्षे व्यवसाय शेती

Full Address--
पत्ता: रा. वाजेगाव ता. कि.नांदेड मो.नं 9881645846

(2) शेख रफीक शेख रहीम वय 25 वर्षे व्य.

Full Address
पत्ता: इमलर रा आंबेगाव ता हिमायतनगर वाशिम
कि. नांदेड मो.नं 9272150877

signature of Investigation officer
तपास अधिकारी सही

Name
नाव एच.डी. कांबळे

Rank
पदनाम: API

B.No. if any
ब.नं. पोस्टे नांदेड (ग्रा)

Date
दिनांक: 10/01/2025

(22)

DR. SHANKARRAO CHAVAN GOVT. MEDICAL COLLEGE & HOSPITAL, VISHNUPURI, NANDED, MAHARASHTRA-431606

DEPARTMENT OF FORENSIC MEDICINE & TOXICOLOGY

Provisional Post-mortem Report-Cum-Death Certificate

M/L P.M.No. 1603/2024 Date: 25/12/2024 Time: 11:45 AM To: 12:45 PM

Name of the deceased: Mohammad Ayub Mohammad Yousuf

Age: 49 Year Sex: Male R/o. Maminpura Karbala road, Rauza, Nanded

Time of death (as Per Police Inquest): 24/12/2024 before 20:30 hours.

Referred by Investigating Officer: P.H.C. R.D. Shankwar, B.No: 394

Brought and Identified by: P.C. P.S. More, B.No: 242

of Police Station: Nanded Gramin

PROVISIONAL OPINION AS TO PROBABLE CAUSE OF DEATH : "Head injury with blunt trauma to chest"

@ Blood preserved for chemical analysis

[Dr. A.J. Pundge]
Post-mortem Officer
Dept. of Forensic Medicine
Dr. SCGMC & H
Vishnupuri, Nanded (M.S.)

[Dr. Sarath Kumar G]

[Dr. K. Pathrod]

Note:

1) Viscera ~~Preserved~~/Not Preserved.

2) तपासी अधिकाऱ्यास सूचित करण्यात येते की, सदर प्रकरणातील मयताच्या जठर धुवण्याचा (Stomach Wash) नमुना उपचार करणाऱ्या डॉक्टरांकडून ताब्यात घेऊन C.A. तपासणीसाठी पाठवावा

(1) Original Certificate to concerned Police.

(2) Copy to relative of deceased (if Police decides so) through concerned Police.

(3) Form no. 2 and 4/4 A to concerned Police for death registration

~~शवचिकित्सेनंतर~~ मृतदेह, पंचनाम्यातील नमूद कपडे व चीजवस्तू, तात्पुरता शवचिकित्सा अहवाल/ मृत्यू प्रमाणपत्राच्या दोन प्रति, ~~नमुना क्र. २ व ४/४ अ ताब्यात मिळाले.~~

ताब्यात घेणाऱ्याचे नांव : ---------- सही : ----------

हुद्दा : ---------- ब.नं.: ---------- दिनांक : ----------

पोलीस स्टेशन : ----------

)-176-(20,000 Sets)-03-2021.
. D., No. 733/33, dated 16-6-41 and
H. and L. G. D. No. 733/33, dated 11-12-47.
Surgeon General with the Govt. of Maharashtra, Bombay's
tter No. ERM/1462/19357/1, dated 4-7-62.]

MLPM.no- 1603/2024.
Date- 25/12/2024.

C. M. 67 e. (25)

Memorandum of a Post-mortem examination held at Dr. S.C.G.M.C&H, Nanded. Dispensary / Hospital

On the dead body of Mohammad Ayub Mohammad Yousuf. of Village / City Mominpura karbala road Itwara, Nanded.

Taluka Nanded. District Nanded. by [Dr. A J. Pundge]. [Dr. Sarath Kumar. P]. [Dr. Krishnappa. Rathod].

I. General Particulars—

1. (a) By whom was the corpse sent? P.H.C R.D. Shankarwar. B.no- 394. P.S-Nanded Gramin.

(b) Name of place from which sent. } Dr. S.C.G.M.C&H, Nanded.

(c) Distance of place from which sent. }

2. By whom was the corpse brought? } P.C P.S. More. B.no-242. P.S-Nanded Gramin.

3. By whom identified? }

4. The date, hour and minute of its receipt. 25/12/2024 at 11:35am.

(a) The date, hour and minute of beginning post-mortem examination. 25/12/2024 at 11:45am.

(b) The date, hour and minute of ending post-mortem examination. 25/12/2024 at 12:45am.

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 police inquest and requisition letter supposed cause of death - Due tractor accident

Date and time of death- 24/12/2024 before 20:30h

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, 49 years.

Description of clothes and of ornaments on the body. -Black coloured shirt blue coloured pant. black colour underwear, red colour blanket hospital label on left foot.

8. ***Condition of the clothes***--- whether wet with water, stained with blood or soiled with vomit or foecal matter. -Intact, dry and handed over to pc on duty

9. Special marks on the skin such as scars, tattooing etc., any malformations peculiarities, or other marks of identification. State of the teeth. -Identified body by the police officer on duty Teeth - Intact (16/16).

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 umblical 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. cold body.

11. *Rigar Mortis*— Well Marked, slight or absent; whether present in the whole body or part only. well marked, present in all parts of the 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, post mortem lividity present over posterior aspect except over pressure areas, fixed.

13. *Features*— Whether natural or swollen, state of eyes, position of tongue: nature of fluid (if any) oozing from mouth, nostrils or ears. Facial features-natural.
eyes-closed. Pupils-dilated and fixed.
Mouth-closed. Tongue- Inside mouth.
No oozing from mouth, nostrils, and both ears.

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

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

11. *Rigar Mortis*— Well Marked, slight or absent; whether present in the whole body or part only. well marked, present in all parts of the body.

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eyes-closed. Pupils-dilated and fixed.
Mouth-closed. Tongue- Inside mouth.
No ooting from mouth, nostrils, and both ears.

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

15. Injuries to external genitals. Indication of purging.

- Intact, no injuries to external genitalia.
- 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 in anatomical position.

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

① Abraded contusion present over forehead on right side of size 4cm x 5cm, red in colour.

② Laceration wound present over forehead midpart of size 7cm x 3cm x bone deep margins irregular, red.

③ laceration wound present over lower eyelid on right side of size 3cm x 0.8cm x subcutaneous tissue deep, margins irregular red.

④ laceration wound present over nose, upper lip involving in an area of size 7cm x 1cm bone deep, margins irregular, red.

⑤ contusion present over front of chest involving in an area of size 20cm x 10cm. red in colour.

⑥ contusion present over temporal region on right side of size 8cm x 3cm, red in colour

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).

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

- No palpable fracture.

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

Yes antemortem in nature.

27

III. Internal Examination—

19. *Head—*

(i) Injuries under the scalp, their nature. → Diffuse under scalp contusion present on both side.
Haemorrhage under both temporalis muscle.

(ii) *Skull*—Vault and base-describe fractures, their sites, dimensions, directions, etc. Vault - Intact, no fracture.
Base of skull - 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 cerefully noted (weight M. 3 grams F. 2.75 grams). Menings - Intact, congested.
Brain - Intact, congested, oedematous, diffuse subarachanoid haemorrhage present, multiple contusions present over basal aspect of both frontal & both temporal lobes, lateral aspect of both temporal lobes present.

20. *Thorax—*

(a) Walls, ribs, cartilages → 3rd to 9th ribs fracture on right in mid-clavicular line, fractured margins irregular, infiltrated with blood, haemorrhage present surrounding fractured site.
4th - 6th ribs fracture on left side in mid-clavicular line, fractured margins irregular, infiltrated with blood

(b) Pleura → about 150ml blood in each pleural cavity.

(c) Larynx, Trachea and Bronchi. → Intact, no foreign body.

(d) Right Lung } Both lung's contused, laceration over both lung's, congested, oedematous.
(e) Left Lung }

(f) Pericardium - Intact.

(g) Heart with weight } Intact, blood and blood clot's present.
(h) Large Vessels }

(i) Additional remarks. - Nil.

21. *Abdomen*—

Walls, Peritoneum, Cavity } Intact, no free fluid.

Bucal Cavity, teeth, tongue and Pharynx. } Intact, no foreign body.

Oesophagus

Stomach and its contents — Intact, about 200ml semidigested food particl present, strong smell of alcohol percieved.

Small intestine and its contents. — mucosa intact.

Large intestine and its contents. — Intact, partly filled with gases and faeces.

Liver (with weight) and gall bladder. } Intact congested.

Pancreas and Suprarenals

Spleen with weight — Intact, congested.

Kidneys with weight — Intact, congested.

Bladder — Intact, empty.

Organs of generations — Intact.

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. — Not commentable.

State which viscera (if any) have been retained for chemical examination and also quote the numbers on the bottles containing tha same. — Blood preserved for chemical analysis.

(28)

22. *Spine and Spinal Cord—

Intact, not opened.

Opinion as to the cause or probable cause of death. Head injury with blunt trauma to chest.

[Dr. A. J. Pundge].
Assistant Professor
Dept. Of Forensic Medicine
Dr.S.C.Govt.Medical College
Vishnupuri,Nanded-431606

[Dr. Saravanakumar. P].
Resident Doctor
Dept. Of Forensic Medicine
Dr.S.C.Govt.Medical College.
Vishnupuri,Nanded-431606

[Dr. Krishnappa. Rathod].
Resident Doctor
Dept. Of Forensic Medicine
Dr.S.C.Govt.Medical College.
Vishnupuri,Nanded-431606

Dated 25/12/2024. 20

(Signature)

*This 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.

MLRM. no - 1603/2024. Date - 25/12/2024.

No. 20

Place Dispensary / Civil Hospital at Dr. S.R.G.M.C&H, Nanded.

Forwarded to the Police Sub-Inspector Nanded Gramin.

for information with reference to his No. FMLC/NAG/11922/2024 on 25/12/2024.

X Viscera has been preserved. It may please be stated ***Immediately*** whether examination by the Chemical Analyser is necessary or ~~it is to be destroyed~~.

[Dr. Krishnappa Rathod], Resident Doctor, Dept. Of Forensic Medicine, Dr.S.C.Govt.Medical College, Vishnupuri,Nanded-431606

[Dr. Sarathkumar P], Resident Doctor, Dept. Of Forensic Medicine, Dr.S.C.Govt.Medical College, Vishnupuri,Nanded-431606

[Dr. A. J. Pundge], Assistant Professor, Dept. Of Forensic Medicine, Dr.S.C.Govt.Medical College, Vishnupuri,Nanded-431606

Civil Surgeon, Dr.S.C.G.M.C. Nanded

Copy forwarded with compliments to the Civil Surgeon. for information.

Forensic Medicine Dept. Dr.S.C.G.M.C. Vishnupuri Nanded-431606.

M. M. S. Officer

Seen and examined by the Civil Surgeon. on

20

Remarks of the Civil Surgeon. (if any)

Civil Surgeon

(36)

भारत सरकार

आधार

भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0854/26001/05136

To
शेख फय्याज् शेख हुजूर
Shaikh Fayyaz Shaikh Huzur
S/O: Shaikh Huzur,
near gram panchayat,
jama masjid road,
wajegaon,
VTC: Nanded,
PO: Nanded,
Sub District: Nanded,
District: Nanded,
State: Maharashtra,
PIN Code: 431601,
Mobile: 8421928944

Signature Not Verified
Digitally signed by US Unique Identification Authority of India
Date: 2024.11.08 14:32:59 GMT+05:30

आपका आधार क्रमांक / Your Aadhaar No. :

6810 8021 7362

VID : 9176 0607 8449 4719

मेरा आधार, मेरी पहचान

Government of India

AADHAAR

सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पत्र को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या एप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या www.uidai.gov.in. पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए ।
- आधार विशिष्ट और सुरक्षित है ।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट कराना चाहिए ।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदों/सेवाओं का लाभ लेने में सहायता करता है ।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें ।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें ।
- आधार/बॉयोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बॉयोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

भारत सरकार
Government of India

आधार

Aadhaar no. issued: 26/01/2016

शेख फय्याज् शेख हुजूर
Shaikh Fayyaz Shaikh Huzur
जन्म तिथि/DOB: 19/02/1997
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं ।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए ।

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).

6810 8021 7362

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

AADHAAR

Details as on: 08/11/2024

पता:
वडिलाचे/आईचे नांव: शेख हुजुर, जवळ ग्रॅम पंचायत, जमा मस्जिद रस्ता, वजेगाव, नांदेड, नांदेड, नांदेड, महाराष्ट्र - 431601

Address:
S/O: Shaikh Huzur, near gram panchayat, jama masjid road, wajegaon, Nanded, PO: Nanded, DIST: Nanded, Maharashtra - 431601

6810 8021 7362

VID : 9176 0607 8449 4719

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

फाय्याज

THE UNION OF INDIA

MAHARASHTRA STATE MOTOR DRIVING LICENCE

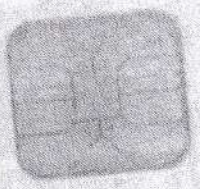
DL No MH26 20150008184 DOI 10-07-2015

Valid Till 09-07-2035 (NT) AED 04-01-2016

FORM 7
RULE 16 (2)

AUTHORISATION TO DRIVE FOLLOWING CLASS OF VEHICLES THROUGHOUT INDIA

COV	DOI
MCWG	10-07-2015
TRCTOR	10-07-2015
LMV	23-12-2015



DOB 19-01-1997 BG

Name M FAYYAZ
S/D/W of M HUZUR SHAIKH
Add A/P 212 VAJEGAON
TQ DIST. NANDED

PIN 431603

Signature & ID of Issuing Authority MH26 2016125

Signature/Thumb Impression of Holder

Maharashtra Motor Vehicles Department

LEGEND FOR CLASS OF VEHICLES (COV)

S.No	COV	DESCRIPTION
1	MCWOG	M.C W/o Gear
2	MCWG	M.C With Gear
3	LMV	LMV-NT-Car
4	3W-NT	LMV-3 WheelerNT
5	TRCTOR	LMV-Tractor
6	LMV-TR	LMV-Transport
7	3W-TR	LMV-3 WheelerTR
8	TRANS	Transport
9	INVCRG	Inv Carriage
10	RDRLR	Road Roller
11	LMV-TT	LMV-TractorTrl
12	OTHVEH	Others
13	MCWOGT	M.C W/o Gear TR
14	MCWGT	M.C With Gear TR
15	LMVPVT	LMV-Private
16	PSVBUS	TRV-PSV-Bus
17	PVTBUS	TRV-Private Bus
18	LDRXCV	OTH-Loadr/xcvtr
19	CRANE	OTH-Cranes
20	FLIFT	OTH-Fork Lift
21	BRIGS	OTH-Boring Rigs
22	CNEQP	OTH-ConstEqpmnt
23	INVCG2	INV-Carriage-2
24	INVCG3	INV-Carriage-3

LMV - LIGHT MOTOR VEHICLE TRV - TRANSPORT VEHICLE

* DRIVE CAREFULLY - AVOID ACCIDENTS *

THE UNION OF INDIA
MAHARASHTRA STATE MOTOR DRIVING LICENCE

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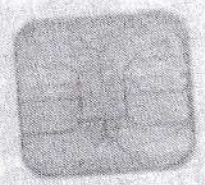

DOB 19-01-1997 BG

Name M FAYYAZ
S/D/W of M HUZUR SHAIKH
Add AP 212 VAJEGAON
TQ DIST. NANDED

PIN 431603
Signature & ID of Issuing Authority MH26 2016125

Signature/Thumb Impression of Holder

Maharashtra Motor Vehicles Department

LEGEND FOR CLASS OF VEHICLES (COV)

S.No	COV	DESCRIPTION
1	MCWOG	M.C W/o Gear
2	MCWG	M.C With Gear
3	LMV	LMV-NT-Car
4	3W-NT	LMV-3 WheelerNT
5	TRCTOR	LMV-Tractor
6	LMV-TR	LMV-Transport
7	3W-TR	LMV-3 WheelerTR
8	TRANS	Transport
9	INVCRG	Inv Carriage
10	RDRLR	Road Roller
11	LMV-TT	LMV-TractorTrl
12	OTHVEH	Others
13	MCWOGT	M.C W/o Gear TR
14	MCWGT	M.C With Gear TR
15	LMVPVT	LMV-Private
16	PSVBUS	TRV-PSV-Bus
17	PVTBUS	TRV-Private Bus
18	LDRXCV	OTH-Loadr/xcvtr
19	CRANE	OTH-Cranes
20	FLIFT	OTH-Fork Lift
21	BRIGS	OTH-Boring Rigs
22	CNEQP	OTH-ConstEqpmnt
23	INVCG2	INV-Carriage-2
24	INVCG3	INV-Carriage-3

LMV - LIGHT MOTOR VEHICLE TRV - TRANSPORT VEHICLE

◆ DRIVE CAREFULLY - AVOID ACCIDENTS ◆

Indian Union Vehicle Registration Certificate
Issued by Government of Maharashtra

NT MH

Regn. Number
MH38B3265

Date of Regn.
04-07-2011

Regn. Validity
03-07-2026

Owner Serial 3

Chassis Number
AAAA602556

Engine / Motor Number
S325C91394

Owner Name
RAM BALAJIRAO SHINDE

Son / Wife / Daughter of (In case of Individual Owner)
BALAJIRAO SHINDE

Fuel
DIESEL

Address
DHANEGAON, NANDED, NANDED, Nanded, MH, 431601

Emission Norms
Bharat (Trem) Stage III A

Card Issue Date 27-08-2024

RELIANCE GENERAL INSURANCE | Live Smart

"A" Policy for Act Liability Insurance (Miscellaneous & Special Type) Policy

Corporate Office/Policy Issuing Office Reliance General Insurance Company Limited, [illegible] International Business Park, Oberoi Garden City, Off Western ... Highway, Goregaon (East), Mumbai - 400 063.	Policy Servicing Branch Office: Reliance General Insurance Company Limited Son Plaza 2nd floor Morarji Peth Opposite Hotel Shiv Parvati Subhash chowk Lucky Chowk SOLAPUR SOLAPUR MAHARASHTRA 413001
Name of the Insured	Mr. RAM BALAJIRAO SHINDE
Correspondence Address of the Insured	DHANEGAON TQ DIST NANDED NANDED MAHARASHTRA - 431601 India Mobile No: 8668911862
Policy No: 600822423580000077	Policy Period:From 09/07/2024 to 08/07/2025
Endorsement No. 22001	TAX Invoice No & Date : RT07012524153 & 09/01/2025
[illegible] Policy [illegible]	GSTIN/UIN & Place Of Supply : NA & MAHARASHTRA

Type of Endorsement: Additional

Vehicle Make	Vehicle Model	Engine No./Chassis No.	Registration Number
TAFE LIMITED	MF 5245 DI TRACTOR	S325C91394 / AAAA602556	MH-38-B-3265

Notwithstanding anything to the contrary contained in the policy, it is hereby declared and agreed that on Insured's request Vehicle has been transferred from Individual Mr. VAMAN EKNATHRAO KADAM To Individual Mr. RAM BALAJIRAO SHINDE and address of insured is changed to DHANEGAON TQ DIST NANDED MAHARASHTRA 431601 9860375857 gopalmoe961@gmai.com , Registration address has been changed to DHANEGAON TQ DIST NANDED 431601, Permanent address has been changed to DHANEGAON TQ DIST NANDED MAHARASHTRA 431601 . The correct Nominee Name is read as MRS SHINDE, Relationship with insured is Spouse .

All other terms and conditions of the policy remain unchanged.

Subject otherwise to terms, exclusions, conditions, limitations and warranties of the Policy.

Premium Summary	
Premium Breakup	Amount(Rs.)
Net Premium	50.00
CGST @ 9.00 %	4.50
SGST @ 9.00 %	4.50

GSTIN : 27AABCR6747B1ZG HSN : 997134

Description of Services : Motor vehicle Insurance Service
As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year

Note: In the event of dishonor of the cheque, this endorsement automatically stands cancelled from inception, irrespective of whether a separate communication is sent or not.

"This document shall be treated as a Tax Invoice as per Rule 46 of the Central Goods and Services Tax Rules 2017 In witness whereof this Policy has been signed at Mumbai on policy tax invoice date in lieu of Proposal/Covernote No. as mentioned in the policy. In case of any assistance with claims, please contact us on 74004 22200 /(022)4890 3009 or email us at rgicl.services@relianceada.com."

In case of renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may be subject to change.

The Customer Information Sheet (CIS) for this product is available on our website https://www.reliancegeneral.co.in/insurance/about-us/downloads.aspx

Grievance Clause: For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 74004 22200 /(022)4890 3009 or may write an email at rgicl.services@relianceada.com. In case the insured is not satisfied with the response of the office, insured may contact the Nodal Grievance Officer of the Company at rgicl.grievances@relianceada.com. In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at rgicl.headgrievances@relianceada.com. In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of Insurance Ombudsman are available at IRDAI website www.irdai.gov.in or on company website www.reliancegeneral.co.in or on www.gbic.co.in. The insured may also contact the following office of the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the company is located :Office of the Insurance Ombudsman,3rd Floor,Jeevan Seva Annexe,S. V. Road,Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in

Intermediary Name & Code 22P31679 / SHITAL KALSE

Intermediary Contact No: 09860811805 / 9860811805

Authorized Signatory

Policy for Public Liability Insurance (Miscellaneous & Special Type) Policy

Corporate Office/Policy Issuing Office Reliance General Insurance Company Limited 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City,Off Western Express Highway, Goregaon (East), Mumbai - 400 063.	**Policy Servicing Branch Office:** Reliance General Insurance Company Limited Son Plaza 2nd floor Murarji Peth Opposite Hotel Shiv Parvati Subhash chowk Lucky Chowk SOLAPUR SOLAPUR MAHARASHTRA 413001
Name of the Insured	Mr. RAM BALAJIRAO SHINDE
Correspondence Address of the Insured	DHANEGAON TQ DIST NANDED NANDED India Mobile No: 8668911882
Policy No: 600822423580000077	Policy Period:From 09/07/2024 to 08/07/2025
Endorsement No. 22001	TAX Invoice No & Date : RT07012524153 & 09/01/2025 GSTIN/UIN & Place Of Supply : NA & MAHARASHTRA
Endorsement Effective Date: 09/01/2025	
Type of Endorsement: Additional	

Vehicle Make	Vehicle Model	Engine No./Chassis No.	Registration Number
TAFE LIMITED	MF 5245 DI TRACTOR	S325C91394 / AAAA602556	MH-38-B-3265

RAM TO Individual Mr. RAM BALAJIRAO SHINDE and address of insured is changed to DHANEGAON TQ DIST NANDED MAHARASHTRA 431601 9860375857 gopalmoe961@gmai.com . Registration address has been changed to DHANEGAON TQ DIST NANDED 431601, Permanent address has been changed to DHANEGAON TQ DIST NANDED MAHARASHTRA 431601 . The correct Nominee Name is read as MRS SHINDE, Relationship with insured is Spouse .

All other terms and conditions of the policy remain unchanged.

Subject otherwise to terms, exclusions, conditions, limitations and warranties of the Policy.

Premium Summary

Premium Breakup	Amount(Rs.)
Net Premium	50.00
CGST @ 9.00 %	4.50
SGST @ 9.00 %	4.50
Total Premium	59.00

GSTIN : 27AABCR6747B1ZG HSN : 997134

Description of Services : Motor vehicle Insurance Service
As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year

Note: In the event of dishonor of the cheque, this endorsement automatically stands cancelled from inception, irrespective of whether a separate communication is sent or not.

"This document shall be treated as a Tax Invoice as per Rule 46 of the Central Goods and Services Tax Rules 2017 In witness whereof this Policy has been signed at Mumbai on policy tax invoice date in lieu of Proposal/Covernote No. as mentioned in the policy. In case of any assistance with claims, please contact us on 74004 22200 /(022)4890 3009 or email us at rgicl.services@relianceada.com."

In case of renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may be subject to change.

The Customer Information Sheet (CIS) for this product is available on our website https:// ..w.reliancegeneral.co.in/insurance/about-us/downloads.aspx

Grievance Clause: For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 74004 22200 /(022)4890 3009 or may write an email at rgicl.services@relianceada.com. In case the insured is not satisfied with the response of the office, insured may contact the Nodal Grievance Officer of the Company at rgicl.grievances@relianceada.com. In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at rgicl.headgrievances@relianceada.com. In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of Insurance Ombudsman are available at IRDAI website www.irdai.gov.in or on company website www.reliancegeneral.co.in or on www.gbic.co.in. The insured may also contact the following office of the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the company is located :Office of the Insurance Ombudsman,3rd Floor,Jeevan Seva Annexe,S. V. Road,Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax. 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in

Intermediary Contact No: 09860811805 / 9860811805

Authorized Signatory

GENERAL INSURANCE | Live Smart

Digitally signed by Reliance General Insurance Company Limited
Date: 2024.07.08 14:51:47 IST

reliancegeneral.co.in
022 4890 3009
74004 22200

"A" Policy for Act Liability Insurance (Miscellaneous & Special Type) Policy-Schedule

Policy Number : 600822423560000077 | Proposal/Covernote No. : R08072418927

Insured Name :
Mr. VAMAN EKNATH RAO KADAM
Communication Address & Place of Supply :
R/O.NEAR RAM MANDIR MUKKAM PIMPARI MAHIPAL MARLAK BK TQ
AND DIST.NANDED NANDED, MAHARASHTRA, India, 431601.
Mobile No : 8668******
Email-ID : k********@gmail.com
Nominee Name :

Period of Insurance :
From 00:00 Hrs on 09-Jul-2024 to Midnight of 08-Jul-2025
Policy Issuing Branch :
Son Plaza 2nd floor Murarji Peth Opposite Hotel Shiv Parvati Subhash chowk Lucky Chowk , SOLAPUR, MAHARASHTRA, 413001.
Tax Invoice No. & Date : R08072418927 & 08 Jul 2024 02:51
GSTIN/UIN of the Insured : MAHARASHTRA

Registration No.	MH38B3265	Mfg. Month & Year	JUN-2011
Make / Model & Variant	TAFE LIMITED/MF 5245/DI TRACTOR	CC / HP / Watt	54
Engine No. / Chassis No.	S325C91394/AAAA602556	LCC(excluding driver)	0
Type of Body	NA	Total Premium (`)	8575
Vehicle subtype	AGRICULTURAL TRACTORS	Hypothecation/Lease	NA

Premium Summary	Amount (`)		Amount (`)
Own Damage - Section I		Liability - Section II	7,267.00
Basic OD	0.00	Basic Liability (TPPD 1)	7,267.00
		Total Basic Liability Premium	7,267.00
		PA Benefits - Section III	7,267.00
		TOTAL LIABILITY PREMIUM	654.00
		TOTAL PACKAGE PREMIUM (Sec I + II + III)	654.00
		CGST (@9.00%)	
		SGST (@9.00%)	
TOTAL OWN DAMAGE PREMIUM	0.00		8,575.00
TOTAL PREMIUM PAYABLE (`)		Subject to I.M.T.Endt.Nos & Memorandum printed/herein/attached hereto IMT	

GSTIN :27AABCR6747B1ZGHSN : 997134,
Description of services : Motor vehicle Insurance Service

As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year.

Limits of liability : (a) Under Section II (1)(i) of the Policy-Death of or bodily injury to any person so far as it is necessary to meet the property belonging to the insured or held in trust or in the custody or control of the insured up to the limits specified-(TPPD 1 Sum Insured - ₹7,50,000/- , TPPD 2 Sum Insured - ₹6,000/-). (iii) PA cover for owner driver under section III CSI ₹0

Limitations as to use : The policy covers the use only under a permit within the meaning of Motor Vehicle Act, 1988 or such a carriage falling under sub-section (3) of Sec 66 of the Motor Vehicle Act, 1988.The Policy covers use for any purpose other than: (a) Organized racing (b) Pace making (c) Speed testing (d) Reliability trials (e) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

Persons/Classes of persons entitled to drive: : When the vehicle is used for transport of goods Any person including insured: Provided that a person driving holds a valid driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided that the person holding a valid learner's license may 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.

Intermediary Code/Name	Intermediary Contact No.	Intermediary E-mail ID	POS UID Aadhaar No. PAN No.
22P31679/SHITAL KALSE	9860811805	kalse0143@gmail.com	JXMPK2554P

Special Conditions: : This Tractor is rated as an agricultural tractor based on information of exclusive use for agricultural purpose provided to the Agent/ Sales Manager. Should this be incorrect or any change in usage subsequent to policy issuance, insured is required to inform company within 7 days with difference premium payment. If no such premium is received, Company shall not be liable under the policy for Non Agricultural Use of the Vehicle.

Compulsory PA cover for owner driver :
Insured is not eligible for compulsory PA cover for owner driver in the policy as the same has not been opted for the reasons allowed as per motor tariff and/or basis ... compulsory personal accident (CPA) for owner driver in other vehicles, whereby the Sum Insured limit is of Rs 1,500,000 or more in all such above mentioned conditions.""In case you have missed it, please opt for compulsory PA cover by payment of additional premium as applicable .Liability of insurance company shall commence from the date of receipt of such additional premium .

It is hereby declared and agreed that all pre-existing damages to the vehicle having occurred prior to the commencement of cover are excluded from the scope of the ...

S - A Policy for Act Liability Insurance

ommercial Vehicle-Liability Insurance proposal Form)

liability of the Company commences only when this proposal is accepted by the Company and the premium is received.)

PCV ☐ GCV ☑ MISC D

Office Use Only

y Number 600822423580000077 MAHARASHTRA

Date

rmediary Details (To be filled in BLOCK LETTERS)

diary Name	SHITAL KALSE		
h Name	SOLAPUR(NANDED)	Code	22P31679
Manager Name	Sacchidanand Dindore	Code	6008
PAN No.	JXMPK2554P	Code	70786516
		*POS UID Aadhaar No.	

oposer's/Owner Details (To be filled in BLOCK LETTERS)

Proposer's Full Name ☑ Mr. ☐ Mrs. ☐ Ms. VAMAN EKNATHRAO KADAM

Address (where the Vehicle is normally kept)

Flat/Building/Door/Block No.	R/O.NEAR RAM MANDIR MUKKAM PIMPARI MAHIPAL MARLAK BK	Road /Street/Sector	TQ AND DIST.NANDED
Area			
Pin Code	431601 State MAHARASHTRA	City	NANDED
Phone		Country	India
Emergency Contact No.		Mobile	8668******
Email	k********@gmail.com	Blood Group	
		Fax	

Occupation / Business

Type of Cover Liability Only Policy

Period of Insurance From 09/07/2024 hrs on To 08/07/2025 hrs on

UID Aadhaar No. 7. PAN No.

Fast Tag ID

Do you have a GST Registration Number ☐ Yes ☑ No

If Yes, please specify

Source of Funds ☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others

ails of the Vehicle

Registration Number	MH38B3265	12. Date of Registration	04/07/2011
Registering Authority & Location	MAHARASHTRA - Hingoli		
Year & Month of Manufacture	JUN-2011	15. Engine Number	S325C91394
Chassis Number	AAAA602556	17. Make of Vehicle	TAFE LIMITED
Type of Body/Model	NA / MF 5245		
Gross Vehicle Weight (GVW)	1860	20. Cubic Capacity	54

Max. Licensed carrying capacity (No. of Passengers) in case of Passenger carrying vehicles 0

Seating capacity (Including Driver) 1

GENERAL INSURANCE

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74004 22200

- A Policy for Act Liability Insurance

ommercial Vehicle-Liability Insurance proposal Form)

e liability of the Company commences only when this proposal is accepted by the Company and the premium is received.)

PCV ☐ GCV ☑ MISC D

MAHARASHTRA

r Office Use Only

ermediary Details (To be filled in BLOCK LETTERS)

ediary Name	SHITAL KALSE	Code	22P31679
ch Name	SOLAPUR(NANDED)	Code	6008
es Manager Name	Sacchidanand Dindore	Code	70786516
S PAN No.	JXMPK2554P	*POS UID Aadhaar No.	

oposer's/Owner Details (To be filled in BLOCK LETTERS)

Proposer's Full Name ☑ Mr. ☐ Mrs. ☐ Ms. VAMAN EKNATHRAO KADAM

Address (where the Vehicle is normally kept)

Flat/Building/Door/Block No.	R/O.NEAR RAM MANDIR MUKKAM PIMPARI MAHIPAL MARLAK BK	Road /Street/Sector	TQ AND DIST.NANDED
Area		City	NANDED
Pin Code	431601 State MAHARASHTRA	Country	India
Phone		Mobile	8668******
Emergency Contact No.		Blood Group	
Email	k********@gmail.com	Fax	

Occupation / Business

Type of Cover Liability Only Policy

Period of Insurance From 09/07/2024 hrs on To 08/07/2025 hrs on

Fast Tag ID

Do you have a GST Registration Number ☐ Yes ☑ No

If Yes, please specify

Source of Funds ☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others

Monthly Income ☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ₹ 1,00,001and above

tails of the Vehicle

Registration Number	MH38B3265	12. Date of Registration	04/07/2011
Registering Authority & Location	MAHARASHTRA - Hingoli		
Year & Month of Manufacture	JUN-2011	15. Engine Number	S325C91394
Chassis Number	AAAA602556	17. Make of Vehicle	TAFE LIMITED
Type of Body/Model	NA / MF 5245		
Gross Vehicle Weight (GVW)	1860	20. Cubic Capacity	54

Max. Licensed carrying capacity (No. of Passengers) in case of Passenger carrying vehicles 0

Seating capacity (including Driver) 1

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IST

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74004 2620

"A" Policy for Act Liability Insurance (Miscellaneous & Special Type) Policy-Schedule

Policy Number : 60082242356000007

Insured Name :
Mr. VAMAN EKNATHRAO KADAM

Communication Address & Place of Supply :
R/O.NEAR RAM MANDIR MUKKAM PIMPARI MAHIPAL MARLAK BK TQ AND DIST.NANDED NANDED, MAHARASHTRA, India, 431601.
Mobile No : 8668******
Email-ID : k********@gmail.com
Nominee Name :

Proposal/Covernote No : R08072418927

Period of Insurance :
From 00:00 Hrs on 09-Jul-2024 to Midnight of 08-Jul-2025

Policy Issuing Branch :
Son Plaza 2nd floor Murarji Peth Opposite Hotel Shiv Parvati Subhash chowk Lu Chowk , SOLAPUR, MAHARASHTRA, 413001.

Tax Invoice No. & Date : R08072418927 & 08 Jul 2024 02:51
GSTIN/UIN of the Insured : MAHARASHTRA

Registration No.	MH38B3265		
Make / Model & Variant	TAFE LIMITED/MF 5245/DI TRACTOR	Mfg. Month & Year	JUN-20
Engine No. / Chassis No.	S325C91304/AAAA602556	CC / HP / Watt	
Type of Body	NA	LCC(excluding driver)	
RTO Location	MAHARASHTRA - Hingoli	Total IDV (`)	

Own Damage - Section I	Amount (`)	Liability - Section II	Amount (`
Basic OD	0.00	Basic Liability (TPPD 1)	7,267.00
		Total Basic Liability Premium	7,267.00
		PA Benefits - Section III	
		TOTAL LIABILITY PREMIUM	7,267.00
		TOTAL PACKAGE PREMIUM (Sec I + II + III)	7,267.00
		CGST (@9.00%)	654.00
TOTAL OWN DAMAGE PREMIUM	0.00	SGST (@9.00%)	654.00

GSTIN :27AABCR6747B1ZGHSN : 997134,
Description of services : Motor vehicle Insurance Service

Subject to I.M.T.Endt.Nos & Memorandum printed/herein/attached hereto IMT

As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year.

Limits of liability : (a) Under Section II (1)(i) of the Policy-Death of or bodily injury to any person so far as it is necessary to meet the requirements of the Motor Vehicle Act, 1988. (b) Under Section II (1)(ii) of the Policy-Damage to property other than property belonging to the insured or held in trust or in the custody or control of the insured up to the limits specified (TPPD 1 Sum insured - ₹7,50,000/-, TPPD 2 Sum insured - ₹6,000/-). (iii) PA cover for owner driver under section II CSI ₹0

Limitations as to use : The policy covers the use only under a permit within the meaning of Motor Vehicle Act, 1988 or such a carriage falling under sub-section (3) of Sec 66 of the Motor Vehicle Act, 1988.The Policy covers use for any purpose other than: (a) Organized racing (b) Pace making (c) Speed testing (d) Reliability trials (e) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

Persons/Classes of persons entitled to drive: : When the vehicle is used for transport of goods Any person including insured: Provided that a person driving holds a valid driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided that the person holding a valid learner's license may 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.

22P31679/SHITAL KALSE	9860811805	kalse0143@gmail.com	JXMPK2554P

Special Conditions: : This Tractor is rated as an agricultural tractor based on information of exclusive use for agricultural purpose provided to the Agent/ Sales Manager. Should this be incorrect or any change in usage subsequent to policy issuance, insured is required to inform company within 7 days with difference premium payment. If no such premium is received, Company shall not be liable under the policy for Non Agricultural Use of the Vehicle.

Compulsory PA cover for owner driver :
Insured is not eligible for compulsory PA cover for owner driver in the policy as the same has not been opted for.The reasons allowed as per motor tariff and/or basis Insured's declaration given below:""I/ we hereby declare that I/ we hold an effective personal accident insurance policy covering death and permanent disability (total & partial) and/ or compulsory personal accident (CPA) for owner driver in other vehicles; whereby the Sum Insured limit is of Rs 1,500,000 or more in all such above mentioned conditions.""In case you have missed it, please opt for compulsory PA cover by payment of additional premium as applicable .Liability of insurance company shall commence from the date of receipt of such additional premium .

It is hereby declared and agreed that all pre-existing damages to the vehicle having occurred prior to the commencement of cover are excluded from the scope of the

21	Details of Damage on the Vehicle	Mv at the time of inspection at ps gramin headlight is Broken mild scratch on body
22	Cause Of Accident	Not due to mechanical defect

Date :

To :
The Inspector of Police / Sub-Inspector of Police
Nanded Rural(PS),
NANDED, MAHARASHTRA

Copy Submitted to:

The Regional Transport Officer,
MH26, RTO NANDED, MH26 RTO, Nanded, P 149, MIDC, CIDCO, Nanded- 431603

Signature
Hemant Jaykar,
Motor Vehicle Inspector,

MH26 RTO, Nanded, P 149, MIDC, CIDCO, Nanded- 431603

MECHANICAL INSPECTION REPORT
DETAILED ACCIDENT REPORT(DAR)
ANNEXURE 'A'

1	Case FIR No.	28/2025	2.Police Station	Nanded Rural(PS), NANDED, MAHARASHTRA
3	Under section	Bharatiya Nyaya Sanhita 2023 Section 106(1).Causing Death by Negligence , Section 281.Rash driving or riding on a public way		
4	Registration number of the Vehicle	MH38B3265		
5	Make/Model/Colour/Type of Vehicle	5245 DI TAFE LIMITED RED Tempo/Tractor		
6	In Case of HTV/MGV/LGV a) Whether lateral under run Protective device (LUPD) and rear under run Protective device (RUPD)(for vehicle weighing more than 3.5 tones and more) b) Whether speed governor installed & functional and otherwise. :	(b)		
7	In case of commercial vehicle a) Particual of Fitness.: b) Particual of Permit.:	03-JUL-2026		
8	Point of impact and Damage	Front Damage		
9	Mechanical condition of vehicle	Mechanically Fit		
10	Paint mark if any	No		
11	Condition of Braking system i.e. Working or not? :	Even		
12	Whether the vehicle fitted with anti-lock braking system(ABS) a) If yes, Whether It is functioning or not ? b) Whether trails regarding Skid mark of ABS fitted vehicle have been carried out to etimate speed of the vehicle			
13	Whether vehicle modified by 1) installing CNG/LPG kit : 2) Change of vehicle Body	No No		
14	Condition of tyre whether Original or retreated?	In Order	15. Whether horn was installed and functional?	No
16	Whether the brake lights and other lights functional?	Yes		
17	Conditions of safety bags in the vehicle ?			
18	Whether the vehicle have faulty number plate?	No	19. Whether the vehicle has tined glasses?	
20	Whether the vehicle was educational institution bus,whether vehicle was fitted with doors that can be shut and whether the vehicle had suitable inscription to indicate that They are in duty of an educational institute , as per guideline of M C Mehata vs union of India (1998) 1 SCC676 and M C Mehata vs union of India (1998) 1 SCC 676 1 SCC413?			