10 FORM COMP AA

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

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1	Name of the Police Station	Mukhed dist.Nanded
2	CR.NO./TAR No./SDE No.	161/2025 U/S 281, 106(a)125(a)(b) Bhartiya Naya Shanhita-2023
3	Date. Time and Place of the accident.	09/07/2025 at 03.30 hrs Shivaji Maharaj Chowk Jamb (bk) tq.mukhed Di.Nanded
4	Name of the Injured/Deceased	Ismail Sardar Sayed Age 75 Year R/o Raoankola Tq.Jalkot Di. Latur
5	Name of Hospital to Which he/she was removed	PHC Jamb(bk) Tq. Mukhed Govt. Hospital Jalkot
6	Number of vehicles and type of the vehicle	RJ-05-GC-3787 Truck
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.	Raju Ballu Dangre Age 26 Year R/o Bhogava Punarvas Tehsil Punasa District Khandwa Mo. No. 8818988109 RTO KHANDVA Madhy Pradesh MP1020160042588
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	Raju Ballu Dangre Age 26 Year R/o Bhogava Punarvas Tehsil Punasa District Khandwa Mo. No. 8818988109
9	Name and address of the insurance Company with whom the vehicle was insured and the Divisional office of the said insurance Company.	ICIC Lombard Ganrul Insurance Co.Ltd
10	Number of Insurance Policy/ Insurance Certificate and the date of Validity of the insurance Policy/ Insurance Certificate.	45080031250200000390
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 Mukhed
Dist. Nanded (M.S)

पोलीस स्टेशन, मुखेड ★ ता.मुखेड जि.नांदेड ★

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):** मुखेड
FIR No.(प्रथम खबर क्र.): 0161 **Year (वर्ष):** 2025
Date and Time of FIR (प्र. ख. दिनांक आणि वेळ): 11/07/2025 15:53

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	125(a)
3	भारतीय न्याय संहिता (बी एन एस), 2023	125(b)
4	भारतीय न्याय संहिता (बी एन एस), 2023	106(1)

3. (a) **Occurrence of offence (गुन्ह्याची घटना):**
1. **Day(दिवस):** बुधवार
Time Period (कालावधी): पहर 1
Date From (दिनांक पासून): 09/07/2025
Date To (दिनांक पर्यंत): 09/07/2025
Time From (वेळेपासून): 03:30 बजे
Time To (वेळेपर्यंत): 03:30 बजे

(b) **Information received at P.S. (माहिती मिळालेले पोलीस ठाणे):**
Date (दिनांक): 11/07/2025 **Time (वेळ):** 15:24 बजे

(c) **General Diary Reference (रोजनामचा संदर्भ):**
Entry No. (नोंद क्र.): 014
Date & Time (दिनांक आणि वेळ): 11/07/2025 15:24 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):**
पश्चिम, 22 किमी **Beat No. (बिट क्र.):**
(b) **Address (पत्ता):** जांब चौकात जळकोट कडे ,रस्त्याचे बाजुला

(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): शादुल्ला ईस्माइल सय्यद

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

(c) **Date/Year of Birth** (जन्म तारीख/वर्ष): 1978

(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	रावनकोळा,जळकोट ,जळकोट,लातूर,महाराष्ट्र,भारत
2	स्थायी पता	रावनकोळा,जळकोट ,जळकोट,लातूर,महाराष्ट्र,भारत

(i) **Occupation** (व्यवसाय):

(j) **Phone number** (फोन नं.):

Mobile (मोबाइल नं.): 91-8237169523

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	ट्रक क्र RJ- 05 -GC -3787 चा चालक नाव माहीत नाही			1. माहीत नाही ,माहीत नाही , मुखेड,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 दिनांक 11/08/2025

मी, शादुल्ला ईस्माइल सय्यद वय 47 वर्ष व्यवसाय शेती रा. रावनकोळा ता. जळकोट जि. लातुर मो. नं 8237169523

समक्ष पोलीस स्टेशन ला येवुन जबाब लिहुन घेण्यास सांगतो की मी वरील ठिकाणचा राहणार असुन मला दोन मुले व दोन मुली असुन शेती करुन उपजिवीका भागवितो

दिनांक 09/07/2025 रोजी दुपारी 03.30 वाजताचे सुमारास माझे वडिल नामे ईस्माइल सरदार सय्यद हे हाडोळती येथे मुलीला भेटण्यासाठी गेले होते मुलीला भेटुन रावनकोळा येण्यासाठी जांब चौकात गाडीची वाट बगत जळकोट कडे जाणा-या रस्त्याचे बाजुला थांबले असता दुपारी 03.30 वाजताचे सुमारास उदगीर कडे जाणारा एक ट्रकने जिचा क्रमांक RJ- 05 -GC -3787 चा चालक हा त्याचे ताब्यातील ट्रक भरधाव वेगात हयगई व निष्काळजीपने चालवित आनुन माझे वडिल ईस्माइल सरदार सय्यद वय 70 वर्ष रा.रावनकोळा ता. जळकोट जि. लातुर रा.यांना जोराची धडक दिली.त्यामुळे त्यांचे दोन्हा पायाला व शरीरावर ईतर ठिकाणी गंभीर स्वरुपाचा मार लागला.त्यावेळेस मी व ईतर लोकांनी माझे वडिलास उपचारकामी स.द.जळकोट येथे आनले तेथील डॉक्टर यांनी माझ्या वडिल यांचेवर प्राथमीक उपचार केला तो उपचारा दरम्यान दिनांक 09/07/2025 रोजी रात्री 07.30 वाजता मरण पावला आहे. .तेंव्हा तेथील पोलीसांनी माझ्या वडिलांच्या प्रेताचा इंन्वेस्ट पंचनामा केला नंतर डॉक्टरांनी माझ्या वडिलांच्या प्रेताचे पोस्टमार्टम केले नंतर माझ्या वडिलांच्या प्रेत माझे व नातेवाईकांचे ताब्यात दिले वरुन आम्ही वडिलाचे प्रेत आमचे गावी रावनकोळा येथे घेवुन आलो.व तिथे वडिलांच्या प्रेताची अंत्यविधी केली. त्यानंतर मला माहीती मिळाली की, माझे वडीलास धडक देनारे ट्रक ज्याचा क्रमांक RJ- 05 -GC -3787 असा आहे माझे वडिल मरण पावल्याने मी आजपावेतो दुखात होतो व दुखातुन सावरल्यावर आज रोजी पोलीस स्टेशनला येवुन माझे वडिलास धडक देनारे ट्रक या चालका विरुद्द तक्रार देत आहे. तरी त्यांचे विरुद्द कायदेशिर कार्यवाही होवुन मला न्याय द्यावा हि विनती

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):

LAXMAN VYANKATRAO KENDRE(I (Inspector)) / API **or** (किंवा)

(2) Directed (Name of I.O.) (तपास अधिका-याचे नाव):

No.(क्र.):

Rank (पद):

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): LAXMAN VYANKATR
Rank(पद): I (Inspector)
No.(सं.): API

SID: 4791037070962375

Opening Date Time: 11/07/2025 16:32 Closing Date Time: 11/07/2025 16:38

Brief About Incidence: Statement

Indicative FIR No: 19389019250161

Video(s):

1.

File Name:	1752232039213.mp4
Start Time:	11/07/2025 16:36:30
End Time:	11/07/2025 16:37:19
Video Duration:	49 sec
Hash Value:	d458e1cc1e7a4c97396cf8bd93e0ea4400985f26ee90a0a3a6207ba341364328
Latitude/ Longitude:	18.7045601 / 77.3673909

Photo(s):

1.

File Name:	1752232046232.jpg
Capture Date Time:	11/07/2025 16:37:26
Hash Value:	20aae5154f5fc9377af19ec5d2d9f44ff3a02aa965056ec35644e12a0d377f92
Latitude/ Longitude:	18.7045592 / 77.3673498

Witness Details

Witness Details: waa shadulla ismail sayyd age 47 year at ravnkola tq mukhed

File Name:	1752232093537.jpg
Capture Date Time:	11/07/2025 16:38:17
Hash Value:	b144068298103319b8c16010b08abe6f3b4420174e0ef798ec107e8544ed69
Latitude/ Longitude:	18.7045592 / 77.3673499

THE SCHEDULE
(See section 63(4)(c)]
CERTIFICATE
PART A
(To be filled by the Party)

I, ravindra ghule, designated as Police Constable (PC), Mobile Number 8407910709 do hereby solemnly affirm and sincerely state and submit as follows:-

I have produced electronic record of the digital record taken from the following device: -

Mobile Make & Model: SAMSUNG, SM-S916B

Mobile App: eSakshya version: 4.1.2

The digital device or the digital record source was under the lawful control for regularly creating, storing or processing information for the purposes of carrying out regular activities and during this period, the computer or the communication device was working properly and the relevant information was regularly fed into the computer during the ordinary course of business. If the computer/digital device at any point of time was not working properly or as of operation, then it has not affected the electronic/digital record or its accuracy. The digital device or the source of the digital record is: - Owned and Operated by me.

I state that the HASH value/s of the electronic record/s is 'dbaaf2f3b593d9f8b97918ef5b1f8700a0b8736a9e410a440b2807d2e02f532c' obtained through the following algorithm: - SHA256 and the hash values of individual photo/video is enclosed with the certificate

ravindra ghule

Date: 11/07/2025 16:38
Place: Mukhed
Latitude: 18.7044176 - Longitude: 77.3675079

Investigating Officer Selfie

File Name:	1752232102422.jpg
Capture Date Time:	11/07/2025 16:38:22
Hash Value:	32a80f276384fe0cd39a5baf98ab0b3853ef0216a983d7 51098b4a71312fc96d
Latitude/ Longitude:	18.7045891 / 77.3674179

महाराष्ट्र शासन आरोग्य सेवा

प्राथमिक आरोग्य केंद्र जांब बु. ता.मुखेड जि. नांदेड

आरोग्य विभाग जि.प.नांदेड

NHM
राष्ट्रीय आरोग्य अभियान महाराष्ट्र

पत्ता : [illegible]

रुग्णांचे नांव: [illegible]

किती काळ आजारी आहे

वय : ७० [illegible]

निदान :

दिनांक : 9/7/28

रोगाची लक्षणे	औषधोपचार	किती दिवसासाठी

महाराष्ट्र आरोग्य सेवा विकास प्रकल्प

संदर्भ चिट्ठी

Referral Card

जिल्हा : Nanded

नोंदणी क्रमांक .....
Registration No. .....

संदर्भित करणा-या संस्थेचे नांव :- P.H.C Jamb Bk Ta. Loukhed Dist Nanded
Name of the Referring Hospital :-

रुग्णांचे नांव :- Ismail Sardar Sayyad
Name of the patient

वय :- .....
Age :- 70

स्त्री / पुरुष
Female / Male : Male

पत्ता :- Ravankola Ta. Jalkot Dist Latur
Address :-

संदर्भाची तारीख व वेळ :- 9/07/2025 at 4:30 pm
Date & Time of Referral :-

संदर्भित करणा-या वैद्यकीय अधिका-याची निरिक्षणे :-
Observation by referring Med. Officer :-

प्राथमिक निदान :- Head injury Lacerated ⓜ ⓒ on both legs.
Provisional Diagnosis :-

उपचार तथा चाचण्या :-
Treatment / tnvestigation :-

संदर्भित करावयाच्या रुग्णालयाचे नांव :- For farther management
Name of the Hospital Referred :-

संदर्भित करण्याचे कारण :-
Peprose of reference :-

संदर्भित करणा-या व्यक्तीची स्वाक्षरी व हुद्दा :- report
Signature & Designation of referring Personal

वैद्यकिय अधि
प्राथमिक आरो
गाव (बु.) ता. मुखे

Feedback Card

Name of the Receiving Hospital :-
Name of the Patient :-
Age _____ Sex : _____ Registraiton No. _____
Remark about the condition of patient by receiven g Med. Officer
Date & Time Received.
Follow up advise
Date : / /20
Time

Signature of receiving Med.o

ग्रामीण रुग्णालय, जळकोट

डॉ ४१

प्रति,

पोलीस निरीक्षक,

पोलीस स्टेशन, जळकोट

महोदय,

दिनांक 09.11.2024 रोजी 06:33 P.M वाजता ग्रामीण रुग्णालय, जळकोट येथे

Mr Esmail sardar sayyed.

श्री/श्रीमती

वय 80 Y सहणार Ranankatty हे रुग्णालयात दाखल झाले आहेत.

आपल्या माहितीस्तव व कार्यवाहीसाठी (Readmitted for [RTA] Head Injury Pneumothorax [A: 6:45 P.M])

Declared Dead at R.H Jalkot

वैद्यकिय अधिकारी
ग्रामीण रुग्णालय, जळकोट

C.M. 67e

pm no. 8/2025 Dr. Kadam O. B.

(O-127)–9-2008–5,00,000 Bks./4 lvs.--PA4*
., G. D., No. 733/33, dated 16-6-41 and
R., H. and L. G. D., No. 733/33, dated 11-12-47,
de 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 Rural Hospital Jalkot Dispensary / Hospital

on the dead body of Ismail Sardar Sayyad of Village / City Ravankola

Taluka Jalkot, District Latur, by Dr. Kadam O. B.

I. *General Particulars*—

1. (a) By whom was the corpse sent? Police Head Constable 143 Mr. S. G. Gudape Police Station Jalkot

(b) Name of place from which sent. RH Jalkot

(c) Distance of place from which sent. –

2. By whom was the corpse brought? –

3. By whom identified? Mr. Shadulla Ismail Sayyad 47 yrs. Ravankola

4. The date, hour and minute of its receipt. 6.45 pm 9/7/2025

(a) The date, hour and minute of beginning post-mortem examination. 10/7/2025 at 7.30 AM

10/07/25 Gudape HC 143

(b) The date, hour and minute of ending post-mortem examination. 10/7/2025 at 9.00 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. Police panchana, inquest report mentioning Name Age Sex Add Suppsed cause of death due to Serous injuries in road accident

6. If not examined at Dispensary or Hospital— —

(a) Name of place where examined. RH Talkot.

(b) Distance from Dispensary or Hospital—

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

II. External Examination—

7. Sex, apparent age, race or caste. male about 80yrs muslim with white Beard and Scalp hairs.

Description of clothes and of ornaments on the body. White full shirt Banian and white pant with yellow and white striped underwear

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 at scars, tattooing etc., any malformations peculiarities, or other marks of identification. State of the teeth. —

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. well nourished. cold

11. ***Rigar Mortis***—Well-marked, slight or absent; whether present in the whole body or part only. well marked 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. postmortem lividity present on Back. fixed.

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

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

15. Injuries to external genitals. Indication of purging.

No injuries to external genitals — purging stool from anus.

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.

Arm are flexed at elbow joint, lower limb seen starch in extended position

Injuries (All antemortem inj

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) Avulsion of skin muscle & compound and multiple fractured all digit Bone, metatarsal Bone and tarsal Bone upto Calcaneum and ankle joint & bleeding. (Rt) fo

(2) Avulsion of skin and subcutaneous tissue and muscle at calf region and middle part leg (Rt) & bleeding

(3) swelling and depressed fracture of tibia fibula and patella at (Rt) low limb.

(4) Swelling and depression fracture & crepitation at (lt) knee joint, involving tibia and fibula.

(5) Avulsion of skin, muscle flap (lt) foot dorsum aspect upto Bone & tarsales and metatarsal Bones, & bleeding.

(6) Abrasion above (lt) knee joint

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

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

III. *Internal Examination*—

19. *Head*—

(i) Injuries under the scalp, their nature. No fracture under scalp.

(ii) *Skull*—Vault and base-describe fractures, their sites, dimensions, directions, etc.

(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). Brain appears Normal in size, weight. covering pale.

20. *Thorax*—

(a) Walls, ribs, cartilages NAD

(b) Pleura NAD

(c) Larynx, Trachea and Bronchi. pale on cut section.

(d) Right Lung Anthracosis present. pale on cut section

(e) Left Lung Anthracosis present. pale on cut section.

(f) Pericardium pale on cut section.

(g) Heart with weight pale on cut section. Blood clot seen in (RT) Ventricle.

(h) Large vessels - filled & dark Blood.

(i) Additional remarks. —

21. ***Abdomen***—

Walls	intact
Peritoneum	No fluide was pale on cut section
Cavity	empty. No free fluide
Bucal Cavity, teeth, tongue and Pharynx.	NAD
Desophagus	pale on cut section.
Stomach and its contents	contain about 50-100 ml undigested fo
Small intestine and its contents.	contain - semisolid fo digested food paudy.
Large intestine and its contents.	- Empty pale on cut section.
Liver (with weight) and gall bladder.	pale on cut section.
Pancreas and Suprarenals	pale on cut section.
Spleen with weight	pale on cut section.
Kidneys with weight	pale on cut section.
Bladder	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.	
State which viscera (if any) have been retained for chemical examination and also quote the numbers on the bottles containing the same.	—

M. 67 e.
10' B.

nd Spinal Cord—

ensary
ital

Not examined.

Opinion as to the cause probable cause of death.

dope

According to my opinion based on postmortem examination. cause of death is 1. Death Due to Hemorrhagic shock due to polytrauma.

1 10/7 2025

Medical Officer
(Signature)
Rural Hospital Jalkot

*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*.

P M No. 08 / 2025 200 .

Place — Dispensary / Civil Hospital RH Jaulcot 10/7 2025.

Forwarded to the Police Sub-Inspector Police Station Jaulcot

for information with reference to his No. CCTNS/Dkt. 22 of 2025 200 9/7/2025

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

Civil Surgeon / M. M. S. Officer
Rural Hospital Jaikot

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

M. M. S. Officer

Seen and examined by the Civil Surgeon,

200 . on

Remarks of the Civil Surgeon, (if any)

Civil Surgeon

(वाय) 355-50,000 प्रती-12016.

FORM:II

CRIME DETAILS FORM

घटनास्थळ पंचनामा/गुन्हयाचा तपशीलाचा नमुना

State .... राज्य महाराष्ट्र Dist ...... जिल्हा नांदेड P.S. .... पोलीस ठाणे मुखेड FIR/Proceeding/G.D.No. .... पहिली खबर/कार्यवाही. 161 Year 2024-.. वर्ष 2025 Date .... दिनांक 11/07/2025

1. Act and Sections ...... अधिनियम व कलमे 281, 125(a), 125(b), 106(1) BNS-2023

2. The Place of Occurrence shown by :
   Name ...... नाव : श्री दुल्ला सय्यद Father's Husband's Name ...... पित्याचे / पतीचे नाव : इस्माईल सय्यद
   Address ...... पत्ता : रा. रावणकोळा ता. जळकोट जि. लातुर

3. TYPE OF CRIME (All including M.O.Crime) :
   गुन्ह्याचे प्रकार (गुन्हयाच्या सर्व पध्दती सह) :
   (i) *Major Head ...... प्रधान शिर्ष : हयगय व निष्काळजीपणे
   (ii) Classification of Major Head ...... प्रधान शीर्ष चे वर्गीकरण : वाहन चालवून मरणास कारणीभूत झाले
   (iii) *Method(s) पध्दती :
   (1) आतील ट्रक क्रमांक RJ-05-GC-3787 चा चालकाने त्याचे ताब्यात
   (2) वाहन हयगय व निष्काळजीपणे भरधाव वेगात चालवून रोडवरून चा
   (3) इस्माईल समोरून धडक देवून त्याचे मरणास कारणीभूत झाला आहे.
   (iv) *Conveyances used : ...... वापरलेली वाहने : RJ-05-GC-3787
   (v) *Character assumed : ...... `लेले वेषांतर / `लेली बताव ाी : —
   (vi) *Language / S.lang.used : ...... वापरलेली भाषा / बोली भाषा : —
   (vii) *Special Feature-1 : ...... विशेष वैशिष्ठ्य-1 —
   *Special Feature-2 : ...... विशेष वैशिष्ठ्य-2 —
   *Special Feature-3 : ...... विशेष वैशिष्ठ्य-3 —
   (viii) *Type of place of Occurrence : घटनेच्या ठिकाणचा प्रकार मौ. जांब (बु) येथे छत्रपती शिवाजी महाराज चौक
   (ix) *Type of property involved (4 Type) : (Major head of the property to be filled)
   अंतर्भुत मालमत्तेचे प्रकार

1) ...... —

2) ...... —

2) ......

4) ......

4. Particulars of the victims (Attech separate sheet, if required) :
बळीचा तपशील (आवश्य असल्यास स्वतंत्र कागद जोडावा) :

Sr. No अ. :.	Full Name संपू ि नाव	Date/Year of Birth जन्म तारी ा वर्ष	Sex लिं ा	Nationality राष्ट्रीयत्व	Religion धर्म	Whether SC/ST जाती जमाती	Occupation व्यवसाय	Address पत्ता	Inj (Griev / Simpl दु गापत ंभीर / साधी
1	2	3	4	5	6	7	8	9	10
1)	ईस्माईल सत्तार सय्यद	80	पु	भारतीय	मुस्लीम	मुस्लीम	शेती	रा. रावनकोळा ता. जलकोट जि. लातुर	ट्रक ने समो धडक देवून मरणास का झाला. आ

5. Motive of crime : ट्रक क्र. RJ-05-GC-3787 चा चालकाने भरधाव वेगात हयग
गुन्ह्याचा हेतु: व निष्काळजीपणे चालवून मरणास कारणीभूत झाला आहे.

6. Details of properties Stolen/Involved : [Use appropriate prescribed forms (s) and attach] :
चोरीच्या / अंतर्भुत मालमत्तेचा तपशील (योग्य नमुना वापरावा व सोबत जोडावा) :

7. Description of the place of occurrence :
घटनेच्या जागेचे वर्णन : आम्ही पंचास ए.बि.कमम पो.स्टे.मुरुड यांनी कळवी कि पो.स्टे.मुरुड गु.र.नं. 161/2025 कलम 281, 106(1), 125(A)(B) B प्रमाणे दाखल असुन सदर ठिकाणचा घटनास्थळ पंचनामा करणे आ मुळकी पंच म्हणुन हजर रा असे कळविल्याने आम्ही शिवाजी महाराज चौक जांब (बु) येथे हजर आलो. तेथे फिर्यादी व पोलीस हजर हो आम्ही सदा ठिकाणी गेल्यानंतर फिर्यादीने घटनास्थळ दाखवीत असता हकिकत सांगीतली ती पुढील प्रमाणे
दि. 09/07/2025 रोजी दुपारी 03.30 वाजता माझे वडील ना ईस्माईल सत्तार सय्यद हे हाडोलती येथे मुलीला भेटण्यासाठी गेले होते तेथुन परत येताना शिवाजी महाराज चौकामध्ये ते जलकोट जा रोडच्या कडेनी जात असताना, पाठीमागुन एक ट्रक क्रमांक ~~MH~~ RJ-05 GC-3787 चा चालकाने त्याचे ताब्यातील ट्रक भरधाव वेगात हयगय निष्काळजीपणे चालवीत आणुन माझे वडील ईस्माईल सत्तार सय्यद यां पाठीमागुन धडक दिली. त्यामुळे त्यांचे दोन्ही पायाला व डोक्यावर इतर ठिकाणी गंभीर स्वरुपाचा मार लागला होता, त्यावेळी मी व इतर नातेवाईक

[Continue

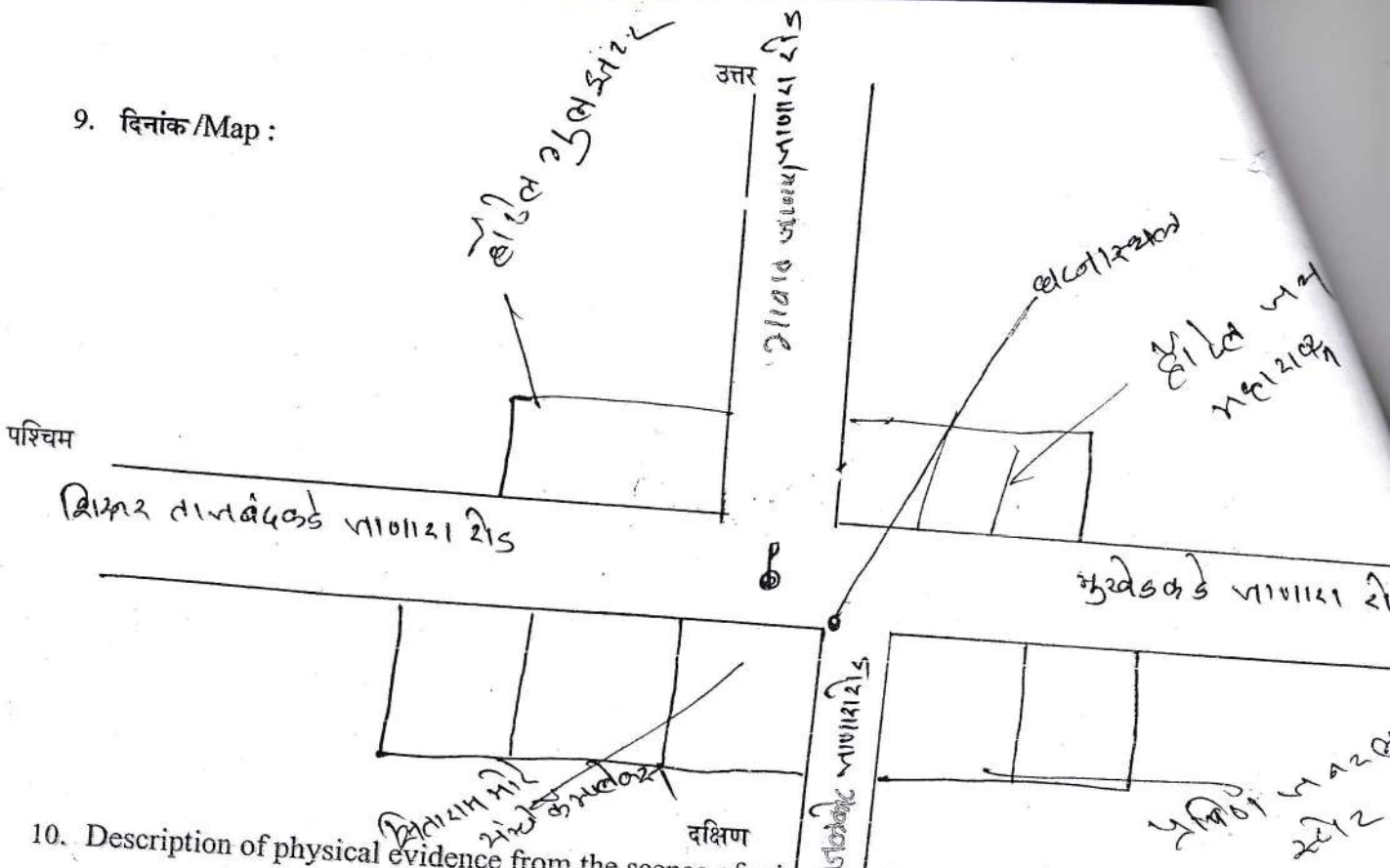
8. Description of the place of occurrence (Contd) :
घटनेच्या जागेचे वर्णन (पुढे चालु) :

त्यांनी उपचारासाठी घेऊन गेलो. त्यांना आम्ही उपचारासा
घेऊन जात असताना 07.30 वाजता ते मरण पावले आहेत.
त्यामुळे माझ्या वडीलांचे प्रेतावर इन्क्वेस्ट पंचनामा करून पि.एम
करून त्यांचे प्रेतावर पि.एम. करून आमचे ताब्यात दिले आहे.
तरी माझे वडिल यांना याच ठिकाणी धडक देवून त्यांचे गंभीर जखम
केले आहे ते सदर ठिकाणी झाली आहे असे म्हणून ओळख्या
हकिकत सांगुन घटनास्थळ दाखवीले आहे.
सदर घटनास्थळी आम्ही व पंच यांनी बारकाईने
पाहणी केली असता तेथे पुराव्या कामी जप्त करण्यासारखे काही
मिळुन आले नाही सदर ठिकाणावरून या पुर्वीच ट्रक क्रमांक RJ-0
GC-3787 हा जप्त करून सुरक्षेसाठी दुचीकोनाकुन पोलीस चौकी
येथे लावण्यात आला आहे. सदर घटनास्थळ पहाता ते मौ.जां
(क) येथे शिवाजी महाराज चौकामध्ये चौड्या केलेला जळकोट रो
आहे. सदर ठिकाणावरून राज्य महामार्ग 225 व राष्ट्रीय महा
50 आहे. सदर ठिकाणी हे मोकळ्या जागेमध्ये आहे सदर
ठिकाणाची चतुःसिमा पहाता ते खालील प्रमाणे आहे
पुर्वेस :- शिवाजी महाराज चौक व राज्य महामार्ग 225 दिसत
पश्चिमेस :- सितारास पाटील यांचे कॉम्प्लेक्स व राज्य महामार्ग 225
दक्षिणेस :- जळकोट कडे जाणारा राष्ट्रीय महामार्ग 50 दिसत आ
उत्तरेस :- राज्य महामार्ग 225 व शिवाजी महाराज चौक दिसत

Lat. 18.654212 Long. 77.181915

सदर घटनास्थळ पंचनामा हा दिनांक 13/07/20
रोजी वेळ वा ते वाजे पर्यंत दिवसाचे प्रका
उजेडात करण्यात आला असुन तो दिसल्या परिस्थीती नुसा
बरोबर व खरा आहे.

9. दिनांक /Map :



10. Description of physical evidence from the scence of crime for the property recovered /seized for the purpose of investigation : तपासकामी प्रत्यक्ष पुरावा म्हणुन गुन्ह्याचे जागेवरुन मिळविलेल्या/जप्त केलेल्या मालमत्तेचे वर्णन

एक क्रमांक RJ-05-UC-3787 हा जप्त करण्यात आला होता.

11. Date and Time of Panchnama . दिनांक 13/07/2025 Time 17.00 वा to 17.30 वा
घटनास्थळ पंचनाम्याची दिनांक वेळ ते पर्यं

12. Name and Address of Panchas पंचाचे नाव व पत्ता :- Signature of Panchas (पंचाची सही)

(1) नबिसाब मकबुल शेख वय 55 वर्षे व्यवसाय शेती (1)
रा.रावनकोळा ता.जळकोट जि.लातुर मो.ने. 9923662154

(2) महेबुब रसुल सय्यद वय 43 वर्षे व्यवसाय शेती (2)
रा.रावनकोळा ता. जळकोट जि.लातुर मो.ने. 8291006347

Date :- 13/07/2025
दिनांक :

Signature of I.O. (तपासी अंमलदाराची सही नाव व पत्ता)
Name (नाव) :-
Rank (दर्जा) :-
Posting/Address (पत्ता) :- पो.स्टे. मुखेड ,जि.नांदेड

HC/2223 ए.डी
कदम पो.स्टे,मुखेड

THE SCHEDULE
[See Section 63(4)(c)]
CERTIFICATE
PART A
(To be filled by the Party)

I, Ganesh madav wename, designated as Police Constable (PC), Mobile Number 8007178701 do hereby solemnly affirm and sincerely state and submit as follows:-

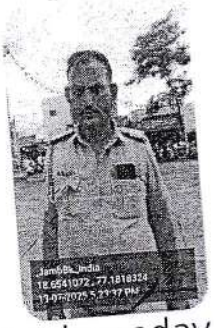
I have produced electronic record of the digital record taken from the following device: -

Mobile Make & Model: ONEPLUS, CPH2491

Mobile App: eSakshya version: 4.1.9

The digital device or the digital record source was under the lawful control for regularly creating, storing or processing information for the purposes of carrying out regular activities and during this period, the computer or the communication device was working properly and the relevant information was regularly fed into the computer during the ordinary course of business. If the computer/digital device at any point of time was not working properly or as of operation, then it has not affected the electronic/digital record or its accuracy. The digital device or the source of the digital record is: - Owned and Operated by me.

I state that the HASH value/s of the electronic record/s is 'a0c5c02d747ce0eb6d4cc7ed54e3056584e6a5d51b3f082cd82dd2563dc6c0ec' obtained through the following algorithm: - SHA256 and the hash values of individual photo/video is enclosed with the certificate



Ganesh madav wename

Date: 13/07/2025 17:23
Place: Jamb Bk.
Latitude: 18.6541987 - Longitude: 77.181879

SID: 1075372870154507

Opening Date Time: 13/07/2025 17:14 Closing Date Time: 13/07/2025 17:23

Brief About Incidence: ghatanasthal panchama

Indicative FIR No: 19389019250161

Video(s):

1.	File Name:	1752407167890.mp4
	Start Time:	13/07/2025 17:15:15
	End Time:	13/07/2025 17:16:07
	Video Duration:	52 sec
	Hash Value:	cb326764eaf31da5475da9303657280e072261ced1c 6647d4366cfce727f67
	Latitude/ Longitude:	18.6542871 / 77.1817313

Photo(s):

1.	File Name:	1752407189958.jpg
	Capture Date Time:	13/07/2025 17:16:30
	Hash Value:	86ce2b09e672b72e05acc5d255dce024ceba25945e3 e1c8410b5dfc58c58cb
	Latitude/ Longitude:	18.6542633 / 77.1818683
2.	File Name:	1752407210565.jpg
	Capture Date Time:	13/07/2025 17:16:50
	Hash Value:	1c12891330ce82c89639fedf4329d2e6fe4d913593fe1 bee6396e5e8bf7453b
	Latitude/ Longitude:	18.6542467 / 77.1819349

Witness Details

Witness Details: Nabisab maqbool shaikh at. raonkola tq. jalkot di Latur mo.no.9923662154

File Name:	1752407274782.jpg
Capture Date Time:	13/07/2025 17:17:58
Hash Value:	21122cc56714f9ca1699049bfeeca4ea1995fcec71ccd735677616616db3d898
Latitude/ Longitude:	18.6542871 / 77.1817313

Witness Details: Mehboob rasul sayyed at. raonkola tq.jalkot di.latur

File Name:	1752407333992.jpg
Capture Date Time:	13/07/2025 17:19:05
Hash Value:	11f83351c5fbe4fa34fb6042c1df158d766afcaa36e9e4bf7a96814d0ce1d83d
Latitude/ Longitude:	18.6542871 / 77.1817313

Witness Details: mahbub Rasool Syed at Ravan kola tq jalkot district Latur mo.no.8291006347

File Name:	1752407415642.jpg
Capture Date Time:	13/07/2025 17:20:24
Hash Value:	d681eeb8edb9268f2553b183b540470b8f9a895e4c811b9499844d6200bd2c09
Latitude/ Longitude:	18.6542871 / 77.1817313

Witness Details: Nabi Sahab maqbool Shaikh at. Ravan kola taluka jalkot jila latur mo.no.9923662154

File Name:	1752407470883.jpg
Capture Date Time:	13/07/2025 17:21:15
Hash Value:	e27f219330361df9cf18d9d1de8c8c07c0d652bb545567f6395cffd9cd141e79
Latitude/ Longitude:	18.6542871 / 77.1817313

Witness Details: Siraj sadul sayyed at.raonkola tq jalkot di.lature mo.no.9325459235

File Name: 1752407585207.jpg

Capture Date Time: 13/07/2025 17:23:13

Hash Value: a09e2a7f644cc90bda710982300fb031d94b9dac32de1a44438f1687e82f268d

Latitude/ Longitude: 18.6542871 / 77.1817313

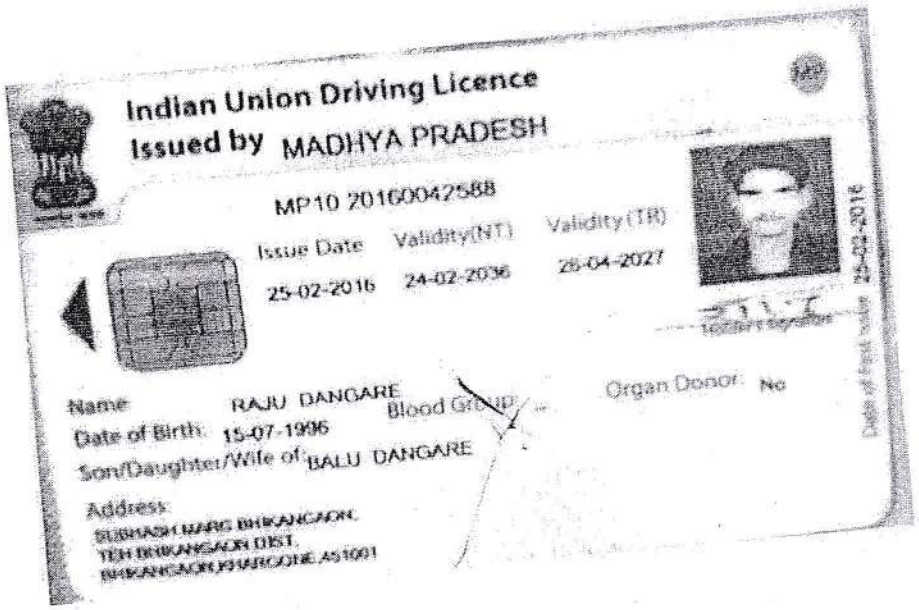
Investigating Officer Selfie

File Name: 1752407618559.jpg

Capture Date Time: 13/07/2025 17:23:38

Hash Value: 5c76168ac2da2e33a739b365826c8364ca679ad5fd44bd2fa3a7b70ce98675e6

Latitude/ Longitude: 18.6541072 / 77.1818324



Indian Union Driving Licence

Issued by MADHYA PRADESH

MP10 20160042588

Issue Date	Validity(NT)	Validity(TR)
25-02-2016	24-02-2036	26-04-2027

Name RAJU DANGARE

Blood Group

Organ Donor No

Date of Birth 15-07-1986

Son/Daughter/Wife of BALU DANGARE

Address

SUBHASH MARG BHIKANGAON

TEH BHIKANGAON DIST.

BHIKANGAON KHARGONE,451001

Date of First Issue 25-02-2016

DL No: MP10 Z0160042588

Invalid Carriages (Regn. Numbers)

Hazardous Validity

Hill Validity

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued by
[illegible]	MCWG	MP10	25-02-2016	NT			
[illegible]	LMV	MP10	25-02-2016	NT			
[illegible]	TRANS	MP10	10-05-2015	TR	OUT OF STX		
MVSD							

Emergency Contact Number

Licensing Authority

ADDL RTO KHARGONE MHTO

(Form 7 Rule 14(2))

मकामुना (ओ-११५)-३-२०१०-५०,००,०००-पीए ४*
शा.नि., सा. वि., क्र.६५२९, दि. ९-९-९३;
शा. प., न. वि., आ. व गृ. नि. वि. क्र. एफआरएम-१०७५/२५८७/ह. दि. २.४.७५

रुग्ण पत्रिका
MEDICAL CASE RECORD

रुग्णालय HOSPITAL: S.D.H. M.
नोंदणी क्रमांक Regd. No.: 987
दिनांक Date: 12/7/25
वेळ Time: 2.10 Ph
कक्ष Ward:
खाट क्रमांक Bed No.: 17
दाखल केल्याचा Admission:
विभाग प्रमुख Under care of — वैद्यकीय अधिकारी M.O.: Dr Umar
विद्यार्थी Student:
रुग्णालयातून सोडल्याचा किंवा मृत्यूचा Discharge or Death — दिनांक Date / वेळ Time:
संपूर्ण नांव Name: राजु बबलु डांगरे
जात Caste: मराठा
वय Age: 25 yrs
पुरुष/स्त्री Sex: male
उत्पन्न Income:
पत्ता Address: आंगावा पुनर्वसन.
व्यवसाय Occupation:
जवळच्या नातेवाईकाचे नाव Next of Kin:
पत्ता Address:
कोणी पाठविले Referred by: 8818988109

निष्कर्ष Result:
(१) संपूर्ण बरा झाला Cured
(२) सुधारणा झाली Relived
(३) मुळीच सुधारणा झाली नाही Unrelived
(४) पळाला Absconded
(५) मृत्यू पावला Died

तात्पुरते रोगनिदान PROVISIONAL DIAGNOSIS:
निश्चित रोगनिदान FINAL DIAGNOSIS:

दिनांक Date	व्याधी विवरण Clinical Note	उपचार व आहार Treatment & Diet
	SIB/DMO Rt - Tattoo over (R) hand A/H/O. - patient brought b police for Yiha before arrest	

(पुढे चालू)
(Case Contd.)

संपुर्ण नांव
Name

दिनांक Date	व्याधी विवरण Clinical Note	उपचार व आहार Treatment & Diet
	C/C Mod Alcoholic BP - 110/70 P - 76/min	
- CBC - LFT - KFT - CRP		
	S/E CVS RAS CNS NAD	
	- No H/O any comorbidity → No H/O any Drug Allergy	
	Patient is haemodynamically stable	

वैद्यकीय अधिकारी
उपजिल्हा रुग्णालय मुखेड
ता.मुखेड जि.नांदेड

Indian Union Vehicle Registration Certificate
Issued by GOVERNMENT OF RAJASTHAN

T RJ

Regn No	Date of Regn.	Regn. Validity	Owner Serial
RJ05GC3787	19-Jan-2018	13-Jun-2026	3

Chassis No
MAT541024H1N26160

Engine/Motor No
ISBE5.91804071L63643116

Owner Name
BALVINDER SINGH

Son/Wife/Daughter of (In case of Individual Owner)
NARENDRA SINGH

Ownership
INDIVIDUAL

Address
538 KHATIWALA TANK NEW NO.995, INDORE(MP), TA PRATAPNAGAR
CHITTORGARH, CHITTAURGARH-RAJASTHAN-312001

Fuel
DIESEL

Emission Norms
BHARAT STAGE IV

Vehicle Class: GOODS CARRIER (HGV)

T RJ

Regn. Number
RJ05GC3787

Maker's Name:
TATA MOTORS LTD

Model Name:
TATA LPT 3718 CR BS-IV 10X2

Colour: / **Body Type:**
NA / COWL

Seating(In all)	/ Standing	/ Sleeper	Capacity
1	/ 0	/ 0	

Unladen / Laden / Gross Combination Weight (Kg)
11200 / 42000 / 0

Cubic Cap. / Horse Power (BHP/Kw) / Wheel Base(mm)
5883.00 / 177.55 / 6750

Month-Year of Mfg.
1-2017

No. of Cylinders 6

No of Axle 4

Form 23A

Registration Authority
CHITTORGARH RTO

HE NEW INDIA ASSURANCE CO. LTD.
(Government of India Undertaking)

(+)Loading for Additional Towing Coverage (+)Loading for Inclusion of IMT 23 (+) Additional OD Premium for Bi-Fuel/CNG/LPG	1500 1038.42 0	(+)LL to Non-fare Paying Passengers (Not Employees of the Insured and not Workmen under WCA)(1)) (+)LL to paid driver conductor cleaner employed for oprn	50 100
Calculated OD Premium	9462	Calculated TP Premium	44392
Total OD Premium (Rs)	9462	Total TP Premium (Rs)	44392
Net Premium (Rs)			53,854
GST (Rs)			7,039
Total Payable (Rs)			60,893
Total Payable in Rs(in words):	RUPEES SIXTY THOUSAND EIGHT HUNDRED NINETY-THREE ONLY		

GSTIN(Issuing Office)	23AAACN4165C1ZZ
SAC	997134 (Motor vehicle insurance services)
Limitation as to use:The Policy covers use only under a permit within the meaning of the Motor Vehicles Act, 1988 or such a carriage falling under Sub-section 3 of Section 66 of the Motor Vehicles Act, 1988.The Policy does not cover use FOR a)Organised racing b) Pace Making c) Reliability Trials d) Speed Testing	
Limits of Liability:Limit of the amount the Company's Liability Under Section II 1(i) in respect of any one accident: as per the Motor Vehicles Act, 1988. Limit of the amount of the Company's Liability Under Section II 1(ii) in respect of any one claim or series of claims arising out of one event: Up to Rs. 7,50,000	
For individual covers (OD) in RS:2100000	Compulsory excess in Rs:1500
Imposed excess in Rs:0	Voluntary excess in Rs:0
Persons or classes of persons entitled to drive:Any person including the 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 Learner's License may also drive the vehicle and that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.	

PA cover for Owner Driver

Name of Nominee	Age of Nominee	Relationship with the Insured	Name of the Appointee (if Nominee is a minor)	Relationship to the Nominee
none	0	none	NA	NA

PA cover for named persons

Name	CSI Opted(Rs.)	Nominee	Relationship
NA	NA	NA	NA

Premium and GST Details	Rate of Tax	Amount in INR
		Rs53854
Premium	0	0
SGST	0	0
CGST	18	9
IGST		Rs0
Premium	0	0
SGST	0	0
CGST	0	0
IGST		

In witness where of this policy has been signed at INDORE DIVISIONAL OFFICE - II on this 21-MAY-25
WARRANTED THAT IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED ABINITIO
This policy is subject to the Terms, conditions and exceptions applicable to Package policy attached/available on the web site http://newindia.co.in; IMT Endorsement Number(s) printed herewith attached 21,23,37,38.

Important notice:

The insured is not indemnified, if, the vehicle is used or driven otherwise than in accordance with this schedule. Any payment made by the company by reason of wider terms appearing in the certificate in order to comply with the Motor Vehicles Act, 1988 is recoverable from the insured: see clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHTS OF RECOVERY". It is clarified that in case the declaration regarding the ncb or other previous policy details made by the insured, is found to be incorrect, all the benefits (including claim) under section-1 of this policy, will stand forfeited.

2153

THE NEW INDIA ASSURANCE CO. LTD.
(Government of India Undertaking)

[B]

POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

Commercial Vehicle Package Policy

UIN Number - IRDAN190RP0044V01100001

Policy Number :450800312501000000390

POLICY ISSUING OFFICE:	BUSINESS CHANNEL/CPSC User:	CLAIM CONTACT:
INDORE DIVISIONAL OFFICE - II (450800), INDORE DO-2 , 313-316, 3RD FLOOR , SHEKHAR CENTRAL, PALASIYA SQUARE , INDORE , MADHYA PRADESH , 452001. PHONE NUMBER:07314029854 / 07314029855 FAX NUMBER:07314029857 / NA Email:nia.450800@newindia.co.in	NAME: DIRECT BUSINESS - (2D10673178) Mr. Gurdarshan Singh Bhatia - (NIA2D10666171), PHONE NUMBER: / / 9826016824 LAND/FAX NUMBER:/ EMAIL:gsbhatia]l@rediffmail.com /	Indore Non Suit Claim Hub (459001) ADDRESS: 313-316, THIRD FLOOR, SHEKHAR CENTRAL BUILDING, PALASIA SQUARE, INDORE, M.P.-452001 , , , MADHYA PRADESH , 452001. PHONE NUMBER: 07314950527 / MOBILE NUMBER: 7314950527 Email: ch459001@newindia.co.in

INSURED DETAILS			
Insured's Name	BALVINDER SINGH	Customer ID	POC2882399 (PAN No :NA)
Insured's Address	538 KHATIWALA TANK NEW NO 995 INDORE(MP) TA PRATAP NAGAR CHITTORGARH,CHITTAURGARH-RAJASTHAN 312001,,, CHITTORGARH ,RAJASTHAN, 312001	Contact Number	/ / XXXXXX6922
		Email	
		GSTIN	NA

POLICY DETAILS			
Period of cover	21/05/2025 05:09:38 PM to 02/04/2026 11:59:59 PM	Receipt Number	4508008125000000318S - 21/05/25
Previous Insurer	Not available	Previous Policy Number	NA

VEHICLE DETAILS			
Geographical Area / Zone:	India/C	Year of manufacture:	2017
Type of Commercial Vehicles:	A - Goods Carrying	Sub Type:	Other than 3 wheeler - Public Carrier
Name of the Financier:		Chassis no./Engine no.:	MAT541024H1N26160/ISB ES.91804071L63643116
Type of fuel:	Diesel	Cubic capacity (CC):	0
Type of body:	Open	Gross Vehicle Weight (GVW):	42000
Make/Model:	TATA MOTOR/LPT 3718	Registration no.	RJ-05-GC-3787
Seating capacity including Driver:	2	Variant:	BSIV COWL 10X2 GVW 42000
Automobile Association membership:	none	Colour:	OTHER
Cover Note No/Cover Note Issue Date:	/	Name of registration authority:	Bharatpur
FASTag ID:			

INSURED DECLARED VALUE (Rs)					
Vehicle	Trailer	Non-Elec Acc	Electrical Acc	Bi-fuel/CNG/LPG kit	Total Value
2100000	0	0	0		2100000

SCHEDULE OF PREMIUM			
Own Damage		Liability	
Basic OD Premium	5708	Basic TP Premium	44242
(+)Additional premium for GVW above 12000KG	1715		0

Verified
Digitally signed by OHIRA KUMAR
Date: 2026.05.21 17:12:43 IST

Policy No. : 450800312501000000390 is scanned generated by 30803 at 2026/05/21 17:12:47.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

Give your valuable feedback on https://www.newindia.co.in/portal/policy-services.htm

For redressal of your grievance, if any, you may approach any one of the following offices: 1. Policy issuing office 2. Regional office 3. Head office In case, you are not satisfied with our own grievance redressal mechanism, you may approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website https://newindia.co.in

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[FRESH PERMIT]

[Date Of Approval : 25-Jan-2024]

Transport Department, Rajasthan

PERMIT IN RESPECT OF NATIONAL PERMIT GOODS VEHICLE(GVW > 16200)

PART-B

1. Permit No	RJ2025-NP-6240B
2. Name Of The Permit Holder	BALVINDER SINGH
3. Father's/Husband's Name	NARENDRA SINGH
4. Address	538 KHATIWALA TANK NEW NO.995, INDORE(MP), TA PRATAPNAGAR CHITTORGARH, RAJASTHAN, Chittaurgarh - 312001
5. The Permit is valid for	All Over India
6. Permit Validity	From - 19-May-2025 To - 18-May-2030
7. Registration No/Manuf. year of the motor vehicle	RJ05GC3787/2017
8. Unladen Weight(kgs)	11200
9. Gross Vehicle Weight(kgs)	42000
10. Condition of Permit	List Attached

Date : 19-May-2025

Secretary/Addl. secy
Regional Transport Authority, CHITTORGARH
RTO
Rajasthan

[FRESH PERMIT]
[Date Of Approval : 25-Jan-2024]

Transport Department, Rajasthan

PERMIT IN RESPECT OF NATIONAL PERMIT GOODS VEHICLE(GVW > 16200)

PART-A

Office of State / Regional Transport Authority

1. Permit No	RJ2025-NP-6240B
2. Name Of The Permit Holder	BALVINDER SINGH
3. Father's/Husband's Name	NARENDRA SINGH
4. Address	538 KHATIWALA TANK NEW NO.995, INDORE(MP), TA PRATAPNAGAR CHITTORGARH, RAJASTHAN, Chittaurgarh - 312001
5. The Permit is valid for	All Over India
6. Name Of the States/Ut's for which permit is valid	As mentioned in authorisation certificate
7. Type and Capacity of Vehicle including trailer and articulated vehicle	
(i) Registration No/Manuf. year of the motor vehicle	RJ05GC3787/2017
(ii) Type of vehicle	Goods Carrier
(iii) Unladen Weight(kgs)	11200
(iv) Gross Vehicle Weight	42000
(v) Date of Registration of the Vehicle	19-Jan-2018
(vi) Make/Model	TATA MOTORS LTD/TATA LPT 3718 CR BS-IV 10X2
(vii) Seating Capacity	1
(viii) Gross Combination Weight(GCW)	0
Service Type	Select Service Type
8. Valid	From - 19-May-2025 To - 18-May-2030
9. Condition of Permit	List Attached

Date : 19-May-2025

Secretary(Addl. secy
Regional Transport Authority, CHITTORGARH
RTO
Rajasthan

Signed by Ne
Parook (1)
dn: C=In..
Serialnumb
7aceeb660
aba1da80e
62.
Date: 19-0

2167

TRANSPORT DEPARTMENT,RAJASTHAN

FORM 47

[See Rule 87(2) of CMVR-1989]

AUTHORIZATION CERTIFICATE OF N.P. (GOODS)

1.National Permit Authorization Number	NP/RJ/9/052025/73563 Dated: 19-May-2025
2.Name of Permit Holder	BALVINDER SINGH
3.Address	538 KHATIWALA TANK NEW NO.995,INDORE(MP),CHITTAURGARH-312001
4.Registration Mark of Vehicle	RU05GC3787
5.Date of Registration	19-Jan-2018
6. Maker & Model	TATA MOTORS LTD
7.Engine Number	ISBE5.91804071L63643116
8. Chassis Number	MAT541024H1N26160
9. Validity of NP Authorization	18-May-2026
10.Validity of Basic Goods Permit	18-May-2030
11.Type of Vehicle	Goods Carrier( )
12.GVW(in Kgs)	42000
13.Unladen Weight(in Kgs)	11200
14.Seating Capacity	1

Sl No:	History

This authorization is issued on 19-May-2025 and valid throughout the territory of India upto 18-May-2026. Certified that the National Permit holder has paid the consolidated fee of 16500/- through Internet Banking vide Transaction Id: 250511220360 1901, Bank Reference No 1905250037460 dated: 19-May-2025 at .

Printed On: 19-May-2025 16:40:51 PM

सचिव
प्रादेशिक परिवहन अधिकारी
Chittorgarh, RAJASTHAN
चित्तौड़गढ़ (राज.)

Validity unknown

Digitally signed by vahan.parivahan.gov.in
Date: 2025.05.19 16:5

यिक

Rs. 100

ONE

[HUN]DRED RUPEES

NOTARIAL NOTARIAL NOTARIAL NOTARIAL NOTARIAL

NOTARIAL NOTARIAL NOTARIAL NOTARIAL NOTARIAL

NOTARY GOVERNMENT OF INDIA

DA 259054

Serial No. 916/2025

मध्य प्रदेश MADHYA PRADESH

Date 09 JUL 2025

आम मुख्त्यारनामा

यह आम मुख्त्यार लिख देने वाला मै :-

वलविंदर सिंह पिता श्री नरेन्द्र सिंह

निवासी - 538 खातीवाला टैंक न्यू नंबर 995 इंदौर म प्र ....आम मुख्त्यार दाता - प्रथम

आधार कार्ड क्रमांक - 300848820726

पक्ष

राजू [illegible] पिता श्री दल्लू डागरे

निवासी 466 ग्राम भागावा पुनर्वास तहसील पुनासा मान्धाता ओमकारेश्वर जिला खंडवा म प्र ....आम मुख्त्यार ग्रहीता द्वितीय

आधार कार्ड क्रमांक - 626395785868

पक्ष

1- यह कि प्रथम पक्ष के स्वामित्व एवं अधिपत्य की गाडी TATA LPT3718 जिसका रजिस्टर्ड नं MP09GC3787 चेसिस नंबर MAT541024H1N26160 व इंजिन नंबर ISBE5.918040711L63643116 मॉडल 2018 ... उक्त गाडी को इस लेख में आगे सुविधा की दृष्टि से सदर वाहन के नाम उपरोक्त वर्णन के आधार पर संबोधित किया जा रहा है ।।

ATTESTED

Anshul Srivastav

ANSHUL SRIVASTAV
ADVOCATE & NOTARY
GOVERNMENT OF INDIA
INDORE (M.P.)

Balvinder Singh Vom

राजू