

10 FORM COMP AA

(sec Rules 253 (c), 254 (c) (iii), 254 (80 255 (1) (iv))
REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1	Name of the Police Station	Deglur, dist.Nanded
2	CR.NO./TAR No./SDE No.	150/2025 U/S 281,106(1) Bhartiya Naya Shanhita-2023
3	Date, Time and Place of the accident.	25/02/2025 at 07.15 hrs near Smashan Bumi At Narangal Tq Deglur dist. Nanded. MS
4	Name of the Injured / Deceased	Laxman Gangaram Bhandari age 55 Year r/o Tamlur Tq Deglur 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 26 CQ 2881 Motar Cyal
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.	Balaji Saylu Bhandari age 45 Year r/o Tamlur Tq Deglur dist. Nanded. RTO Nanded MH 2620210002768
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	Balaji Saylu Bhandari age 45 Year r/o Tamlur Tq Deglur 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.	Chola MS Ganrul Insurance Com ltd
10	Number of Insurance Policy/ Insurance Certificate and the date of Validity of the insurance Policy/ Insurance Certificate.	3397/0520638/000/00
11	Action taken if any and the result there of	An offence has been registered against the accused. After completion of investigation Charge-sheet has been submitted.

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

जबाब

दिनांक 22/03/2025

मी किशन गंगाराम भंडारी वय 44 वर्ष व्यवसाय शेती रा. तमलूर, ता. देगलूर जि. नांदेड मो.नं. 9657940108.

समक्ष पोलीस स्टेशन देगलूर येथे हजर येवून संगणकावर जबाब टंकलीखित करण्यास सांगतो की, मी वरील ठिकाणचा राहणारा असून मला एक मुलगा व एक मुलगी आहे. तसेच मला तीन भाऊ व एक बहिण असून त्यापैकी मोठा भाऊ नामे लक्ष्मण गंगाराम भंडारी वय 55 वर्ष हा शेती करून परिवाराची उपजिवीका भागवीत होता.

दिनांक 25/02/2025 रोजी दुपारी 12.00 वाजताच्या सुमारास मी व गावातील शिवराम सायल्लू भंडारी असे एका मोटार सायकल वर व आमच्या गावातील बालाजी सायल्लू भंडारी याचे मोटार सायकल क्र. MH-26-CQ-2881 वर माझा भाऊ लक्ष्मण गंगाराम भंडारी असे बसून मौजे बल्लूर येथील नातेवाईकांचे अंत्यविधी कामी गेलो होतो. अंत्यविधी करून नातेवाईकांना बोलून गावाकडे परत येताना त्यांची मोटार सायकल समोर व आमची मोटार सायकल मागे असे मिळून तमलूर कडे जात असतांना वेळ अंदाजे रात्री 7.15 वाजताच्या सुमारास मौजे नरगल येथील स्मशान भुमीजवळ अचानक माझे भाऊ बसलेल्या गाडीसमोर कुत्रा आल्याने मोटार सायकल क्र. MH-26-CQ-2881 वरील चालक बालाजी सायल्लू भंडारी यास मोटार सायकलवर ताबा सुटल्याने ते गाडीसह खाली पडले असता बालाजी भंडारी यास किरकोळ मार लागला व माझे भाऊ लक्ष्मण गंगाराम भंडारी यास डोक्यास व इतर ठिकाणी गंभीर मार लागला असल्याने मी व आमच्या गावातील बालाजी सायल्लू भंडारी तसेच शिवराम सायल्लू भंडारी असे मिळून माझे भाऊ यास देगलूर येथील दवाखान्यामध्ये प्राथमीक उपचार करून पुढील उपचार कामी नांदेड येथील आधार हॉस्पिटल येथे घेवून गेलो असता उपचारा दरम्यान दिनांक 01/03/2025 रोजी सकाळी 08.30 वाजताच्या सुमारास माझा भाऊ लक्ष्मण गंगाराम भंडारी वय 55 वर्ष व्यवसाय शेती हा मरण पावला असल्याचे तेथील वैद्यकीय अधिकारी यांनी कळवल्याने त्यांचे प्रेतावर सरकारी दवाखाना विष्णुपुरी येथे पि.एम करून प्रेत आम्ही आमच्या गावी आणुन अंत्यविधी केला आहे.

तरी दिनांक 25/02/2025 रोजी रात्री 7.15 वाजताच्या सुमारास बल्लूर येथे जावून नातेवाईकांचे अंत्यविधी करून तमलूर कडे येत असतांना वेळ अंदाजे रात्री 7.15 वाजताच्या सुमारास मौ.नरगल येथील स्मशानभुमी जवळ यातील काळ्या रंगाची युनिकॉर्न मोटार सायकल क्र. क्र. MH-26-CQ-2881 चा चालक बालाजी सायल्लू भंडारी यांने त्याचे ताब्यातील वाहन भरधाव वेगात हयगय व निष्काळजीपणाने चालवून त्यांचे गाडीसमोर कुत्रा आल्याने त्याचा गाडीवरील ताबा सुटल्याने गाडी खाली पडून माझे भाऊ लक्ष्मण गंगाराम भंडारी वय 55 वर्ष व्यवसाय शेती यास गंभीर जखमी करून उपचारादरम्यान त्याचे मृत्युस कारणीभूत झाला आहे. माझे भावाचे पि.एम बाबतचे कागदपत्रे पोलीस स्टेशन शिवाजीनगर, नांदेड येथून आल्याने व आमचे परीवार दुःखात असल्यामुळे आज रोजी पोलीस स्टेशनला येवून कार्यवाही होणे करीता तक्रार देत आहे.

माझा जबाब माझे सांगणे प्रमाणे संगणकावर टंकलीखित केला तो मला वाचुन दाखविला माझे सांगणे प्रमाणे बरोबर व खरा आहे.

समक्ष

हा जबाब दिला सही

दि 22/03/25 रोजी ज. म. वे. 12.16 वर

गु.नं. 150/25-345 281, 106(1) BMS

प्रमाण गु.नं. 414 व 345 मा. पो. नि. आहे

माझे आदेशाने पो.प.ने पड मांचे डे दिला

ज. म. वे. 12.16 वर



भारत सरकार
Government of India

किशन गंगाराम भंडारे
Kishan Gangaram Bhandare
जन्म तारीख: DOB: 02-06-1967
पुरुष: Male



8203 4461 9674

आधार - सामान्य माणसाचा अधिकार



भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

पत्ता: S.O. गंगाराम भंडारे, रस्ता: मृ. Address: S.O. Gangaram Bhandare,
पोस्ट: तमसुर, पश्चिम: वस्ती: तेंडूर. Street Road Lane At Post Tamur.
ला. देगावूर, खेडे शहर: महाराष्ट्र, तमसुर. Area Locality Sector: To Degdoor
जिल्हा: नांदेड, पोस्ट ऑफिस: तमसुर. Village/Town/City: Tamur District.
राज्य: महाराष्ट्र, पिन कोड: 431723. Nanded P.O. Tamur State: Maharashtra
PinCode: 431723

8203 4461 9674



1947
1800 300 1947



help@uidai.gov.in



www.uidai.gov.in

FIRST INFORMATION REPORT

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

प्रथम खबर अहवाल

(कलम बी एन एस एस १७३ च्या अंतर्गत)

1. District (जिल्हा): नांदेड

P.S.(ठाणे): देगलूर

FIR No.(प्रथम खबर क्र.): 0150

Year (वर्ष): 2025

Date and Time of FIR (प्र. ख. दिनांक आणि वेळ): 22/03/2025 22:35

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(1)

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

1. Day(दिवस): मंगलवार

Date From (दिनांक पासून): 25/02/2025

Time Period पहर 7
(कालावधी):

Date To (दिनांक पर्यंत): 25/02/2025

Time From (वेळेपासून): 19:15 बजे

Time To (वेळेपर्यंत): 19:15 बजे

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

Date (दिनांक): 22/03/2025

Time (वेळ): 22:00 बजे

(c) General Diary Reference (रोजनामचा संदर्भ):

Entry No. (नोंद क्र.): 021

Date & Time (दिनांक आणि वेळ): 22/03/2025 22:16 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, 25 किमी

Beat No. (बिट क्र.):

(b) Address (पत्ता): तमलुर, देगलूर

(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): किशन गंगाराम भंडारे

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

(c) Date/Year of Birth (जन्म तारीख/वर्ष): 1981

(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 (पत्त्याचा प्रकार)	Address (पत्ता)
1	वर्तमान पत्ता	तमलुर, देगलुर, देगलूर, नांदेड, महाराष्ट्र, भारत
2	स्थायी पत्ता	तमलुर, देगलुर, देगलूर, नांदेड, महाराष्ट्र, भारत

(i) Occupation (व्यवसाय):**(j) Phone number (फोन नं.):**

Mobile (मोबाइल नं.): 91-9657940108

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 पत्ता)
1	बालाजी सायलू भंडारी			1. तमलुर, देगलुर, देगलूर, नांदेड, महाराष्ट्र, भारत

8. Reasons for delay in reporting by the complainant/informant (तक्रारदार/माहिती देणा-याकडून तक्रार करण्यातील विलंबाची कारणे):**9. Particulars of properties of interest (संबंधीत मालमत्तेचा तपशील):**

S.No. (अ.क्र.)	Property Category (मालमत्ता वर्ग)	Property Type (मालमत्ता प्रकार)	Description (वर्णन)	Value (In Rs/-) (मुल्य (रु.
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10 Total value of property (In Rs/-)
(चोरीस गेलेल्या मालमत्तेचे एकूण मुल्य (रु. मध्ये)):

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

S.No. (अ.क्र.)	UIDB Number (यु.आय.डी.बी.क्र.)
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12. First Information contents (प्रथम खबर हकीकत):

First Information Report
जबाब दिनांक 22/03/2025
मी किशन गंगाराम भंडारी वय 44 वर्ष व्यवसाय शेती रा. तमलुर, ता. देगलूर जि. नांदेड मो.नं.
9657940108. येथे नवीन संगणकावर जबाब टंकलीखित करण्यास सांगतो व

मी किशन गंगाराम भंडारी वय 44 वर्ष व्यवसाय माली
9657940108.
समक्ष पोलीस स्टेशन देगलूर येथे हजर येवून संगणकावर जबाब टंकलीखित करण्यास सांगतो की, मी वरील ठिकाणाचा राहणारा असून मला एक मुलगा व एक मुलगी आहे. तसेच मला तीन भाऊ व एक बहिण असून त्यापैकी मोठा भाऊ नामे लक्ष्मण गंगाराम भंडारी वय 55 वर्ष हा शेती करून परिवाराची उपजिवीका भागवीत होता.
दिनांक 25/02/2025 रोजी दुपारी 12.00 वाजताच्या सुमारास मी व गावातील शिवराम सायलू भंडारी असे एका मोटार सायकल वर व आमच्या गावातील बालाजी सायलू भंडारी याचे मोटार सायकल क्र. MH-26-CQ-2881 वर माझा भाऊ लक्ष्मण गंगाराम भंडारी असे बसून मौजे बल्लूर येथील नातेवाईकांचे अंत्यविधी कामी गेलो होतो. अंत्यविधी करून नातेवाईकांना बोलून गावाकडे परत येताना त्यांची मोटार सायकल समोर व आमची मोटार सायकल मागे असे मिळून तमलूर कडे जात असतांना वेळ अंदाजे रात्री 7.15 वाजताच्या सुमारास मौजे नरगल येथील स्मशान भूमीजवळ अचानक माझे भाऊ बसलेल्या गाडीसमोर कुत्रा आल्याने मोटार सायकल क्र. MH-26-CQ-2881 वरील चालक बालाजी सायलू भंडारी यास मोटार सायकलवर ताबा सुटल्याने ते गाडीसह खाली पडले असता बालाजी भंडारी यास किरकोळ मार लागला व माझे भाऊ लक्ष्मण गंगाराम भंडारी यास डोक्यास व इतर ठिकाणी गंभीर मार लागला असल्याने मी व आमच्या गावातील बालाजी सायलू भंडारी तसेच शिवराम सायलू भंडारी असे मिळून माझे भाऊ यास देगलूर येथील दवाखान्यामध्ये प्राथमीक उपचार करून पुढील उपचार कामी नांदेड येथील आधार हाॅस्पिटल येथे घेवून गेलो असता उपचारा दरम्यान दिनांक 01/03/2025 रोजी सकाळी 08.30 वाजताच्या सुमारास माझा भाऊ लक्ष्मण गंगाराम भंडारी वय 55 वर्ष व्यवसाय पेती हा मरण पावला असल्याचे तेथील वैद्यकीय अधिकारी यांनी कळवल्याने त्यांचे प्रेतावर सरकारी दवाखाना विष्णुपूरी येथे पि.एम करून प्रेत आम्ही आमच्या गावी आणून अंत्यविधी केला आहे.
प्रेत आम्ही आमच्या गावी आणून अंत्यविधी केला आहे. 7.15 वाजताच्या सुमारास बल्लूर येथे जावून नातेवाईकांचे अंत्यविधी

असल्याचे तथील वधकाय अधिकारी यांना देऊन देण्यात आले आहे. प्रेत आम्ही आमच्या गावी आणुन अंत्यविधी केला आहे.

तरी दिनांक 25/02/2025 रोजी रात्री 7.15 वाजताच्या सुमारास बल्लूर येथे जावून नातेवाईकांचे अंत्यविधी करून तमलुर कडे येत असतांना वेळ अंदाजे रात्री 7.15 वाजताच्या सुमारास मौ.नरंगल येथील स्मशानभुमी जवळ यातील काळ्या रंगाची युनिकाॅर्न मोटार सायकल क्र. क्र. MH-26-CQ-2881 चा चालक बालाजी सायलू भंडारी यांने त्याचे ताब्यातील वाहन भरधाव वेगात हलगय व निष्काळजीपणाने चालवून त्यांचे गाडीसमोर कुत्रा आल्याने त्याचा गाडीवरील ताबा सुटल्याने गाडी खाली पडून माझे भाऊ लक्ष्मण गंगाराम भंडारी वय 55 वर्षे व्यवसाय शेती यास गंभीर जखमी करून उपचारादरम्यान त्याचे मृत्युस कारणीभुत झाला आहे. माझे भावाचे पि.एम बाबतचे कागदपत्रे पोलीस स्टेशन शिवाजीनगर, नांदेड येथून आल्याने व आमचे परीवार दुःखात असल्यामुळे आज रोजी पोलीस स्टेशनला येवून कार्यवाही होणे करीता तक्रार देत आहे.

कागदपत्रे पोलीस स्टेशन शिवाजीनगर, नांदेड येथून पोलीस स्टेशनला येवून कार्यवाही होणे करीता तक्रार देत आहे.
माझा जबाब माझे सांगणे प्रमाणे संगणकावर टंकलीखित केला तो मला वाचुन दाखविला माझे सांगणे प्रमाणे बरोबर व खरा आहे.

समक्ष

हा जबाब दिला सही

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

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

or (किंवा)

(2) **Directed (Name of I.O.)** (तपास अधिका-याचे नाव):
narhari trimbak phad

Rank (पद): SI (Sub-Inspector)

No.(क्र.): DGPNTPM8602

to take up the Investigation (ला तपास करण्याचे अधिकार दिले) or (किंवा)

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

or (ज्या कारणामुळे तपास करण्यास नकार दिला)

(4) **Transferred to P.S.**

(गुन्हा दुसरीकडे पाठविला असल्यास त्या पोलीस ठाण्याचे नाव):

District (जिल्हा):

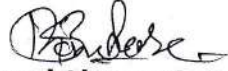
on point of jurisdiction (को क्षेत्राधिकार के कारण हस्तांतरित) .

F.I.R. read over to the complainant / informant, admitted to be 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): MARUTI SHRIRAM M

Rank(पद): I (Inspector)

No.(सं.): API

CRIME DETAILS FORM

घटनास्थळ पंचनामा / गुन्ह्याच्या तपशीलाचा नमुना

1. State - महाराष्ट्र - Dist - नांदे - P.S. - देगलूर - FIR/Proceeding/G.D.No. - 150 - Year - 2025 - Date - 22/03/2025
राज्य - महाराष्ट्र - जिल्हा - नांदे - पोलीस ठाणे - देगलूर - प्रथमखबर क्र./कार्यवाही क्र. - वर्ष - दिनांक.

2. Acts and Section : - अधिनियम व कलमे : भा. न्या. सं. कलम - 281, 106 (1) बळवणे

3. The place of Occurrence shown by :

घटनेचे ठिकाण दाखविणाऱ्याचे संपूर्ण नांव व पत्ता :

Name : - किशन भंडारी - Fathers / Husband Name : - गंगाशम भंडारी
नांव : - पित्याचे/पतीचे नांव :

Address : - रा. लमलूर ता. देगलूर जि. नांदे.
पत्ता :

4. TYPE OF CRIME (All including M.O.Crime) :

गुन्ह्याचा प्रकार (गुन्ह्याच्या सर्व पध्दतीसह) :

(i)* Major Head : - लाष्प्राप्ति वारुण अद्वितीय वेगळेपण (ii) Classification of Major Head : -

प्रधान शिर्ष : - हत्यारा व निष्कामपिणाने प्रधान शिर्षाचे वर्गीकरण :

(iii)* Method (s) : - पालक मृत्यू कारकिर्दीस
पध्दती :

1 -
2 -
3 -

(iv) * Conveyances used : - मो. सा. फ. लम-26 एव 2881
वापरलेली वाहने :

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

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

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

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

* Special Feature- 3 : -
विशेष वैशिष्ट्य ३ :

(viii) * Type of place of Occurrence : - सार्वजनिक रोडचे बाजूसमोर असलेल्या मंजु मंगल
घटनेच्या ठिकाणाचा प्रकार : - शिकाराल

(1) - (2) -
(3) - (4) -

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

बळीचा तपशील (आवश्यक असल्यास स्वतंत्र्य कागद जोडावा) :

Form :

Sr No अ. क्र.	Full Name संपूर्ण नाव	Date/ Year of Birth जन्म तारीख / वर्ष	Sex लिंग	Nationality राष्ट्रियत्व	Religion धर्म	Whether SC/ ST जाती / जमाती	Occupation व्यवसाय	Address पत्ता	Injury: Grievous/ Simple दुख:पत गंभीर/ साधी	Means साधने / हत्यारे
1	2	3	4	5	6	7	8	9	10	11
1	लक्ष्मण गंगाराम भंडारी	55 वर्ष	पू	भारतीय	हिंदू	भंडारी	शेतकरी	तमलूर ता. देगलूर जि. नांदेड	अपघात मध्यम	

6. Motive of crime :

गुन्ह्याचा हेतू :

नावातिली वान अरबाव वेगत हयगत व निकाली
पठाने चालूय अपघात करून मृत्यु करणिल्ल होणे.

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

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

8. Description of the place of occurrence :

घटनेच्या जागेचे वर्णन :

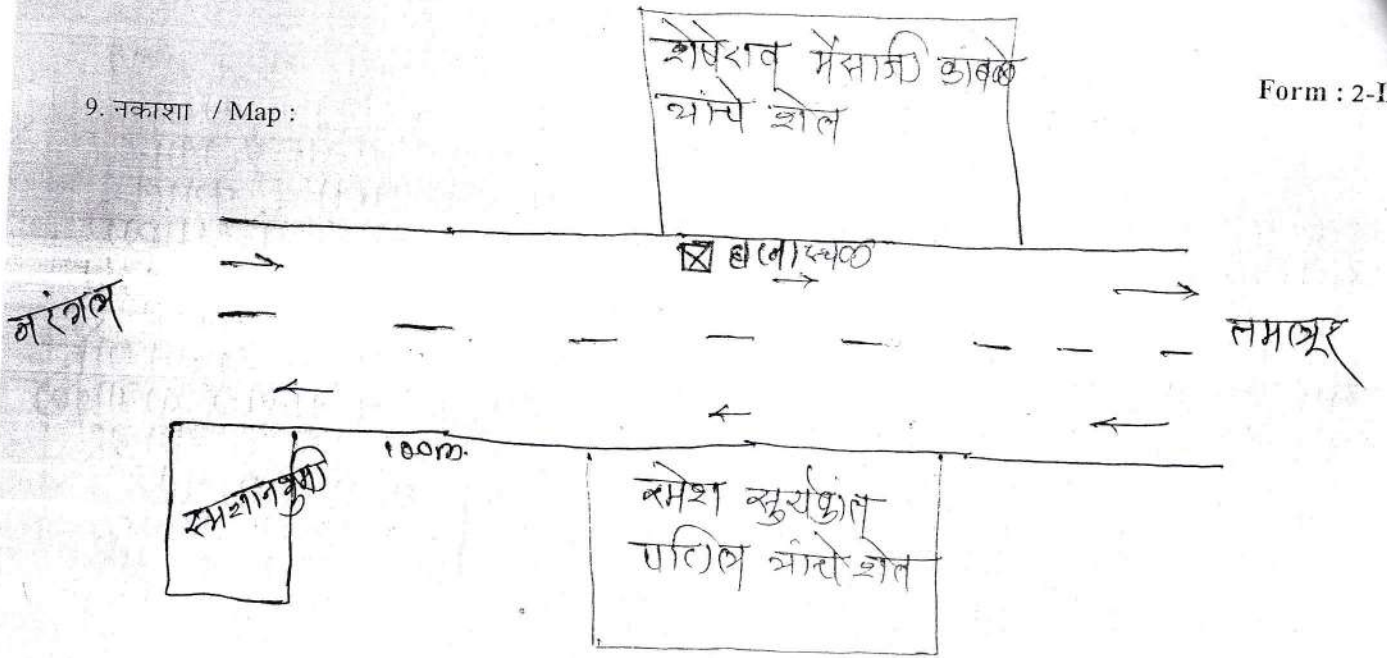
आम्ही एन.टि.एड. पोलीस उपनिरीक्षक. पो. स्टेशन
देगलूर नि पंचनाम्यातिल नमूद वेग पंचनाम बोलवून पो. स्टेशन
गु.र.नं. 150/2025 कलम. 281, 108(1) आ.न्या.स. मध्ये धावाबळ
पंचनामा करणे खाते लुपी जय भंडार एजर रान कामे करवल्यावून
पंचनाम करवल्याने सहमती देवून धावाबळ पंचनामा करणे कामी
धावाबळ एजर खाते.

संदर्भ धावाबळ ग्रामिण प्रियंदा नामे विमान
गंगाराम भंडारी वय. 44 वर्ष व्यवसाय शेतकरी रा. तमलूर ता. देगलूर
ह एजर करून सान्निध्य घाडक्यात हाकलून सोडिल्ल
ली पाहता प्रत्यक्षमाणे दि. 25/02/2025 रोजी रात्री 7.15 वा

PTO.

9. नकाशा / Map :

Form : 2-D



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

नकाशा तपासकामी प्रत्यक्ष पुरावा म्हणून गुन्ह्याच्या जागेवरून मिळविलेल्या / जाप्त केलेल्या मालमत्तेचे वर्णन:
एक लाव रंगाचे ग्यावर काळ्या रंगाची लास्यिष्टि डिजाईन
असलेले एम्बर ग्याचे डोल्फा बाजूस CRUZE व मागील बाजूस
ABP IS-4151 ISI CML-2569872 TWO WHEELER HELMET
1050 Grams क्षेप असलेले कु.प.रि.कु.अ.

11. Date and time of panchnama

घटनास्थळ पंचनाम्याची दिनांक : २३/०३/२०२५ Time वेळ १८.१० ते १८.५५ पर्यंत

12. Name of panchas

पंचाची नावे

(1) सतीश चक्रपा मांडे वय-५५ वर्षे लग्न-शेस
Full Address रा. तमभूर ता. देगलूर मो. ८४८४०४३४३१
पत्ता

Signature of panchas

पंचाच्या सहया :

(1) [Signature]

(2) शिवराज इरना बेळो वय-४५ वर्षे लग्न-शेस
Full Address रा. तमभूर ता. देगलूर मो. ९५०३१३९०५८
पत्ता

(2) [Signature]

Name and Signature of Investigation Officer

तपासक अधिकाऱ्याची सही.

Name : एन. टि. फड

नांव

Rank : पो. उप. नि.

पदनाम

No if any

ब. क्र.

पो. स्टे. देगलूर जि. नांदेड
मो. नं. ९१३००८७४४४.

Date : २३/०३/२०२५

दिनांक.

आधार हॉस्पिटल प्रा.लि.

शिवाजीनगर, नांदेड. फोन : २३५५९९, २४१२५२

महाराष्ट्र शासन
अतिरिक्त सचिव, नांदेड

Ref MLC : एम.एल.सी./ICU/161

दिनांक : 01 / 03 / 2025

प्रति,
पोलिस निरीक्षक,
पोलीस ठाणे शिवाजी नगर
नांदेड

विषय : एम.एल.सी. ची नोंद करणे बाबत.

महोदय,

आपणास कळविण्यात येते की, श्री / श्रीमती लक्ष्मण भंडारी

वय 55 वर्ष रा. तमलूर

ता. दहलूर जि. नांदेड यांना आज दि. 26/02/25 रोजी 4:10 AM वाजता

आधार हॉस्पिटल शिवाजी नगर, नांदेड येथे उपचारासाठी
अपघातामुळे दबावीला मार लागल्यामुळे
दवाखान्यात दाखल करण्यात आले आहे. त्यांना श्री / श्रीमती राजेंद्र लक्ष्मण भंडारी
वय 35 मोबा. : 8408911012 नाते मुलगा हे दवाखान्यात घेऊन आले आहेत.

तरी आपल्या माहितीस्तव आणि पुढील योग्य कार्यवाहीस्तव एम.एल.सी. सादर.

दरील घटना ही आज दि. 01/03/2025 वेळ 8:30 AM ला
पडली असून रुग्ण हा उपचारा दरम्यान

मृत्यू पावला आहे. तरी पुढील

फोरेंसिक (Fm) सेव्हिचेडून करिता

MLC सादर करित आहेत.

डॉ. ... Dr. सारंगी लाडकर सर

MLC No. ICU - 161
(26/02/2025)

आधार हॉस्पिटल प्रा.लि.
मेडिकल व सर्जिकल अतिदक्षता विभाग
Aadhar Hospital
Shivaji Nagar, Nanded

दि. 01.03.2025

10:30

10:49

सदस्यी मल ही रजि. नं. 385/25 वर
मोह करण पुढील कार्यवाही कामी
बैठका मॉना दिली



पोलीस ठाण अमिलदार
पो. स्टे. शिवाजीनगर, नांदेड

डॉ. महेश बाघमारे
M.D., DNB (Medicine)

डॉ. तानाजी पातरफळे
M.B.B.S., T.D.D., F.C.C.S.
(Chest Physician)

आधार

हॉस्पिटल प्रा.लि.
मेडिकल व सर्जिकल अतिदक्षता विभाग
शिवाजीनगर, नांदेड.

डॉ. रंजन दासे
M.B.B.S., D.A.

रुग्णाचे नांव :

दिनांक : 01/03/2024

DEATH SUMMARY

Patient Mr. Laxman Bhandari was Admitted on 26/02/24 4:30 AM, with history of Road traffic accident having Blunt chest trauma, multiple rib fractures, multiple Abcessions on Chest, shoulder with ICD in situ, with Diaphragmatic tear, Right fracture distal and humerus, with degloving injury left upper limb. He was operated for degloving injury Repaired and Thoracotomy for chest injury. Patient developed progressive sepsis, ARDS, and died on 01/03/2024 at 8:30 AM.

Requisition sent for MLC. Post mortem.


Dr. Dhananjay
AADHAR HOSPITAL
SHIVAJINAGAR, NANDED.

नोट : परत येते वेळेस पुर्वीच्या तपासणीची सर्व कागदपत्रे तपासणी करावी.



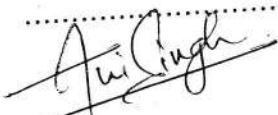
DEPARTMENT OF FORENSIC MEDICINE & TOXICOLOGY

Provisional Post-mortem Report-Cum-Death Certificate

M.P.M.No. 278/2025 Date: 01/03/2025 Time: 01:30pm To: 02:30pm.
Name of the deceased: LAXMAN GANGADHAR BHANDARI
Age: 55 years Sex: Male R/o: TAMLOOR, Tq. DEGWOR, Dist. NANDED.
Time of death (as Per Police Inquest): 01/03/2025 at 08:30 hours.
Referred by Investigating Officer: PNC B.G. Bandewar [B.no-81]
Brought and Identified by: P.C. E.U. Kakde [B.no-1416]
of Police Station: SHIVAJINAGAR, NANDED.

PROVISIONAL OPINION AS TO PROBABLE CAUSE OF DEATH:

"Septicemia in a case on treatment for blunt trauma to chest."


[Dr. Anirudh Singh]


[Dr. M.D. Dake]
Post-mortem Officer
Dept. of Forensic Medicine
Dr. SCGM & H
Vishnupuri, Nanded (M.S.)

Note:

☒ Viscera Preserved/Not Preserved.

☒ 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 : दि. जे. कोठवार

सही :

हुद्दा : पोट्टे का ब.नं.: ४१

दिनांक : १७/०३/२०२५

पोलीस स्टेशन : शिवाजी नगर १०१३

दि. 01/03/2025 =

आज रोजी माझ्या लग्नात स्वतःच प्रगोत पण
फा मिळाले ① प्रेक्षागृह रिपोर्ट, अडवा कार्यालय, मंडळ
- सादोविके, पांढर पत्रिका.

सह. (मुख्या)

रा. गेंद्र

म. 8408911012



THE UNION OF INDIA
MAHARASHTRA STATE MOTOR DRIVING LICENCE

DL No : MH26 20210002768
Valid Till : 23-02-2031 (NT)

DOI : 24-02-2021

24-02-2021

FORM 7
RULE 16 (2)

AUTHORISATION TO DRIVE FOLLOWING CLASS
OF VEHICLES THROUGHOUT INDIA
COV DOI
MCWG 24-02-2021



DOB : 02-02-1980 BG :

Name : BALAJI SAYLU BHANDARI
S/DW of : SAYLU BHANDARI
Add : AT/POST-TAMLOORVTC-DEGLUR DIST-NANDED
TAMLUR
DEGLUR, NANDED, MH
PIN : 431723

Signature/Thumb
Impression of Holder

Signature & ID Of
Issuing Authority : MH26

Maharashtra Motor Vehicles Department
LEGEND FOR CLASS OF VEHICLES (COV)

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

LMV - LIGHT MOTOR VEHICLE

TRV - TRANSPORT VEHICLE

• DRIVE CAREFULLY - AVOID ACCIDENTS •

9960300815

बालाजी



Indian Union Vehicle Registration Certificate
Issued by Government of Maharashtra



Regn. Number
MH26CQ2881

Date of Regn.
13-09-2024

Regn. Validity
12-09-2039
Owner
Serial **1**

Chassis Number
ME4KC404HRG183172
Engine / Motor Number
KC40EG3183490

Owner Name
BHANDARI BALAJI SAYLU

Son / Wife / Daughter of (In case of Individual Owner)
BHANDARI SAYLU

Address
**163-1 TAMLOOR TAMLUR TAMLOOR TO, DEGLOOR,, Nanded,
MH, 431723**

Fuel
PETROL

Emission Norms
BHARAT STAGE VI

Card Issue Date: 16-09-2024



Vehicle Class : M-Cycle/Scooter (2WN)

NN026401467

Regn. Number
MH26CQ2881



Month-Year of Mfg.
08-2024

Number of Cylinders
1

Number of Axle

Maker's Name
HONDA MOTORCYCLE AND SCOOTER INDIA (P) LTD
Model Name
UNICORN

Colour
PEARL IGNEOUS BLACK

Body Type
SOLO WITH PILLION

Seating (In all) / Starling / Sleeper Capacity
2 / 0 / 0

Unladen / Laden / Gross Combination Weight (kg)
139 / 309 / 0

Cubic Capacity / Horse Power (BHP/Kw) / Wheel Base (mm)
162.71 / 13.22 / 1335

Financer Name
SHRI RAM FINANCE LTD

Registration Authority
NANDED

Form 23A

MMVD000399-24

बालाजी

INVOICE (CREDIT)
PHARANDE AUTO LLP
AUTHORISED DEALER FOR HMSI
OPP. RELIANCE PETROL PUMP,
421 605

AUTHORISED DEALER FOR
OPP. RELIANCE PETROL PUMP,
DEEP NAGAR, PURNA ROAD, NANDED 431605 (MAHARASHTRA)
Phone : (02462) 266422, 266433

Phone : (02462) 266422, 266433
CIN :
PAN :
Email : pherandeauto@gmail.com

Invoice Number	: 27AAPFP6934M1ZE
Invoice Date	: 2024/IN3228
Italian Number	: 10/09/2024
	: 2024/CH798

Details of Consignee (Shipped to)

HANDARI BALAJI SAYILU[24FHC03197]
63-1 TAMILNADU
TQ DEGLLOOR DIST NANDED
Pin Code : - 431723, NANDED (MAHARASHTRA 27)
Mobile Number: 9960300815
SSIN/PAN :

Details of
BHANDARI BALAJI SATLU [24EHC03197]
 163-1 TALMOR
 TQ DEGLOR DIST NANDED
 Pin Code : - 431723, NANDED (MAHARASHTRA 27)
 Mobile Number: 9960300815
 GSTIN/PAN :

hypothecation with : SHRIRAM FINANCE LTD, PUNE [GSTIN :]
 SalesMan Name : BILOLI SUB DEALER

No	Particulars	Amount
1	UNICORN 160-0BD2 [CBF160AR2ID]	86671.88
	CGST CHARGE @ 14%	12134.06
	SGST CHARGE @ 14%	12134.06
		110940.00

Chassis Number : ME4KC404HRG183172
Engine Number : KC40EG3183490
Color Name : P BLACK
Model Name : UNICORN 160-0BD2
Maker Name :
HSN/SAC Code : 87112029
MEG MM/YYYY. : 08-
Name : CHOLAMANDALAM I

Key Number	: 00
Lot No	: PGL83172
Hand Book Number	: 00
Battery Name	: MF
Battery Number	: 000
Insurance Cov, Note No.:	3397/05206380/000/00

Maker Name :		87112029		[Type : Comprehensive]		[Amount :]	
HSN/SAC Code :		08-					
MEG MM/YYYY.							
Insurance Company Name : CHOLAMANDALAM MS GENERAL INSURANCE							
HSN/SAC	Otv.	Rate	Total	Dis -	Taxable value	Tax %	CGST Amount

Insurance Company Name : CHOLAMANDALAM MS GENERAL INSURANCE [Type : Comprehensive]										Amount	
Sr No	Particulars	HSN/SAC Code	Qty.	Rate	Total	Dis - count	Taxable value	Tax %	CGST Amount	SGST Amount	IGST Amount
										Total : 0.00	

Particulars	Value	Discount	Taxable Val	GST	Total
Parts Total :	0.00	0.00	0.00	0.00	0.00
Other Charges :	0.00	0.00	0.00	0.00	0.00
Other BillCharges:					0.00

Invoice Total : 110940.00

Round Off

Round Off : Invoice Value (In Words) : Rupees One Lakh Ten Thousand Nine Hundred Forty only

Customer Signature _____

For HARAND AUTO LLC

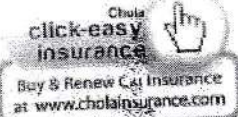
Authorized Signatory

जालाजी



Motor Two - Wheelers Policy Bundled

(See Rule 51 of Central Motor Vehicles Rules, 1989 of Motor Vehicles Act, 1988.)



GST Invoice No.: 3397536379413 DATE: 10/09/2024 PAN: AABCC6633K SAC Code: 997134 SAC Description: Motor vehicle insurance services		CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LTD. ADDRESS: ANDHERI UNIT NO.1, 6TH FLOOR, SOLITAIRE CORPORATE PARK, 161, GHATKOPAR LINK ROAD, CHAKLA, ANDHERI (E), MUMBAI 400093 ANDHERI H.O. CITY: MUMBAI STATE: MAHARASHTRA GSTIN: 27AABCC6633K1ZJ							
Business Location: NANDED CIE		Cover Note No: 0							
Policy Number: 3397/05206380/000/00		Customer Code: 190000017037062							
Name & Communication Address: BHANDARI BALAJI SAYLU 163-1 TAMLOOR TQ DEGLOOR DIST NANDED ,TAMLUR B.O,NANDED,MAHARASHTRA,PIN - 431723 Mobile- 9960300815, Landline- 91-		Name and Registration Address: 163-1 TAMLOOR TQ DEGLOOR DIST NANDED ,TAMLUR B.O,NANDED,MAHARASHTRA PIN - 431723 Mobile- 9960300815, Landline- 91-							
Certificate Number: 3397/05206380/000/00		Geographical Area: India							
Period of Insurance: From 10/09/2024 17:53 hours to midnight on 09/09/2029		Business or Profession: Individual							
PARTICULARS OF THE VEHICLE INSURED									
Date of Registration: 10/09/2024		Place of Registration: NANDED							
Make: HONDA		Model: UNICORN 160							
Variant: STD BS VI		Vehicle Colour: -							
Type of Body: TWO WHEELER.		Fuel Used: PETROL							
Engine No: KC40EG3183490		Chassis No: ME4KC404HRG183172							
Cubic Capacity: 163		K.Watt: 0							
Gross Vehicle Weight (GVW):-		Public/Private Carrier:-							
Registration Mark (Trailer):		Contract No:-							
Licensed passenger Carrying Capacity: 2		Driver: 0							
Cleaner:-		Conductor:-							
Total Seating Capacity Including Driver: 2		Chassis No. (Trailer):							
IDV (Insured Declared Value)									
IDV (Insured Declared Value)		1st Year: 104400							
2nd Year: 0		3rd Year: 0							
4th Year: 0		5th Year: 0							
Value of Chassis (Rs): 0.00		Value of Body (Rs): 0.00							
Value of CNG/LPG Kit (Rs): 0.00		For Trailer (Rs): 0.00							
Electrical/Electronic Accessories (Rs): 0.00		Non-Electrical Accessories (Rs): 0.00							
Period Of Insurance									
Start Date: 10/09/2024		End Date: 09/09/2029							
Period Of Insurance		Period Of Insurance							
A1.OWN DAMAGE									
	Sum Insured	No. of Person	IMT	1st year Premium (Rs)	2nd year Premium (Rs)	3rd year Premium (Rs)	4th year Premium (Rs)	5th year Premium (Rs)	Total Premium (Rs)
Basic OD				1837	0*	0*	0*	0*	1837
Own Damage Premium				1837	0	0	0	0	1837
TOTAL (A1)				1837	0	0	0	0	1837
A2.ADD-ON COVERS (BENEFITS)									
	Benefit No	Option No.	IMT	1st year Premium (Rs)	2nd year Premium (Rs)	3rd year Premium (Rs)	4th year Premium (Rs)	5th year Premium (Rs)	Total Premium (Rs)
Full Depreciation Waiver Cover Bundled				522	0	0	0	0	522
TOTAL ADD-ON-COVERS PREMIUM (A2)				522	0	0	0	0	522
B. LIABILITY									
	Sum Insured	No. of Person	IMT	1st year Premium (Rs)	2nd year Premium (Rs)	3rd year Premium (Rs)	4th year Premium (Rs)	5th year Premium (Rs)	Total Premium (Rs)
Basic TP				1473	1473	1473	1473	1473	7365
TOTAL PREMIUM (B)				1473	1473	1473	1473	1473	7365
C. PERSONAL ACCIDENT COVERS									
	Sum Insured	No. of Person	IMT	1st year Premium (Rs)	2nd year Premium (Rs)	3rd year Premium (Rs)	4th year Premium (Rs)	5th year Premium (Rs)	Total Premium (Rs)
PA for owner driver	1500000			500	0	0	0	0	500
Unnamed PA cover	2,50,000.00	2	16	70	70	70	70	70	350
TOTAL PREMIUM (C)				570	70	70	70	70	850
TOTAL (A1+A2+B+C)				4402	1543	1543	1543	1543	10574
CGST (9%)									951.50
SGST (9%)									951.50
IGST (0%)									0
TOTAL CONSIDERATION AFTER TAX									12477

LIMITATIONS AS TO USE: The Policy covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (Other than samples or personal luggage) in connection with any trade or business or use for any purpose in connection with motor trade c) Organized racing d) Pace making e) Speed Testing f) Reliability Trial g) Tuition h) Use only with side car if attached.

- As per Sec 147 of MV Act issued policy the premium received only to an extent of liability fixed by IRDA/Central Govt
- Sec 150 (2) (b) that the policy is void on the ground that it was obtained by, nondisclosure of any material fact or by representation of any fact which was, false in some material particular;
 - Or
 - (c) that there is non-receipt of premium as required under section 64VB of, the Insurance Act, 1938.
- No Application for compensation shall be entertained unless it is made within 6 Months from the date of occurrence of the Accident
- No Sum shall be payable by an Insurer incase a person driving the vehicle does not have a valid driving license or is under the influence of Alcohol or Drug.

DRIVER CLAUSE: Any person including insured provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules 1989.

LIMITS OF LIABILITY: Under Section II - 1(i) of the Policy - Death or bodily injury such amount as is necessary to meet the requirements of the Motor Vehicle Act, 1988. Under Section II - 1(ii) of the Policy - Damage to Third Party Property - Rs.1,00,000.00 P.A. Cover for the Owner cum Driver Under Section III (CSI) - Rs.15,00,000.00

Primary Deductibles Under Section 1: Rs.100 Per claim
Secondary deductibles under Section 1 Rs.0 Per claim

to I.M.T.-Endt. Nos. and Memorandum: 7.

Under this policy is subject to realisation of premium cheque(s). In case of dishonor of cheque(s), no separate intimation will be given and the stands cancelled from inception.

Product Plan:

Applicable benefits:

The policy wording with detailed terms, conditions, warranties, exclusions and the list of Ombudsman details are available on our website www.cholainsurance.com.

Date and Signature of the proposal 10/09/2024. In witness where of this policy has been signed in lieu of the Cover Note No.:- Date:-

Warranties: Warranted that NCB under this Policy is based on representation regarding NCB and absence of claim under the previous Policy. If the information be found incorrect or false in any aspect, this Policy shall be void ab initio and no benefit shall be payable by the company.

This policy has been issued upon declaration by the Assured that a valid Pollution Under Control (PUC) Certificate is held on the date of commencement of the Policy.

As per GR 36A - PA for Owner driver refers to the Owner of the insured vehicle holding an effective driving licence.

S.NO	NAME OF THE NOMINEE	RELATIONSHIP	AGE OF THE NOMINEE	% AGE OF SHARE	NAME OF THE GUARDIAN	GUARDIAN RELATIONSHIP WITH NOMINEE
1	VARSHAM BHANDARI	Son	18	100		

* This refers to NIL OD coverage for the period.

No Claim Bonus will only be allowed provided the policy is renewed within 90 days of the expiry date of the previous policy. No claim bonus is applicable at the end of the policy period.

Financier Name & Address: SHRIRAM FINANCE LTD, NANDED

Intermediary Name: CHOLA INSURANCE DISTRIBUTION SERVICES PRIVATE LIMITED

Code: 200572295173

Contact No: 9527595856

POSP Name:

POSP PAN No.:

POSP Aadhaar No.:

Note: The Motor Policy Schedule cum Certificate of Insurance is an important document issued based on your declaration. We request you to verify the details and ensure that everything is in order. In case of any discrepancies, please contact us within 15 days from the date of issuance of policy.

Place: CHENNAI Date: 10/09/2024 Receipt No: For Cholamandalam MS General Insurance Company Ltd.

Receipt Date:

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule and also as per Notification No. 13/2020-CT dated 21-03-2020. This policy schedule shall be in lieu of Tax Invoice and hence no separate GST invoice required in compliance with Rule 54(2) of CGST Rules, 2017.

Consolidated Stamp Duty Paid Vide G.O. Rt No.526, Commercial Taxes and Registration (j1) Department, Tamil Nadu dated 02/09/2024.

I/We hereby certify that the policy to which this certificate relates as well as this certificate of insurance are issued in accordance with the provisions of Chapter X and Chapter XI of the Motor Vehicles Act, 1988.

In the event of a claim under Compulsory personal accident cover (CPA), the intimation of the claim to the Insurer shall be within 30 days of its occurrence

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 Vehicle Act, 1988, is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY".

For Information/Claims: Contact Toll Free Helpline at 1800 208 5544; SMS "CHOLA" to 56677; For CARE contact 1800 103 5354; E-mail: customercare@cholams.murugappa.com; www.cholainsurance.com

Note: UIN for this product and the related add-on covers availed under this policy are as mentioned in the attached sheet, which forms part of the policy schedule.

Whether tax is payable under reverse charge basis - No.

Cholamandalam MS General Insurance Company Ltd.

Regd. & Head Office: Dare House, 2nd Floor, No. 2, N.S.C Bose Road, Chennai-600001, India
CIN: U66030TN2001PLC047977 | IRDAI Reg. No. 123

Product Name : Motor Two - Wheelers Policy Bundled

UIN : IRDAN123RP0017V01201819

UIN for Add-on Covers

Sl.No	Add on cover Name	IRDA BAP UIN	UIN
1	POS - Full Depreciation Waiver Cover Bundled	IRDAN123RP0017V01201819/A0079V02201819	

Cholamandalam

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

On the dead body of LAXMAN
GANGADHAR of Village TAMLOOR
City

Taluka DEGLOR District NANDED by Dr M. D. Dake
Dr Anirudh Singh.

I. General Particulars—

1. (a) By whom was the corpse sent?

P.H.C B.G. Bandewar [B.no-81]
P.S - Shivajinagar, Nanded.

(b) Name of place from which sent.

Aadhar Hospital, Shivajinagar, Nanded.

(c) Distance of place from which sent.

2. By whom was the corpse brought?

P.C C.U. Kakde [B.no-1416]
P.S - Shivajinagar, Nanded.

3. By whom identified?

01/03/2025 at 01:20 p.m.

4. The date, hour and minute of its receipt.

01/03/2025 at 01:30 p.m.

(a) The date, hour and minute of beginning post-mortem examination.

(b) The date, hour and minute of ending post-mortem examination.

01/03/2025 at 02:30 p.m.

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 alleged history of road traffic accident on 25/02/2025 around 19:15 hours, and got injured to head, hands and other body parts, for treatment initially taken to Vyankateshwar hospital Degloor, and for further treatment purposes shifted to Aadhar hospital, Nanded where died during treatment on 01/03/2025 at 08:30 hours.
Supposed cause of death :- Accident.

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, 55 years old.

Description of clothes
and of ornaments on the
body.

} One multicolour blanket, white colour therapeutic
bandage wrapped around left forearm proximal $\frac{1}{3}$ rd
part extending upto left hand, tip of finger, therapeutic
bandage wrapped around head and face, therapeutic bandage
present over right knee

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

Dry, intact and handed over to police constable
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.

Body identified by police on duty.

Teeth = Intact.

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

Condition of body--
whether well-nourished, thin
or emaciated, warm or cold.

Well nourished in built, cold.

Rigor Mortis--Well Marked.
slight or absent; whether
present in the whole body or
part only.

Well marked in jaws, neck, upper limb and
slightly present in whole body.

Extent and signs of decom-
position, 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 of
body except pressure areas, not fixed.

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 and identifiable.

Eyes-- Partially open.

Pupils-- Dilated and fixed.

Mouth-- Partially open

Tongue-- Inside mouth.

Yellowish colour fluid oozing out of mouth, nostrils,
no oozing from ears.

Condition of skin-- Marks
blood etc. In suspected
owning the presence or
sence of cutaneous
be noted.

Dry.

Intact, no injuries to external genitals
No purging present.

4

15. Injuries to external genitals.
Indication of purging.

Straight, fingers of both upper limbs
semi flexed.

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.

① Stapled wound present over zygomatic region on right side, situated 1 cm below and slightly lateral to lateral canthus of right eye, of length 2 cm with 2 silver colour metallic staples present in situ, on removing staples, laceration of size 2.5 cm x 0.8 cm x muscle deep, margins irregular and red in colour.

② Graze abrasion present over right side zygomatic region of face, of size 8 cm x 7 cm, horizontally placed, directed upwards, reddish-brown in colour.

③ Graze abrasion present over right ^{side} mandibular region of face, of size 7 cm x 2.5 cm, obliquely placed, directed upwards, reddish-brown in colour.

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

④ Abrasion present over right side maxillary region of face, of size 4 cm x 1.5 cm, obliquely placed, reddish-brown in colour.

⑤ Abrasion present over naso-labial sulcus of face extending from right to left side, involving the philtrum, of size 8 cm x 1.5 cm, horizontally placed, reddish-brown in colour.

(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).

⑥ Graze abrasion present over tip of nose, extending from right to left side, of size 2 cm x 1 cm, obliquely placed, directed laterally towards left side, reddish brown in colour.

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

[Continuation of column no 17 on extra sheet
no ①, ② and ③ on page no ①, ②, ③, ④, ⑤
and ⑥]

Refer to injury no. ②④ of column no ①⑦

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

Yes, antemortem.

FLPM no :- 278/2025

Date :- 01/03/2025

[Continuation of column no 17]

Extrasheet no ①

- ⑦ Graze abrasion present over left side zygomatic region of face and extending upto mandibular region, of size 10cm x 7.5cm, obliquely placed, directed upwards, with reddish colour granulation tissue present over the central part and upper part of wound, margins reddish brown in colour.
- ⑧ Laceration present over left ear pinna, on posterior aspect, of size 4.5cm x 2.5cm x cartilage tissue deep, obliquely placed, with yellowish colour foul smelling debris and slough present, margins irregular, reddish-brown in colour.
- ⑨ Abrasion present over left side mandibular region of face, situated 1.5 cm above left angle of mandible and intermingling with injury ⑦, of size 3cm x 3cm, obliquely placed, with foul smelling yellowish colour slough and debris, with blackish-blue colour eschar formation present.
- ⑩ Laceration present over left side ear, ~~inferior~~ medial border of left ear lobule, of size 2cm x 1cm x muscle deep, obliquely placed, margins irregular, with foul smelling slough present, yellowish in colour, margins reddish-brown in colour.
- ⑪ "C" shaped sutured wound present over right pinna, posterior aspect, of length 10cm with 10 black colour sutures present insitu, on removing sutures laceration of size 11cm x 1.5cm x muscle deep, exposing underlying muscles and cartilages, with loose attachment pinna, margins irregular, reddish-brown in colour, with yellowish colour foul smelling slough and debris present.


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


 [Dr. M. D. Dake]
 Associate Professor
 Dept. Of Forensic Medicine
 Dr.S.C.Govt. Medical College.
 Vishnupuri, Nanded-431606

MLPM no:- 278/2025

Date:- 01/03/2025

[Continuation of column no. 17] Extrasheet no (

- (12) Abrasion present over neck on left side, antero-lateral aspect of size 4cm x 2cm, obliquely placed, reddish-brown in colour.
- (13) Abrasion present over left arm, proximal $\frac{1}{3}$ rd aspect, lateral aspect, extending upto tip of left shoulder and towards axilla on anterior aspect, of size 15cm x 9cm, obliquely placed, reddish-brown in colour.
- (14) ~~There~~ Surgical incised wound present over left forearm dorsal aspect extending from medial aspect of proximal $\frac{1}{3}$ rd part to dorsal aspect of left hand, of size 31cm x 9cm muscle deep and exposing underlying tendons, superficial and deep muscles, with yellowish colour foul smelling slough and debris present at places, margins clean cut, red in colour, suggestive of therapeutic debridement procedure ~~procedure~~ ^{As High}
- (15) Abrasion present over anterior aspect of chest, left side, situated 4.5cm below left clavicle, 4cm lateral to midline, involving left nipple and areolar region, of size 10cm x 8cm, obliquely placed, reddish-brown in colour.
- (16) Abrasion present over anterior aspect of chest, right side, situated 4cm below right clavicle, 2.5cm lateral to midline and 2cm medial to right nipple, of size 9.5cm x 6.5cm, obliquely placed, reddish brown in colour.
- (17) Multiple abrasion present over midline of chest, anterior aspect, situated between injury no (15) and (16), of sizes varying from 0.3cm x 0.2cm to 2cm x 1.5cm, obliquely placed, reddish-brown in colour.

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[Continuation of column no 17] Extrasheet no ②.

- ⑮ Abrasion present over chest, right side, anterior aspect, situated 7.5cm below injury no. ⑮, of size 3.5cm x 2cm, obliquely placed reddish-brown in colour
- ⑯ Two abrasion present over right arm, proximal $\frac{1}{3}$ rd part, lateral aspect, of size 3cm x 2.5cm and 2cm x 1.5cm, obliquely placed, 0.8cm apart each other, reddish brown in colour
- ⑰ Graze abrasion present over right elbow, lateral aspect and extending anteriorly and towards medial aspect, involving cubital fossa of right forearm, of size 9cm x 3cm, obliquely placed, directed downwards and laterally, reddish-brown in colour.
- ⑱ Abrasion present over right arm, middle $\frac{1}{3}$ rd part, postero-medial aspect, of size 2cm x 1cm, obliquely placed, reddish-brown in colour.
- ⑳ Abrasion present over right arm, distal $\frac{1}{3}$ rd part, postero-medial aspect, of size 2cm x 0.8cm, obliquely placed, reddish-brown in colour.
- ㉑ Abrasion present over right arm, distal $\frac{1}{3}$ rd part, postero-medial aspect, of size 3cm x 2cm, obliquely placed, situated 1cm below injury no ②②, obliquely placed, reddish-brown in colour.
- ㉒ Lacerated abrasion present over right arm, posterior aspect, distal $\frac{1}{3}$ rd part, extending upto posterior aspect of right forearm, proximal $\frac{1}{3}$ rd part, with two silver colour staples present in upper part of the $\frac{1}{3}$ rd part, with underlying fracture of right humerus distal $\frac{1}{3}$ rd part, fracture margins irregular and infiltrated with blood, red in colour, with yellowish colour foul smelling debris present in surrounding tissue associated with abrasion of size 10cm x 5cm, obliquely placed, reddish brown in colour

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[Continuation of column no 17] Extrasheet no (2)

- (25) ^{Graze} Abrasion present over right forearm, proximal $\frac{1}{3}$ rd, postero-lateral aspect, of size 8cm x 2.5cm, obliquely placed, directed downwards and laterally, reddish-brown in colour, with foul smelling yellowish colour slough present.
- (26) Graze abrasion present over right forearm, proximal $\frac{1}{3}$ rd part, antero-lateral aspect, of size 6cm x 4cm, obliquely placed, directed downwards and laterally, reddish-brown in colour.
- (27) Abrasion present over right wrist, medial aspect, of size 5cm x 3cm, obliquely placed, reddish brown in colour.
- (28) Abrasion present over abdomen, on right side iliac region, of size 5cm x 3cm, obliquely placed, reddish-brown in colour.
- (29) Abrasion present over posterior aspect of pelvis, on right side buttock, of size 4.5cm x 4cm, obliquely placed, reddish-brown in colour.
- (30) Abrasion present over right thigh, anterior aspect, distal $\frac{1}{3}$ rd part, and extending towards lateral aspect of right knee, of size 17cm x 7cm, obliquely placed, brownish-red in colour.
- (31) Abrasion present over right knee, lateral aspect, of size 4.5cm x 2.5cm, obliquely placed, situated 0.8cm below and lateral to injury no (30), reddish-brown in colour.
- (32) Abrasion present over right knee, distal $\frac{1}{3}$ rd part, anterior aspect, of size 3cm x 1.5cm, ~~vert~~ horizontally placed, reddish-brown in colour.
- (33) Graze abrasion present over left knee, antero-lateral aspect, of size 3cm x 2cm, vertically placed, directed downwards, reddish-brown in colour.

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[Continuation of column no 17] Extracheet no (3)

- 34) Two abrasion of size $2.5\text{cm} \times 2\text{cm}$ and $2.5\text{cm} \times 1\text{cm}$, respectively present over lateral aspect of left knee, situated 1cm apart each other, obliquely placed, reddish-brown in colour
- 35) Linear abrasion present over left flank region of abdomen, of size $8.5\text{cm} \times 0.5\text{cm}$, obliquely placed, reddish-brown in colour
- 36) Linear abrasion present over left flank region, of abdomen, of size $6\text{cm} \times 0.5\text{cm}$, obliquely placed, reddish-brown in colour.
- 37) Stapled wound present over left side chest, on anterior axillary line at the level of 5th intercostal space, of length 4cm with six silver colour metallic staples and 3 black colour sutures present insitu, no oozing of fluid present, on removing staples and sutures, surgical incised wound of size $3\text{cm} \times 1\text{cm} \times$ cavity deep, horizontally placed, margins clean cut, suggestive of therapeutic intercostal drainage tube insertion site, red in colour
- 38) Sutured wound present over antero-lateral aspect of left side chest, extending upto posterior axillary line and lateral aspect of back, at the level of 6th intercostal space, of length 12cm with 10 black colour sutures present insitu, with yellowish-red colour fluid oozing out, horizontally placed, on removing sutures, surgically incised wound of size $13\text{cm} \times 1.5\text{cm} \times$ cavity deep, with multiple silver and black colour metallic wires present insitu for therapeutic fixation of rib fractures of left side 4th to 8th rib, fracture margins irregular and infiltrated with blood, red in colour, surrounding tissue present with yellowish colour slough and debris present insitu, foul in smell, margins clean cut, red in colour, suggestive of therapeutic thoracotomy procedures and rib fixation.

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[Continuation of column no 17] Extrasheet no (3)

- (39) Sutured wound present over lateral aspect of left side chest, in mid axillary line, situated 7cm below injury no (38), of length 6cm with 6 black colour sutures present insitu, on removing sutures surgical incised wound present of size 6.5cm x 1.5cm, cavity deep, with multiple silver and black metallic wires running upwards for therapeutic rib fixation, margins clean cut, red in colour, surrounding tissue present with foul smelling yellowish colour slough and debris present.
- (40) Abrasion present over back on left side, lateral aspect, situated 7.5cm below and slightly lateral to tip of left scapula, and 5cm below and slightly medial to injury no (39), of size 14cm x 8cm, obliquely placed, directed downwards and laterally, reddish-brown in colour.
- (41) Therapeutic intravenous catheter mark present over right side antero-lateral aspect of neck, suggestive of therapeutic central venous line insertion site, red in colour.


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III. Internal Examination—

19. Head—

(i) Injuries under the scalp. Intact, no injuries under the scalp.
their nature.

(ii) Skull—Vault and base—describe fractures. Intact, no fracture
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).
Meninges :- Intact and congested.
Brain :- Intact, congested and markedly oedematous. cerebrospinal fluid turbid, asterics of circle of willis present with multiple beads like in shape atheromatous plaques present.

20. Thorax—

(a) Walls, ribs, cartilages Refer to injury no 37, 38 and 39 of column no 17.

(b) Pleura Intact on right side, refer to column no. 37, injury no. 37, 38 and 39. and about 50ml amber colour fluid with whitish colour flakes present insitu on left side pleural cavity

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

(d) Right Lung } Both lungs intact, congested and markedly oedematous.
(e) Left Lung } with patches of consolidation present in lower lobes of both lungs, on cut section foul smelling yellowish colour froathy fluid mixed with blood oozing out.

(f) Pericardium Multiple pus flakes present over surface of left lung.
Intact, no free fluid present

(g) Heart with weight

(h) Large Vessels } Intact, ~~blood~~ and blood clots present.
Intact

(i) Additional remarks.

Nil.

21. Abdomen—

Walls
Peritoneum
Cavity

} Intact, no free fluid present.

Buccal Cavity, teeth, tongue
and Pharynx.
Oesophagus

} Intact, no foreign bodies present.

Stomach and its contents

Intact, 100 ml whitish fluid, mucoid, medicinal
smell perceived, mucosa intact and congested.

Small intestine and its
contents.
Large intestine and its
contents.

} Intact, partially filled with gases and faeces,
with multiple contusion present in walls of intestines.

Liver (with weight) and gall
bladder.
Pancreas and Suprarenals

} Intact and congested.

Spleen with weight

Intact, capsular pus pockets present.

Kidneys with weight

Intact and congested.

Bladder

Intact, congested and ~~se~~ 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 the
same.

Viscera and other than viscera articles not preserved.

Intact and not opened.

Opinion as to the cause
probable cause of death.

"Septicemia in a case on treatment for blunt trauma to chest."


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Dated

01/03/2025.

(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.

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Date :- 01/03/2025

Place _____
Dispensary
Civil Hospital

Dr S. C. G. M. C. & H, Nanded.

Forwarded to the Police Sub-Inspector Shivajinagar, Nanded.

for information with reference to his No. Aadhar Hospital
MLC no 111/2025 of 01/03/2025

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.

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Copy forwarded with compliments to the Civil Surgeon.

for information.

M. M. S. Officer



Seen and examined by the Civil Surgeon.

X)

Remarks of the Civil Surgeon.

(if any)

Civil Surgeon