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	Mudkhed. dist.Nanded
2	CR.NO./TAR No./SDE No.	231/2024 U/S 281,106(1), 125(a)(b)Bhartiya Naya Shanhita-2023
3	Date, Time and Place of the accident.	02/11/2024 at 11.00 hrs Umri To Mudkhed Road near Univarsal School Tq Mudkhed Dist Nanded.
4	Name of the Injured / Deceased	1.Sahebrao Gangadhar Narwade age 35 Year R/o Kolgaon Tq Umri Dist Nanded 2. Datta Vishvanath Puyad age 32 R/o Pimpalgaon Misri Tq.Dist Nanded
5	Name of Hospital to Which he/she was removed	Govt. Hospital Mudkhed Dist Nanded
6	Number of vehicles and type of the vehicle	MH -26-CQ 9511 Motar Cycal
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.	Santosh Sambhaji Puyad age 35 R/o Pimpalgaon Misri Tq,Dist Nanded Withut License.
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	Santosh Sambhaji Puyad age 35 R/o Pimpalgaon Misri Tq,Dist Nanded
9	Name and address of the insurance Company with whom the vehicle was insured and the Divisional office of the said insurance Company.	Bajaj Allianz General insurance Com. Ltd Pune
10	Number of Insurance Policy/ Insurance Certificate and the date of Validity of the insurance Policy/ Insurance Certificate.	OG-25-1904182600003859
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 Mudkhed
Dist. Nanded (M.S)

(4)

दि. 04/11/2024

जबाब

मी सरूबाई भू. साहेबराव नरवाडे, वय ३६ वर्षे, व्यवसाय- घरकाम, रा. कळगांव ता. उमरी, जि. नांदेड. मो. नं.

समर्थ सरकारी दवाखाना विष्णुपुरी नांदेड येथील वार्ड क्र. ३० मधील बेड क्र. 18 उपचार चालु असताना पो. स्टे. मुदखेड येथील पोलीसांनी विचारले वरुन सांगते की, मी वरील ठिकाणची राहणारी असुन, एका देन मुली, 1) समीक्षा 2) शालिनी असे असुन समक्ष हिचे लग्न झाले आहे. ति लिच्या दिल्या घरी राहते. मी माझे पती साहेबराव नरवाडे व मुलगी शालिनी, सासु सुमनबाई असे आम्ही एकत्र राहतोत. पती साहेबराव हे रोज मजुरी करुन कुटुंबाची उपजिवीका भागवत होते.

दि. 02/11/2024 रोजी सकाळी 11.00 वा. चे सुमारास मी माझे पती साहेबराव, मुलगी शालिनी असे आम्ही तिघे कळगांव येथुन आमचे मोटार सायकल क्र. MH26BH 5876 ने मुदखेड मार्ग बारड मार्गे माझा भाचा गजानन गव्हाणे याना दिवाळी सणा निमीत्य भेटायाणी गाव असलाना उमरी मुदखेड रोडवरील युनाईटेल शाळा समोरील मुदखेड कडे जाणाऱ्या वळणा जवळ रोडवर, 11.30 वा. चे सुमारास मुदखेड कडुन एक काळ्या रंगाची नविन पल्सर मोटार सायकल ज्यावर दोन व्यक्ती बसलेले असताव वेगात येत त्याने लाल्यातील मोटार सायकल वाकडे तिकडे चालवत येवुन आमच्या मोटार सायकल जोराची धडक दिली. त्या धडकेत माझे पती रोडवर पडली पडल्याने त्याचे तोंडाला व डोक्याला गंभीर दुखापत झाली व ते जागीच मरण पावले. त्यामध्ये माझ्या डाव्या पायाला मार लागुन पाय फ्रॅक्चर झाला व मुलगी शालिनी हिचे डोक्याला, तोंडाला मुक्का मार लागल्याने तिची डाव्या बाजुची दाड पडली आहे. आमच्या गो.ला. चे बरेच नुकसान झाले आहे. तसेच आम्हाला धडक देणाऱ्या पल्सर मोटार सायकलवरील दोघे जण मोटार सायकलच्या धडके मध्ये गंभीर जखमी होवुन ते देखील त्याचे मोटार सायकल जवळ डाव्या अवस्थेत पडलेले होते. मला नंतर लोकांकडुन समजले की. मोटार सायकल पल्सर वरील 1) दत्ता विश्वनाथ पुयड रा. पिपळगाव गिरनी यास उपचार कामी P.T.O.

Witness is conscious oriented in time, place & person at the time of statement

Shri Bramhand Nawade

सत्यप्रत

पोलीस निरीक्षक
पो.स्टे. मुदखेड जि. नांदेड

नांदेडला नेत असताना मरण पावला आहे व दुसरा
संतोष संभाजी पुयड रा. पिपळगाव मिस्त्री यांचे वर
दवाखान्यात उपचार चालु आहे.

सही दि. 02/11/2024 रोजी सकाळी 11.30
वा. ने सुभाराव मी माझे पती साहेबराव नरवाडे
व मुलगी कु. शालिनी असे आमचे मोटार सायकल
क्र. MH26 BH 5876 ने कळगांव येथुन मुदखेड
मार्ग बारड येथे जात असताना समोरुन ते मुदखेड
रोडवरील युनीव्हर्सल शाळे समोरील मुदखेड जाणारे
रोडवर वळणावळ मुदखेड करुन येणाऱ्या एका
काळ्या रंगाची नविन पल्सर मोटार सायकलच्या
चालकाने त्याच्या ताब्यातील मोटार सायकल विना
नंबरची हयगाई व निष्काळजीपणाने भरधाव वेगात
धोकादायक रितीने चालवुन आमच्या मोटार सायकला
धडक देवुन माझे पती साहेबराव यांचे मरणास व माझ्या
गंभीर दुखापतीस व मुलगी शालिनी हिचे दुखापतीस
पल्सर मोटार सायकलचा चालक कारणीभुत असुन
ते त्यांचे मरणास व गंभीर दुखापतीस स्वत:
जबाबदार असुन कारणीभुत आहेत.

माझा जबाब माझे सांगणे प्रमाणे
लिहीला तो मला वाचुन दाखविला असुन
तो माझ्या मर्जीने दिला आहे. तो बरोबर व
खरा आहे.

हा जबाब दिला सही.

समक्ष

HC 1375

पोलीस कार्यालय पो. स्टे. मुदखेड जि. नांदेड

पोलीस स्टेशन नांदेड जि. नांदेड

दि. 5/11/2024 रोजी मि. ज. नोंदवुन 02 वर
वेळ 01.47 वाजता गु.र.न 231/24
कलम 106 (1), 281, 125(अ) 125(ब) B.N.S.
प्रमाणे गुन्हा दाखल करुन सा. पो. नि.
श्री सदु साहेबांचे आदेशाप्रमे स. पो. नि.
रेवडकर साहेब यांचेकडे पुढील तपास
कामी देण्यात आला.

पोलीस ठाणे आमलदार
पोलीस स्टेशन, मुदखेड
ता. जि. नांदेड

पोलीस निरीक्षक
पो. स्टे. मुदखेड

पोलीस स्टेशन मुदखेड जि. नांदेड

10 प्रत

(7)

N.C.R.B (एन.सी.आर.बी)

I.I.F.-I (एकीकृत अन्वेषण फॉर्म - १)

पोलीस स्टेशन मुदखेड ता. मुदखेड जि. नांदेड

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): मुदखेड

FIR No.(प्रथम खबर क्र.): 0231 **Year** (वर्ष): 2024

Date and Time of FIR (प्र. ख. दिनांक आणि वेळ):05/11/2024 02:11

2.

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

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

1. **Day**(दिवस): शनिवार **Date From** (दिनांक पासून): 02/11/2024

Time Period (कालावधी): पहर 4 **Date To** (दिनांक पर्यंत): 02/11/2024

Time From (वेळेपासून): 11:30 बजे

Time To (वेळेपर्यंत): 12:00 बजे

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

Date (दिनांक): 04/11/2024 **Time** (वेळ): 16:00 बजे

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

Entry No. (नोंद क्र.): 002

Date & Time (दिनांक आणि वेळ): 05/11/2024 01:47 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):

दक्षिण, 03 किमी **Beat No.** (बिट क्र.):

(b) **Address** (पत्ता): उमरी ते मुदखेड रोड,युनिव्हर्सल स्कुल समोरील रोडवर, मुदखेड,मुदखेड, 431806

(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)):

सत्यप्रत

पोलीस निरीक्षक
पो.स्टे. मुदखेड जि. नांदेड

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

(a) **Name** (नाव): सरुबाई साहेबराव नरवाडे

(b) **Husband's Name** (पती चे नाव) : साहेबराव नरवाडे

(c) **Date/Year of Birth** (जन्म तारीख/वर्ष): 1988

(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	कळगाव,उमरी,मुदखेड ,नांदेड,महाराष्ट्र,भारत
2	स्थायी पता	कळगाव,उमरी,मुदखेड ,नांदेड,महाराष्ट्र,भारत

(i) **Occupation** (व्यवसाय):

(j) **Phone number** (फोन नं.):

Mobile (मोबाइल नं.): 91-9921739911

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	एका काळ्या रंगाच्या नविन विनानंबरची मोटार सायकलचा चालक			1. पिंपळगाव मिस्त्री,नांदेड,नांदेड ग्रामीण,नांदेड,महाराष्ट्र,भारत

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

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

S.No. (अ.क्र.)	Property Category (मालमत्ता वर्ग)	Property Type (मालमत्ता प्रकार)	Description (वर्णन)	Value(In R) (मुल्य (रू.

N.C.R.B (एन.सी.आर.बी)
I.I.F.-I (एकीकृत अन्वेषण फॉर्म - १)

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

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

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

12. **First Information contents** (प्रथम खबर हकीकत):

जबाब दि.04/11/2024

मी सरुबाई भ्र.साहेबराव नरवाडे वय 36 वर्षे व्यावसाय घरकाम रा.कळगाव ता.उमरी जि.नांदेड

समक्ष सरकारी दवाखाना विष्णुपुरी नांदेड येखील वार्ड क्र.30 मधील बेड क्र.18 वर उपचार चालु असताना पोलीस स्टेशन मुदखेड येथील पोलीसांनी विचारले वरुन सांगते की, मी वरील ठिकाणची राहणारी असुन मला दोन मुली 1) समीक्षा 2) शालीनी असे असुन समीक्षा हिचे लग्न झाले आहे ती तिच्या दिल्या घरी राहते. मी माझे पती साहेबराव नरवाडे व मुलगी शालीनी, सासु सुमनबाई असे आम्ही एकत्र राहतोत. पती साहेबराव हे रोज मजुरी करुन कुटुंबाची उपजिविका भागवत होते.

दि.02/11/2024 रोजी सकाळी 11.00 वाजण्याचे सुमारास मी माझे पती साहेबराव, मुलगी शालीनी असे आम्ही तिघे कळगाव येथुन आमचे मोटार सायकल क्रमांक MH-26-BH-5876 ने मुदखेड मार्गे बारड येथे माझे मामा गजानन गव्हाणे यांना दिवाळी सणाननिमीत्त भेटण्यासाठी जात असताना उमरी - मुदखेड रोडवरील युनिव्हर्सल शाळेसमोरील मुदखेड कडे जाणा-या वळणाजवळ रोडवर 11.30 वाजण्याचे सुमारास मुदखेड कडुन एक काळ्या रंगाची विना नंबरची नविन पल्सर मोटार सायकल ज्यावर दोन व्यक्ती बसलेले भरधाव वेगात त्याचे ताब्यातील मोटार सायकल वाकडे तिकडे चालवत येवुन आमच्या मोटार सायकलला जोरात धडक दिली.त्या धडकेत माझे पती रोडवर पडल्याने त्यांचे तोंडाला व डोक्याला गंभीर दुखापत झाली व ते जागीच मरण पावले. त्या मध्ये माझ्या उजव्या पायाला गंभीर मार लागुन पाय फँक्चर झाला.व मुलगी शालीनी हिचे डोक्याला, तोंडाला मुक्का मार लागल्याने तिच्या डाव्या बाजुचे दाड पडली आहे. आमचे मोटार सायतल चे बरेज नुकसान आले आहे. तसेच आम्हाला धडक देणा-या पल्सर मोटार सायकलवरील दोघे जण मोटार सायकल धडके मध्ये गंभीर जखमी होवुन ते रोडवरील त्यांचे मोटार सायकल जवळ जखमी अवस्थेत पडले होते.मला नंतर मला लोकांकडुन समजले की, पल्सर मोटार सायकल वरील 1) दत्ता विश्वनाथ पुयड रा.पिपंपळगाव मिस्त्री यास उपचार कामी नांदेडला नेत असताना मरण पावला आहे. संतोष संभाजी पुयड रा. पिपंपळगाव मिस्त्री याचेवर दवाखान्यात उपचार चालु आहे.

तरी दि.02/11/2024 रोजी सकाळी 11.30 वा चे सुमारास माझे पती साहेबराव नरवाडे व मुलगी शालीनी असे आमचे मोटार सायकल क्रमांक MH-26-BH-5876 ने मुदखेड मार्गे बारड ने कळगाव येथुन मुदथेड मार्ग बारड येथे जात असताना उमरी - मुदखेड रोडवरील युनिव्हर्सल शाळेसमोरील, मुदखेड कडे जाणा-या वळणाजवळ मुदखेड कडुन येणा-या एका काळ्या रंगाची विना नंबरची नविन पल्सर मोटार सायकल च्या चालकाने त्याचे ताब्यातील मोटार सायकल हयगई व निष्काळजीपणाने भरधाव वेगात धोकादायक रितीने चालवुन आमच्या मोटार सायकलला धडक देवुन माझे पती साहेबराव याचे मरणास व माझ्या गंभीर दुखापतीस व मुलगी शालीनी हिचे दुखापतीस पल्सर मोटार सायकल चा चालक कारणीभुत झाला असुन ते त्यांचे मरणापुस व गंभिर दाखापतीस ते स्वत जबाबदार असुन कारणीभुत आहेत.

माझा जबाब माझे सांगणे प्रमाणे लिहला तो मला वाचुन दाखविला असुन तो माझ्या मर्जीने दिला आहे. तो बरोबर व खरा आहे.

सत्यप्रत
पोलीस निरीक्षक
पो.स्टे. मुदखेड जि. नांदेड

मूळ प्रत

N.C.R.B (एन.सी.आर.बी)
I.I.F.-I (एकीकृत अन्वेषण फॉर्म-१)

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):

(2) **Directed (Name of I.O.)** (तपास अधिका-याचे नाव): **or** (किंवा)
Balvirsingh Dasharathsingh Thakur
Rank (पद): PC (Police Constable) **No.**(क्र.): POBN84470
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):

M.L.C. जबाब वरून

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

Signature of Officer in charge, Police Station
(ठाणे प्रभारी अधिकाऱ्याची सही)
पोलीस ठाणे आमलदार
पोलीस स्टेशन, मुदखेड
जि. नांदेड

Name (नाव): VASANT JAGANNATH
Rank(पद): I (Inspector)
No.(सं.): 15101000402VJSM7601

पोलीस स्टेशन मुदखेड जि.नांदेड

महाराष्ट्र शासन आरोग्य सेवा
ग्रामीण रुग्णालय मुदखेड जिल्हा नांदेड

(9)

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

एम.एल.सी.नं. :____/____

दिनांक : 2 /11/24

वेळ : 12:20 pm

प्रति,
मा.पोलीस निरीक्षक,
पोलीस स्थानक, मुदखेड,
ता.मुदखेड जि.नांदेड
महोदय,

(1) सरुबाई साहेबराव नरवाडे
30 yr | F | R/o कंकराव ता. उमरी
MLC no 72/955/2-11-24/12:20 pm
D R7A-r # (R) femur

आपणास कळविण्यात येते की श्री/श्रीमती
(2) शालिनी साहेबराव नरवाडे
14 yr | F R/o कंकराव ता. उमरी

वय _____ रा. _____ ता. मुदखेड जि.नांदेड
MLC no 71/955/2-11-24/12:20 pm
हा/ही मार लागल्यामुळे/अपघातामुळे/विष बाधामुळे/सर्प दंशामुळे/जळाल्यामुळे
/मृत पावल्यामुळे R7A-r ? # (L) elbow

या मुळे रुग्णालयात दाखल केले असून पुढील योग्य ती कार्यवाही करण्यात यावी.

घटनेचे ठिकाण व वेळ Refer to GMC Nanded
रुग्ण शुद्धीवर आहे/नाही for further management
रुग्णाला शा.वै.म.नांदेड येथे संदर्भीत केले आहे/नाही
नातेवाईकाचे नांव गणेशराव शिंदे. रुग्णा सेवक
मोबाईल क्रमांक 9307713898
नातेसंबंध _____

आपला
वैद्यकिय अधिकारी
ग्रामीण रुग्णालय, मुदखेड

सत्यप्रत
पोलीस निरीक्षक
पो.स्टे. मुदखेड जि. नांदेड

पोलीस स्टेशन मुदखेड जि.नांदेड

(10)

महाराष्ट्र शासन आरोग्य सेवा
ग्रामीण रुग्णालय मुदखेड जिल्हा नांदेड

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

एम.एल.सी.नं. :____/____

दिनांक : 2 11 /24

वेळ : 12:15 pm

(1) दत्ता विश्वनाथ पुयड 27yr/m
R/o पिंपळगाव मिस्री तुपा
MLC 69/952/2-11-24/12:15 pm

(2) संतोष संभाजी पुयड 30yr/m
R/o पिंपळगाव मिस्री तुपा.
MLC No 70/953/2-11-24/12:20 pm

प्रति,
मा.पोलीस निरीक्षक,
पोलीस स्थानक, मुदखेड,
ता.मुदखेड जि.नांदेड
महोदय,

आपणांस कळविण्यात येते की, श्री/श्रीमती

वय R7A रा. c head injury c multiple CLW ता. मुदखेड जि.नांदेड

हा/ही मार लागल्यामुळे/अपघातामुळे/विष बाधामुळे/सर्प दंशामुळे/जळाल्यामुळे

/मृत पावल्यामुळे

या मुळे रुग्णालयात दाखल केले असून पुढील योग्य ती कार्यवाही करण्यात यावी.

Refer to GMC Nanded for further surgical management

घटनेचे ठिकाण व वेळ

रुग्ण शुद्धीवर आहे/नाही

रुग्णाला शा.वै.म.नांदेड येथे संदर्भीत केले आहे/नाही

आपला

नातेवाईकाचे नांव

मोबाईल क्रमांक

नातेसंबंध

वैद्यकिय अधिकारी
ग्रामीण रुग्णालय, मुदखेड

सत्यप्रत

पोलीस निरीक्षक
पो.स्टे. मुदखेड जि. नांदेड

पोलीस स्टेशन मुदखेड जि.नांदेड

महाराष्ट्र शासन आरोग्य सेवा
ग्रामीण रुग्णालय मुदखेड जिल्हा नांदेड

(11)

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

एम.एल.सी.नं. : 73 / 956
दिनांक : 2 / 11 / 24
वेळ : 12 : 30 pm

MLC No. 73/ 956

प्रति,
मा.पोलीस निरीक्षक,
पोलीस स्थानक, मुदखेड,
ता.मुदखेड जि.नांदेड
महोदय,

आपणांस कळविण्यात येते की, श्री/श्रीमती साहेबराव गंगाधर नरवाडे 35 yr / male

वय RC रा. कठगाव ता. उमरी ता. मुदखेड जि.नांदेड

हा/ही मार लागल्यामुळे/अपघातामुळे/विष बाधामुळे/सर्प दंशामुळे/जळाल्यामुळे /मृत पावल्यामुळे Patient brought dead

या मुळे रुग्णालयात दाखल केले असून पुढील योग्य ती कार्यवाही करण्यात यावी.

घटनेचे ठिकाण व वेळ

रुग्ण शुद्धीवर आहे/नाही

रुग्णाला शा.वै.म.नांदेड येथे संदर्भीत केले आहे/नाही

नातेवाईकाचे नांव

मोबाईल क्रमांक

नातेसंबंध

आपला

Dr Jawalikar

वैद्यकीय अधिकारी
ग्रामीण रुग्णालय, मुदखेड

सत्यप्रत

पोलीस निरीक्षक
पो.स्टे. मुदखेड जि. नांदेड

पोलीस ठाणे मुदखेड (12)
दिनांक.02 / 11 /2024

प्रती,
मा वैद्यकीय अधिकारी साहेब,
शा.आ.रुग्णालय, मुदखेड

MCC No. 73/956/2024

विषय :- पोलीस ठाणे मुदखेड अ.मृ.नं./गुरन...../20 कलम 194 BNSS मधील मयत पुरुष/ स्त्री नामे साहेबराव रामाधार नरवाडे. वय 35 वर्षे रा. कपरावाद ता.उमरी जि.नांदेड यांचे /हिचे प्रेतावर P.M. होऊन आपला अभिप्राय मिळणे बाबत.

महोदय,

MCC No. 73/956 /2024

सविनय सादर की, उपरोक्त विषयातील नमुद प्रमाणे स्टे.डा.नोंद क्र/ आ.मृ. 12.30 वेळ मधील मयत पुरुष /स्त्री/नामे साहेबराव रामाधार नरवाडे वय 35 वर्षे रा. कपरावाद ता. उमरी यास/ हिस दिनांक 02/11/2024 रोजी 12.30 वाजेच्या सुमारास शा.रु. मुदखेड येथे आणले असता तो मयत झाला होता. शासकीय रुग्णालय ही माझी दि. 02/11/2024 रोजी पुढील कामास को.सा. वरुन मुदखेड कडे जात असता. सोनखेड मुदखेड फाटा येथे को.सा.कडेपी समोर समोर अपघात होवुन जखमी झाल्याने शरण पाठवला असता. उपचार होवुन जखमी होवुन मरण पावला असावा.

O/C

P.M. No. 06/21 02/11/2024

तरी सदर मयताचे मरणाचे निश्चित कारण समजुन येणे करीता सदर मयतचे प्रेत पोकॉ/ HC/2366 मुंडे ने. पोलीस ठाणे मुदखेड यांचे हस्ते शव विच्छेदन होवुन अभिप्राय मिळणे कामी पाठविले आहे.तरी पोस्टमार्टम होऊन अभिप्राय मिळणेस विनंती आहे.

सविनय सादर

तपासीक अंमलदार,
पोलीस ठाणे मुदखेड

सत्यप्रत
पोलीस निरीक्षक
पो.स्टे. मुदखेड जि. नांदेड

Dr Jawlikar
2/11/2024
3:00 PM

PM no. 01/21

(13)

INQUEST PANCHNAMA FORM
(U/S 194 B.N.N.S)

मरणोत्तर पंचनामा
(भारतीय नागरीक सुरक्षा संहीता कलम 194 अन्वये)

1. State..... महाराष्ट्र Dist..... नांदेड P.S..... मुदखेड
राज्य जिल्हा पो.स्टे.चे नांव

FIR/ A.D.No./ U.D.No..... MLC NO. Year..... 2024 Date..... 02/11/2024
प्रथम खबरी रिपोर्ट / अ.मृत्यु. 73/956 वर्ष दिनांक

2. Act & section..... 194 BNSS
कायदा व कलम

3. (a) Place and Time Where dead body found/ Traced
मृत देहसापडलेली जगा

Place..... सरकारी दवाखाना मुदखेड
जागा

Date..... 02/11/2024 Time..... 1330
तारीख वेळ

(b) Was the body cold/ When found. ..... थंड
मृत देह सापडलेल्या वेळी थंड/ गरम होते.

4. Person showed/ Traced the dead body.
प्रेत प्रथम पाहीलेल्या/ दाखविलेल्या व्यक्तीचे नांव लींग व पत्ता

Name..... गणेश शिवसन बाश्वव
नाव

Age..... 30 वर्षे Sex..... पु.
वय लिंग

Address..... मुदखेड ता. उमरी जि. नांदेड
पत्ता

5. Person Indentified the dead body
प्रेत ओळखणाऱ्या व्यक्तींचे नाव वय लिंग व पत्ता

Name..... गणेश शिवसन बाश्वव
नाव

Age..... 30 वर्षे Sex..... पु.
वय लिंग

Address..... मुदखेड ता. उमरी जि. नांदेड
पत्ता

6. Dead Body Sex : Male / Female ..... पु. Age..... 35 वर्षे
मृताचे लिंग :- स्त्री / पुरुष अंदाजे वय

APpoximate date and time and place of death
मरणाचीतारीख वेळ व ठिकाण Place..... 02/11/2024 Date..... 02/11/2024 Time..... 1330 वेळ
ठिकाण ता. मुदखेड तरीख

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पो.स्टे. मुदखेड जि. नांदेड

(P.T.O.)

7. **Position of Dead Body**
मृताची परिस्थीती

Position
स्थिती: सांडशीट गमन हे शवविच्छेदन वेळ [illegible] 2m च्या आंतरावर अंदाजे दक्षिणेकडे पाय उत्तरेकडे डोके असून दोन्ही हात शरीराजवळ सरळ आहेत अंगावर फुलझाडाच्या सोंदी रंगाच्या रंगाचे आखूड शर्ट व मरवाडी रंगाच्या जुनाट जीन्सची पॅन्ट आहे डाव्या गुडघ्याजवळ फाटलेली दिसत असून अंगावर पांढऱ्या रंगाचा बनियन व निळ्या रंगाचे अंडरवेअर व पायात काळे बूट आहेत.

8. **Name & Address (if Known)**
मृताच्या नाव व पत्ता (माहीती असल्यास): साहेबराव गंगाधर मरवाडे वय 35 वर्षे व्यवसाय मजूरी टाकळगाव ता. उमरी जि. नांदेड

9. **Description of Dead Body**
मृताची शरीराचे वर्णन

a) Built
बांधा: मजबुत

b) Height
उंची: 171 सें.मी.

c) Compllexion
वर्ण: सावळा

d) Identification Mark
ओळख चिन्हे: पोटावर उजव्या बाजुस तीळ

e) Deformities व्यंग:

f) Teeth (दात): नीट बेद

g) Hair (केस): काळे

h) Eyes (डोळे): उजव्या डोळ्यात बेद एक उघडे

i) Molc(तिळ): पोटावर उजव्या बाजुस

j) Dress
पोशाख: सोंदी रंगाचा फुल झाडाचा शर्ट व मरवाडी रंगाचा जुनाट जिन्स पॅन्ट,

k) Burn Mark
जळाल्याच्या खुना: —

l) Luceoderma
कोड: —

m) Scar
व्रण: —

n) Tattoo
गोदंणे: —

o) Other feature
ईतर वैशिष्ट: —

10. **Description of injuries found on dead body (In any)**
मृताच्या शरीरावरील जखमांचे वर्णन (असल्यास)

a) Head
डोके: शाबीत असून रक्ताने माखलेले दिसत आहे.

b)Face
चेहरा: शाबीत असुन सुजलेला, तिन इंचाची चिर पडलेली असुन नाकाजवळ रक्त निघत आहे, डोळ रक्ताने माखलेले दिसत आहे,

c) Neck
मान: शाबीत

(14)

d) Chest
छाती ..... शाबीत

e) Stomach
पोट ..... पोटावर खरचटलेला काळे डाग दिसत आहेत

f) Limbs (अवयव) :-

i) Right Hand
उजवा हात ..... सरळ शाबीत

ii) Left Hand
डावा हात ..... सरळ शाबीत मनगटाजवळ डाव्या लोकर रक्त निघालेले दिसत आहे

iii) Right Leg
उजवा पाय ..... सरळ शाबीत

iv) Left Leg
डावापाय ..... डावे पायाचे गोटीवर, गुडघ्यावर. पिंडरीवर खरचटून जखम झालेले दिसत आहे

v) Private parts
गुप्त भाग ..... शाबीत

vi) Back
पाठ ..... शाबीत

vii) Other Information (if any)
अधिक माहीती असल्यास ..... दोन्ही कानातून रक्तस्राव होत असल्याचे दिसत आहे

11. a) Whether Request Mode to Officer to Preserve Finger Prints of the dead body. (if unknown)
बोटांचे ठसे घेण्याकरीता बोटांचे चामडे राखुन ठेवण्या करीता डॉक्टरला विंनती केलीहोतीकाय? (अनोळखी प्रेता बाबत) — Yes / No. होय / नाही.

b) Whether Request Made to Medecal Officer to Preserve blood (if Requair)
आवश्यक असल्यास प्रेताचे रक्त राखुन ठेवण्याची डॉक्टरांना विनंती केलीहोतीकाय? — Yes / No. होय / नाही.

c) Whether Photographs has taken (if Necessary)
आवश्यक असल्यास फोटो घेतलेकाय? — Yes / No. होय / नाही.

d) Whether dead body send to Postmarten
शव विच्छेदन करीता प्रेत पाठविले काय? — Yes / No. होय / नाही.

b) Dead Body send for Postmarten to which Hospitas / Place
कोणत्या दवाखान्यात प्रेत शवविच्छेदना करीता पाठिवले त्या दवाखान्याचे नाव व ठिकाण ..... सरकारी दवाखाना ग्रा. रु. मुदखेड

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(P.T.O.)

f) Dead body send for Postmartem through whom(प्रेत कोणाबरोबर शव विच्छेदन करीता पाठविले त्यांचे नांव)

पता :- स. दवाखाना मुदखेड Posting नेमणुक पो. स्टे. मुदखेड

B.No. (ब.नं.) पोहेका/2366

g) Whether Dress Preserve / Dipossed / Returnde to relative.

मृतावरील कपडे व ईतर सामान राखुन ठेवले काय?/ इतर विल्हेवाट/ नातेवाईकास परतकेले.

—

12. Opinion of panchas of and police about the cause of dead body (in brif)

पोलीस व पंच यांचे मरणाबाबत मत (थोडक्यात) गावचे व पंचाचे मते मयतीचे वय 65 वर्ष हा कुटुंबाहुन मोठा मोठा सांगकाठेकडुन मुदखेडकडे जात असताना समोरुन मुदखेड कडुन भुधाटे मोठा सांगकाठेचा ठोकरलमोटे अडक लागुन गंभीर दुखापत होऊन मरण पावला असावा.

13. More inform ation / Suspicion (if any) अधिक माहिती असल्यास / संशय (थोडक्यात)

—

14. Date and Time of PanchanamaPlace स. द. मुदखेड Date :- तारीख

पंचनामा केल्याची जागा तारीख व वेळ ठिकाण Time वेळ 1330 to 1630

15. Name and Address panchas and Signature :- Signature of Panchas

पंचाच्या सहया :-

पंचाचे नावे व पत्ते :-

(1) सोपान आवाजी शिंदे वय 65 वर्ष व्यवसाय शेती रा. कपाशीवाडी ता. उमरी. मो.नं.

(2) रामचंद्र पल्ला पिटलेवाड वय 40 वर्ष व्यवसाय शेती रा. कपाशीवाडी ता. उमरी. मो.नं. 9922167704

(3)

Signature of Investigation Officer :तपासीक अमलदाराचे नांव व सही

Name (नांव) डी. डी. ठाकुर

Rank (रँक) पोहेका/1375

Posting / Address पो. ठाणे मुदखेड

नेमणुक / पत्ता

पोलीस स्टेशन मुदखेड ता. मुदखेड जि. नांदेड

02/11/2024 (17)

(B.P.A. (3)71-1000 Book 1-08)

Provisional post-mortem Report-cum-Death Certificate

P.M. No. 01/24 /2024 Date 02 / 11 /2024 Time 3:15 PM to 4:15 PM.

Name of the deceased Sahebrao Gangadhar Narwade 35 yrs. yers, Sex Male R/O Kalgaon. Tq Umri Dist Nanded.

As per police Inquest died on : 02/11/2024 at 12:30 PM.

Referred by Investigating Officer : B.D Thakure.

Brought and Identified by : C.K. Munde H.C 2366

Of Police Station : Police station Mudkhed.

post-mortem Officers Name : Dr. Tawlikare S.S.

Provisional OPINION AS TO CAUSE OF DEATH

Opinion as to cause of death due to "Road traffic accident with haemorrhagic and complications following head injury and vital organ injury".

Note :-

Viscera Preserved / Not Preserved

तपासि अधिकाऱ्यास सुचित करण्यात येते की, सदर प्रकरणातील मयताच्या जठर धुण्याचा (StomachWash) नमुना उपचार करणाऱ्या डॉक्टरकडुन ताब्यात घेवुन C.A. सि.ए.तपासणीसाठी पाठवावा.

Dr. S. S. Tawlikare.
Post-mortem Officers

1. Original Certificate to concerned police.
2. Copy the relative throught concerned police while handing over the death body.

शवविच्छेदनानंतर प्रेत तात्पुरता शविच्छेदन अहवाल/मृत्यू प्रमाणपत्राच्या दोन प्रति, पंचनाम्यातील नमुद कपडे चिजवस्तु ताब्यात मिळाले. ताब्यात घेणाऱ्याचे नाव पोकॉ HC 1375 0193 ब.नं. 1375 नेमणुक पोलीस स्टेशन मु.ख.

दिनांक :- 02 / 11 /2024

सत्यप्रत

पोलीस निरीक्षक
पो.स्टे. मुदखेड जि. नांदेड

पोलीस अंमलदाराची सही
HC-1375

Out no 1326

(20)

PM. no. 01/21

02-11-2024

MLC no 73/956/

2-11-24 12:30 P

C.M.67 e

G.R. Home L.G.D. No.733/33, dated 16-6-41 and
G.R. Home L.G.D. No.733/33, dated 11-12-47,
(Vide Surgeon General with the Govt. of Maharashtra Bombay's
Letter No. FRM/1462/19357/ i dated 4-7-62)

Memorandum of a post-mortem examination held at R.H. Mudkhed Dispensary/Hospital

on the dead body of Sahebrao Gangadhar Narwade 35 yr/male of Village/City Kalgao.

Taluka Umri District Nanded. by Dr Sarika S. Jawlikar.

I. General Particulars-

1. (a) By whom was the corpse sent ?
   (b) Name of place from which sent.
   (c) Distance of place from which sent.
2. By whom was the corpse brought?

C.K. Munde HC 2366 & B.D. Thakur HC 1375 of Police Station Mudkhed. Dist Nanded.

3. By whom identified?

Ganesh Bhivsan Jadhav.

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

2-11-2024 at 3:00 Pm.

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

2-11-2024 at 3:15 Pm

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

2-11-2024 at 4:15 Pm.

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 to know the exact cause of death, postmortem examination is requested.

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6. If not examined at Dispen--sary 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.

I. **External Examination-**

7. Sex, apparent age, race or caste.

35 years male, Hindu by religion

Description of clothes and of ornaments on the body.

Dark orange coloured Shirt and grey coloured jeans pant, white banyan and brown underpant present on dead bod and red religious thread at waist tied around.

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

Not wet-

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

mole on abdomen ® side.

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.

—

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

Averagely built and well nourished body ; cold to touch.

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

Well marked in whole body and all four limbs.

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

No signs of decomposition
No lividity

13. Features - Whether natural or swollen, state of eyes, position of tongue: nature of fluid (if any) cozing from mouth, nostrils or ears.

(R) Eye is closed and swollen and (L) eye is open. Mouth is closed, blood stained and swollen lips. Tongue is within oral cavity. Nose is swollen. There is oozing of blood from nostrils, mouth and ears.

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

No —

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पोलीस निरीक्षक
पो.स्टे. बुद्धेड जि. नांदेड

15. Injuries to external genitala. Indication of purging.

Intact, x/o injury
x/o purging.

16. Position of Limbs - Especially of arms and of fingers in suspected drowning the presence or absonce of sand or earth within the nails or on the skin or hands and feet.

Body is supine in position and all limbs are straight.

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

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

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

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

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

(1) Contused abrasion on forehead (L) side above left lateral end of ~~[illegible]~~ eyebrow of size 2x3 cm, red (2) Contusion over (R) zygomatic region c̄ underlined fracture of zygomatic bone of size 2x2 cm., blue (3) Abrasion over (R) parietal region 2cm lateral to sagittal suture line of size 3x3 cm with underlined fracture of parietal (L) bone. (4) Contusion over base of nose 2x3 cm (5) Abrasion nose tip 1x1cm (6) Abrasion above upper lip of size 1x1cm., red (7) CLW over the verticle of size 3.5x0.5cm with underlined fracture of mandible (8) fracture of 4th, 5th & 6th ribs on (R) side in midclavicular line (9) fracture of 4th 5th, 6th, 7th ribs on (L) side in mid-clavicular line (10) Abrasion on (L) thigh lower 1/3 region medical surface of size 6x1cm (11) Abrasion over (L) knee 2x2cm. (12) Contusion upper end of leg (L) c̄ underlined fracture of (L) tibial proximal end (13) Abrasion on (R) leg middle 1/3 region on shin 6x2cm.

All injuries are antemortem.

(22)

III. Internal Examination-

19. Head -

(i) Injuries under the scalp. their nature. — Underscalp haematoma present over.

(ii) Skull -- Vault and base-describe fractures, their sites, dimensions, directions, etc. — Abrasion is present over (L) parietal region over scalp 2cm lateral to saggital sutural line of size 3×3 cm with underlying fracture of (L) parietal skull bone

(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 gram F 2.75 grams). — (1) Subdural haemorrhage present over. (2) Patchy subarachnoid haemorrhage present over. (3) Brain matter is congested and oedematous.

20 Thorax -

(a) Walls, ribs, cartilages — (1) fracture of 4th, 5th, 6th ribs on (R) side in midclavicular line (2) fracture of 4th, 5th, 6th, 7th ribs on (L) side in midclavicular line.

(b) Pleura ... — Intact and congested.

(c) Larynx Trachea and Branch.

(d) Right Lung ... } Intact, no injury and congested.

(e) Left Lung ... }

(f) Pericardium ... — Lacerated at anterior wall with blood collected in pericardium.

(g) Heart with weight ... — Lacerated at (R) ventricular apex with oozing blood

(h) Large vessels ...

(i) Additional remarks. — Intact, no injury.

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Blank

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Abdomen -

Walls ... ... } Intact, no injury.

Peritoneum ... ...

Cavity ... ...

Bucal Cavity, teeth tongue and Pharynx. } Intact, no injury.

Desophagus ...

Stomach and its contents Intact, contains about 20ml of fluid of no peculiar smell perciened, mucosa pal

Small intestine and its contents.

Liver (with weight) and gall bladder. } Intact, no injury.

Pancreas and Suprarenals

Spleen with weight ...

Kidneys with weight ...

Bladder ...

Organs of generation ... No abnormality detected.

Additional remarks with where possible, medical office's deduction from the state of the contents of the stomach as to time of death and last meal.

- Nil -

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

Viscera not preserved.

(7)

(23)

22. Spine and Spinal cord :(7) → Intact, no injury -

Opinion as to the cause
probable cause of death.

Opinion as to cause of death due to "Road traffic accident with haemorrhgia and complications following head injury and vital organ injury"

वैद्यकिय अधिकारी
ग्रामीण रुग्णालय, मुदखेड

Dr. S. S. Jawlikar
Medical officer
R. H. Mudkhed Dist-Nanded.

Dated:- Date - 02/11/2024

Viscera not preserved.

(Signature)

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* The Spinal Cord need not be exmined 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 Suregeon of their district for record in his office.

Great care should be taken not to cut the viscera before they h...

No. 19

Place Dispensary / Civil Hospital R. H. Mudkhed Dist Nanded.

Forwarded to the Police Sub-Inspector ; P.S. Mudkhed Dist Nanded.

information with reference to his No. of 19

2. Viscera has been preserved, It may please be stated immediately whether amination by the Chemical Analyser is necessary or it is tobe destroyed.

Viscera not preserved.

Dr. S. S Tawlikar
वैद्यकिय अधिकारी
ग्रामीण रुग्णालय, मुदखेड

Civil Surgeon or M. M. S. Officer.

---

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

M. M. S. Officer

een and examined by the Civil Surgeon, on

emarks of the Civil Surgeon, (if any).

Civil Surgeon

(31)

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

DEPARTMENT OF FORENSIC MEDICINE & TOXICOLOGY

Forensic Medicine Dept. D.S.C.G.M.C. Vishnupuri Ned.-431606

Provisional Post-mortem Report-Cum-Death Certificate

ML P.M.No. 1396/2024 Date: 02/11/2024 Time: 06:40 pm To: 07:40 pm

Name of the deceased: Datta Vishwanath Puyad

Age: 32 year Sex: Male R/o Dimphalgaon Tq-Dist-Nanded

Time of death (as Per Police Inquest): 02/11/2024 at 16:15 hours

Referred by Investigating Officer: A.S.I M.K. Rotamwad

Brought and Identified by:

of Police Station: Nanded Cramin

PROVISIONAL OPINION AS TO PROBABLE CAUSE OF DEATH :

"HEAD INJURY"

[Dr. K. Rathod] [Dr. Sarathkumar P]

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

Note:

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

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

(1) Original Certificate to concerned Police.
(2) Copy to relative of deceased (if Police decides so) through concerned Police.
(3) Form no. 2 and 4/4 A to concerned Police for death registration

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

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

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

पोलीस स्टेशन : ----------

सत्यप्रत

पोलीस निरीक्षक
पो. स्टे. मुदखेड जि. नांदेड

MLPMNO:- 1396/2024
Date:- 02/11/2024

(34)

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

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

On the dead body of Datta Vishwanath Puyad **of Village / City** Pimphalgaon

Taluka Nanded **District** Nanded **by** Dr. A. J. Pendge, Dr. Sarath Kumar. P, Dr. K. Rathod

I. General Particulars—

1. (a) By whom was the corpse sent ? — A.S.I. M.K. Gotamwad, P.S → Nanded Gramin.

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

(c) Distance of place from which sent. }

2. By whom was the corpse brought ? } A.S.I. M.K. Gotamwad, P.S → Nanded Gramin.

3. By whom identified ? }

4. The date, hour and minute of its receipt. — 02/11/2024 at 06:20PM

(a) The date, hour and minute of beginning post-mortem examination. — 02/11/2024 at 06:40PM

(b) The date, hour and minute of ending post-mortem examination. — 02/11/2024 at 07:40PM

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, on 02/11/2024 at around 10:00hours, deceased had history of road traffic accident and brought to Medical hospital and for further treatment brought to Dr. S.C.G.M.C, Nanded and admitted in ward no-(30) and died during treatment on 02/11/2024 at 16:15hrs.

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पोलीस निरीक्षक
पो. स्टे. मुदखेड जि. नांदेड

[illegible] death - due to road traffic

MRD No: 24/R/68851 Date of admission - 02/11/2024 at
Diagnosis - AHIORTA C BT He

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.

Description of clothes and of ornaments on the body.

Male, 32 years

One black colour jeans pant with brown colour belt, honda bike key present in pocket, gauze piece present with bandage present on head stained with blood, white colour shirt, grey colour baniyan, one beaded mala present on neck.

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

Dry and handed over to P. con 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 P. con 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 umblical cord, its length, whether placenta is attached or not, if present, its size and condition.

Not applicable.

(35)

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

11. *Rigar Mortis*—Well Marked, slight or absent; whether present in the whole body or part only. } Rigor mortis well marked in jaw and neck and slightly present in other body parts.

12. Extent and signs of decomposition, presence post-mortem lividity of buttocks, loins, back and thighs or any other part. Whether bullae present and the nature of their contained fluid. Condition of the cuticle. } No signs of decomposition, postmortem lividity present over posterior aspect of body except pressure areas and not fixed.

13. *Features*—Whether natural or swollen, state of eyes, position of tongue: nature of fluid (if any) oozing from mouth, nostrils or ears. } Facial features - Natural
eyes - closed. mouth - closed.
tongue inside mouth
No oozing from ear, nostrils and mouth.

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

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पो.स्टे. मुदखेड जि. नांदेड

15. Injuries to external genitals. Indication of purging.

→ Intact, no injury.
→ No purging.

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

→ Straight.

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

→ (1) laceration present over mid part of forehead of size 4cm×3cm × bone deep, margin irregular, red in colour
(2) Sutured wound present over nose vertically placed of size 6cm with 3 suture insitu on removing suture. laceration of size 6cm×2cm× bone deep, margin irregular, red in colour
(3) Abrasion present over left side of shoulder anterior aspect of size 4cm×3cm, red in colour
(4) Therapeutic intravenous injection mark present over both hand dorsal aspect, red in colour
(5) Therapeutic intravenous injection mark present over right forearm flexor aspect red in colour.

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

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

18. Other injuries discovered by external examination or palpation as fractures etc. } No palpable fracture.

(a) Can You say definitely that the injuries shown against serial Nos. 17 and 18 are ante mortem injuries? } Yes, Antemortem in nature.

(36)

III. Internal Examination—

19. *Head*—

(i) Injuries under the scalp, their nature. → underlay contusion present over both frontal region corresponding to injury no (1) in column no (17).

(ii) *Skull*— Vault and base describe fractures, their sites, dimensions, directions, etc. → Depressed fracture present over frontal region mid part, corresponding to injury no (1) in column no (17), middle cranial fossa fracture present, fracture margin irregular and infiltrated with blood.

(iii) *Brain*— The appearance of its coverings, size, weight and general condition of the organ itself and any abnormality found in its examination to be cerefully noted (weight M. 3 grams F. 2.75 grams). → meninges – intact. Brain → Congested and oedematous, Diffuse subdural haemorrhage present subarachnoid haemorrhage present over both frontal and basal surface and occipital region.

20. *Thorax*—

(a) Walls, ribs, cartilages → Intact, no injury.

(b) Pleura → Intact, No free fluid.

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

(d) Right Lung
(e) Left Lung } Intact, congested and oedematous.

(f) Pericardium → Intact.

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

(i) Additional remarks. → Nil.

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पो.स्टे. मुदखेड जि. नांदेड

21. *Abdomen*—

Walls → Intact, no injury.

Peritoneum Cavity } Intact, no free fluid

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

Oesophagus → About 80ml yellowish colour fluid present, no abnormal smell perceived, mucosa intact.

Stomach and its contents →

Small intestine and its contents. } partly filled with gases and faeces.

Large intestine and its contents.

Liver (with weight) and gall bladder.

Pancreas and Suprarenals

Spleen with weight

Kidneys with weight } Intact, congested.

Bladder → Intact, empty.

Organs of generations → Intact.

Additional remarks with where possible, medical officer's deduction from the state of the contents of the stomach as to time of death and last meal. } Not commentable.

State which viscera (if any) have been retained for chemical examination and also quote the numbers on the bottles containing tha same. } Viscera not preserved. Blood preserved for chemical analysis for detection of alcohol level in blood. Blood bottle packed, labelled, sealed and handed over to P.C. [illegible]

(37)

22. *Spine and Spinal Cord—

Intact, not opened.

Opinion as to the cause probable cause of death. "Head Injury"

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

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

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

Dated 02/11/2024

(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.

सत्यप्रत
पोलीस निरीक्षक
पो स्टे. मुदखेड जि. नांदेड

MLPHNo: 1396/2024 Date: 02/11/2024

Place Dispensary / Civil Hospital Dr. S.C.G.M.C, Nanded

Forwarded to the Police Sub-Inspector ~~Dr~~ Nanded Gramin

for information with reference to his No. RMLC/NAG/8549/24 of 02/11/2024

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

(Dr. K. Rathod)
Resident Doctor
Dept. Of Forensic Medicine
Dr.S.C.Govt.Medical College.
Vishnupuri,Nanded-431606

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

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

Civil Surgeon or M. M. S. Officer

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

Forensic Medicine Dept. D.S.C.G.M.C. Vishnupuri Ned.-431606. सत्यमेव जयते

M. M. S. Officer

Seen and examined by the Civil Surgeon. on

20

Remarks of the Civil Surgeon. (if any)

Civil Surgeon

पोलीस स्टेशन मुदखेड
जावक क्र.2093/2024
दिनांक 06 /11/2024

प्रति,

मा.उप संचालक साहेब,
प्रादेशिक न्यायसहाय्यक वैज्ञानिक प्रयोग शाळा,
नांदेड.

विषय :-पो.स्टे. मुदखेड गुरनं 231/2024 कलम 106 (1),281,125(अ) 125(ब) बी.एन.एस. मधील मयताचे रक्ताचा नमुन्याची तपासाणी होवून अभिप्राय मिळणे बाबत.

रिपोर्ट :- एस.बी.खेडकर, सपोनि/पोलीस स्टेशन मुदखेड.

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1	**पोलीस ठाणे**	:-	मुदखेड, जिल्हा- नांदेड
2	**गुरनं व कलम**	:-	गुरनं 231/2024 कलम 106 (1),281,125(अ) 125(ब) बी.एन.एस.
3	**फिर्यादीचेनांव**	:-	सरूबाई भ्र साहेबराव नरवडे, वय 36 वर्ष व्यवसाय घरकाम रा. कळगाव ता.उमरी
4	**आरोपीचे नाव**	:-	विनानंबरची पल्सर मोटार सायकल चालक
5	**मयताचे नाव**	:-	दत्ता विश्वनाथ पुयड, वय 32 वर्ष,रा. पिंपळगाव मिस्री ता.जि.नांदेड
6	**आरोपी अटक ता व वेळ**	:-	---
7	**गुन्हा घडला ता. व वेळ व ठिकाण**	:-	दिनांक 02.11.2024 रोजी 11.30 वाजण्याचे सुमारास मुदखेड ते उमरी जाणारे रोडवर युनिवर्सल स्कुलजवळ
8	**गुन्हा दाखलता. व वेळ**	:-	दिनांक 05.11.2024 रोजी 02.11 वाजता नोंद क्रमांक 02
	तपास अधिकारी	:-	एस.बी.खेडकर, सपोनि/पोलीस स्टेशन मुदखेड.

खुलासा

सादर विनंती की, फिर्यादी नामे सरूबाई भ्र साहेबराव नरवडे, वय 36 वर्ष व्यवसाय घरकाम रा. कळगाव ता.उमरी यांनी दिनांक 04.11.2024 रोजी शासकीय रूग्णालय, विष्णुपूरी नांदेड येथे उपचारादरम्यान जबाब दिला की, दिनांक 02.11.2024 रोजी सकाळी 11.30 वाजताचे सुमारास माझे पती साहेबराव नरवाडे व मुलगी शालीनी असे आमचे मोटार सायकल क्रमांक एम.एच. 26 बी.एच. 5876 ने कळगाव येथुन मुदखेड मार्गे बारड येथे जात असताना उमरी ते मुदखेड रोडवरील युनिवर्सल शाळेसमोरील मुदखेड जाणारे रोडवर वळणाजवळ मुदखेडकडून येणाऱ्या एका काळया रंगाची नविन पल्सर मोटार सायकलच्या चालकाने त्याचे ताब्यातील मोटार सायकल विनानंबरची हयगय व निष्काळजीपणाणे भरधाव वेगात धोकादायक रितीने चालवून आमचे मोटार सायकलला धडक देऊन माझे पती साहेबराव यांचे मरणास व माझ्या गंभीर दुखापतीस व मुलगी शालीनी हिचे दुखापतीस कारणीभुत असुन तो त्याचे मरणास व गंभीर दुखापतीस स्वत: कारणीभुत आहेत वगैरे जबाबावरून गुन्हा दाखल असुन सदर गुन्हयाचा तपास चालू आहे.

पोलीस निरीक्षक
पो.स्टे. मुदखेड जि. नांदेड

सदर गुन्हयाचे तपासामध्ये मा.वैद्यकीय अधिकारी, डॉ. शं.च. शासकीय रू महाविद्यालय विष्णुपूरी नांदेड यांनी मयत नामे दत्ता विश्वनाथ पुयड, वय 32 वर्ष,रा. पिंपळगा ता.जि.नांदेड याचे पी.एम.दरम्यान राखून ठेवण्यात आलेले रक्ताचे सॅम्पल हस्तगत करण्यात आ खालीलप्रमाणे **Exbt. No** देण्यात आले आहे.

मुद्देमालाचे वर्णन खालील प्रमाणे

Exbt. No. A. वैद्यकीय अधिकारी डॉ.शं.च. शासकीय रूग्णालय व महाविद्यालय विष्णुपूरी नांदेड मयत नामे दत्ता विश्वनाथ पुयड, वय 32 वर्ष,रा. पिंपळगाव मिस्री .जि.नांदेड याचे पी.एम.दरम्यान राखून ठेवण्यात आलेले रक्ताचे सॅम्पल व सोबत सीलबंद पॅकेट.

तरी वरील रक्ताचे सॅम्पलची सी.ए. तपासणी होऊन अभिप्राय मिळणेकामीइकडील पो.स्टे.ल नेमणुकीस असलेले S.B. Khedkar APL mudkhed यांचे हस पाठविण्यात आले आहे. तरी सी.ए.तपासणी होऊन अभिप्राय मिळणेस विनंती आहे.

सोबत :- सीलबंद बॉटल व सीलबंद पॉकेट.

सविनय सादर

(एस.बी.खेडकर)
सपोनि/पो.स्टे.मुदखेड.

पोलीस निरीक्षक
पोलीस स्टेशन, मुदखेड

आवक / जावक लिपीक
प्रादेशिक न्यायसहायक वैज्ञानिक प्रयोगशाळा
महाराष्ट्र शासन, नांदेड
08 NOV 2024

Appendix-28: Case Registration and Acknowledgement Receipt.

पोलीस स्टेशन मुदखेड जि. नांदेड

सत्यमेव जयते

REGIONAL FORENSIC SCIENCE LABORATORY,NANDED

DIRECTORATE OF FORENSIC SCIENCE SERVICES

GOVERNMENT OF MAHARASHTRA

Dr Shankarrao Chavan Govt Medical , College(old),Near Collector Office

Vajirabad,Nanded - 431601

(Phone No. : 02462-236631, Email: dydir.rfsnanded@maharashtra.gov.in)

REGIONAL FORENSIC SCIENCE LABORATORY NANDED

	Case File No	RFSL(NAN)/16907/TXO/1323/24
1	Date of receipt of the case	08/11/2024
2	Forwarding authority's name and address in full	API KHEDKAR, PS MUDKHED,NANDED,0
3	Forwarding authority's reference No, and date	2033/2024, 06/11/2024
4	Case FIR/DDR/RC No and date,if any	231/24 ,04/11/2024
5	Under section(u/s),if any	THE BHARATIYA NYAYA SANHITA (BNS), 2023 106(1),THE BHARATIYA NYAYA SANHITA (BNS), 2023 125(a),THE BHARATIYA NYAYA SANHITA (BNS), 2023 125(b),THE BHARATIYA NYAYA SANHITA (BNS), 2023 281 null ,
6	Police station/Court/Others,if any:	MUDKHED
7	Messenger, name, designation, identity and phone no, if any :	KHEDKAR, API
8	No. of Parcels,Seal status and Details	<1> ONE SEALED SMALL GLASS BOTTLE
9	Whether seal tallied with the seal impression Forwarded?	YES
10	Name and designation of the case registration personnel:	JAGDISH SUDHAKARRAO BALKHANDE , CLERK
11	Any other information:	

(Signature of case registration personnel with date)

(Signature of HOD with date)

Remarks of the Head of the discipline

Forwarded to Shri/Dr.....for acceptance check of case

सत्यप्रत

पोलीस निरीक्षक
पो स्टे. मुदखेड जि. नांदेड

(40)

REGIONAL FORENSIC SCIENCE LABORATORY

STATE OF MAHARASHTRA
Dr. SHANKARRAO CHAVAN GOVERNMENT
MEDICAL COLLEGE BUILDING (OLD), SECOND FLOOR,
VAZIRABAD, NANDED-431 601
TEL: 02462 236631 FAX: 02462 244631

EXAMINATION REPORT

M.L.Case No. : Nd/T/1323/2024
Nd.(T). No. : 1898-99/2025
Date : 7 MAR 2025
Total No. of Pages :

To,
The Resident Doctor,
Department of Forensic Medicine,
Dr. Shankarrao Chavan Government-
Medical College Vishnupuri, Nanded-431606
Dist- Nanded

1)	Ref. No.	: MLPM No. 1396/24	Date	:	02/11/2024
2)	No.of exhibits received	: One	P.S.	:	Mudkhed
3)	C. R. No.	: 231/2024	U/s	:	106(1), 281, 125 (अ) 125 (ब) BNS
4)	Mode of receipt	: API -Khedkar	Date of receipt	:	08/11/2024

5) Condition of the parcel(s)/seal(s):

---One sealed small glass bottle seals intact and as per copy sent.---

API-Kombade

6) Description of articles contained in the parcel:

1) Blood in a small glass bottle labelled---Blood.

---Exhibit also labelled---**Datta Vishwanath Puyad**

---MLPM No. 1396/2024---

सत्यप्रत

पोलीस निरीक्षक
पो. स्टे. मुदखेड जि. नांदेड

कार्यालय
पो. स्टे. मुदखेड जि. नांदेड
आवक क्र. 486/2025
दिनांक 27/03/2025

RESULTS OF ANALYSIS

--- The Exhibit contains 102 milligram of Ethyl alcohol per 100 milliliters.---

Analysis started on : 13/01/2025

Analysed by :

Analysis completed on : 20/01/2025

Name: (Dr.H.D. Jirimali)

Designation: Assistant Chemical Analyser
Regional Forensic Science Laboratory
Govt. of Maharashtra, Nanded

Advance copy to

The Police Inspector, Mudkhed - Police Station, Dist:- Nanded, for information.

Note: 1) Results related only to the exhibits tested.
2) Report shall not be reproduced except in full, without the written approval of the Director.
3) After examination:
a) Biological exhibits will be disposed off.
b) Exhibit should be removed within fifteen days from the receipt of this report.

DSP

MEDICO LEGAL CERTIFICATE

To.
The Police Inspector
Police Station- Mudkhed
Ta. Mudkhed Dist. Nanded
Name of Injured Sarubai Sahebrao Narwade
Brought by ~~P.C.~~ Roadside people (unknown)
Identification Marks : (R) thumb impression

Outword No.:- 1325
Dated : 17-12-2024
Age : 30 yrs Sex :- F
~~Oference~~ MLC no. under letter No.:- 72/955
Exam^n Dated :- 2-11-2024 at 12:30 PM

Sr. No.	Name of Injury	Size & Part of body on which Injury inficted	Size - shape & Margine & direction	Age	Type of weapon/ used/Surface of contact	Name of Injured	Remarks
		H/O RTA on 2-11-2024					
(1)	Abrasion	On (Rt) knee	Circular 2x3cm.	within 12hr	Hard & blunt	Simple	Patient admitted in RH Mudkhed and emergency treatment given but referred to Govt Nanded/ for further Orthopedic management.
(2)	Abrasion	On (Lt) knee	Circular 2x2cm	within 12hr	Hard & blunt	Simple.	
(3)	Diagnosis :- RTA c̄ fracture (Rt) femur midshaft c̄ multiple abrasions			within 12hr		grevious.	Patient got treated at private hospital and hence certified as per expert opinion

पोलीस निरीक्षक
पो.स्टे. मुदखेड जि. नांदेड

Dr. S. S Jawhkar
Medical Superintendent Officer
ग्रामीण रु. Mudkhed

Date: / /20 Time :

Scanned with OKE

MEDICO LEGAL CERTIFICATE

To.

The Police Inspector

Police Station- Mudkhed

Ta. Mudkhed Dist. Nanded

Name of Injured Shalini Sahebrao Kharwade

Brought by ~~P.C.~~ Roadside people (unknown)

Identification Marks : mole on forehead R side

Outword No.: 1324

Deted : 18/12/2024

Age : 17 yr Sex :- Female

~~Oference~~ MLC no under letter No.: 71/954

Exam Dated : 2-11-2024 at 12:25 pm

Sr. No.	Name of Injury	Size & Part of body on which Injury inficted	Size - shape & Margine & direction	Age	Type of weapon used	Name of Injured	Remarks
		H/O RTA on 2-11-2024 at about 12 pm Diagnosis : RTA c̄ undisplaced fracture at (RH) tympanic plate				grevious injury	Patient admitted in R.H. Mudkhed and emergency treatment given and referred to Govt Nanded for orthopedic surgen opinion. Patient got treated at private hospital and opinion as given as expert-opinion.

Dr. S. S. Jacobar
Medical Officer
R.H. Mudkhed

पोलीस निरीक्षक
पो.स्टे. मुदखेड जि. नांदेड

सत्यप्रत

Date: / /20 Time :

MEDICO LEGAL CERTIFICATE

पोलीस स्टेशन मुदखेड जि. नांदेड

TO,

THE POLICE INSPECTOR Mudkhed

Tq. Mudkhed Dist. Nanded

Name Of Injured Santosh Samtehaji Puyad. R/o. Pimpalgaon Mishri Tq. Dist. Nanded.

Brought By Roadside people

Identification Marks (1) mole on (R) side of neck.

OUTWARD NO.

Dated 30/4/2025

Age 30 yrs SEX Male

Oference Under ~~Letter~~ MLC No. 70/953

Dated Examn 02/11/2024 at 12:20 pm

Sr No	Name Of Injury	Site & Part Of Body on Which Injury Inflicted	Size Shape & Margine & Direction	Age	Type Of Weapon Used	Name Of Injured	Remark
	H/O RTA on 02/11/2024 about 30 min before						
(1)	CLW	On forehead extending upto (R) parietal scalp	Vertical of size 10×0.5cm. red	within 12 hrs	Hard & blunt.	Simple	Treated at RH Mudkhed & refer to GMC Nanded for further management.
(2)	CLW	On upper lip	2×2cm, red.	within 12 hrs	Hard & blunt.	Simple	Patient admitted at private hospital
(3)	CLW	On chin	2×2cm, red.	within 12 hrs	Hand & blunt	grievous.	CT scan done
(4)	Contused abrasion c̄ fracture nasal bone	On nose	2×2cm, red	within 12 hrs	Hard & blunt		also multiple cerebral contusions with fracture of nasal bone

Patient admitted, treated at private hospital for about one month hence certified as per expert opinion, and orthopaedic Sx and surgeon opinion.

कार्यालय
पो. स्टे. मुदखेड जि. नांदेड
क्रमांक क्र. 573/2025
दिनांक 30/4/2025

S. S. Jaolikar
वैद्यकिय अधिकारी
ग्रामीण रुग्णालय, मुदखेड

पोलीस निरीक्षक
मुदखेड

संत्यप्रत 30/4/2025

(45)

FORM II

शा.मु.औ. (के)२५९-३.७५,०००७,२००३ (३)

घटनास्थळपंचनामा/गुन्हयाचा तपशिलाचा नमुना

१. राज्य - महाराष्ट्र जिल्हा - नांदेड पो.स्टे.- मुदखेड प्रथमखबर क्र/कार्यवाही क्र.231 वर्ष 2024 दिनांक 05/11/24

२. अधिनियम व कलमे 106 (1). 281, 125(अ) 125(ब) BNS.

३. घटनेचे ठिकाण दाखविणाऱ्याचे नाव :- राजाराम एकनाथ हाळदे वय 56 वर्षे व्यवसाय शिक्षक मुनिष्कमल पब्लीक स्कुल उमरी रोड मुदखेड. 9970844643.

४. गुन्हयाचा प्रकार (गुन्हयाचे सर्व पध्दतीसह)

१. प्रधानशिर्ष अपघात २. प्रधान शिर्षाचे वर्गीकरण

३. पध्दती

४. वापरलेली वाहने मोटार सायकल

५. केलेले वेषांतर/बतावणी —

६. वापरलेली भाषा —

७. वैशिष्टे —

८. घटनेच्या ठिकाणचा प्रकार उमरी ते मुदखेड जाणारा सार्वजनिक रोड.

९. अंतर्भुत मालमत्तेचा प्रकार —

५. बळीचा तपशिल

अ. क्र.	संपुर्ण नाव	वय	लिंग	राष्ट्रीयत्व	धर्म	जात	व्यवसाय	पत्ता	दुखापत प्रकार	साधन/हत्यार
1)	साहेबराव गंगाधर नरवाडे	35	पुरुष	भारतीय			मजुरी	कळगाव ता. उमरी	मयत.	अपघात
2)	दत्ता विठ्ठलराव पुयड	32	पुरुष	भारतीय			मिस्त्री	पिंपळगाव मिस्त्री.	मयत	—॥—
3)	संतोष संभाजी पुयड		पुरुष	भारतीय			मजुरी	—॥—	गंभीर जखमी	—॥—
4)	सरुबाई साहेबराव नरवाडे	36	स्त्री	भारतीय			मजुरी	कळगाव	गंभीर जखमी	—॥—
5)	शालीनी साहेबराव नरवाडे	14	स्त्री	भारतीय			शिक्षण	—॥—	—॥—	—॥—

सत्यप्रत

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६. गुन्हयाचा हेतू — दुर्लक्ष व निष्काळजीपणाने वाहन चालवुन मृत्यु कारणीभुत होणे.

७. चोरीच्या अंतर्भुत मालमत्तेचा तपशिल —

८. घटनेच्या जागेचे वर्णन — आज रोजी आम्हा पंचास मुदखेड पो.स्टे. चे सपोनि. एस. बी. यांनी कळविले की, पो.स्टे. मुदखेड गु.र.न. 231/2024 कलम 106 (1), 281 125 (अ) 125 (ब) B.N.S. या गुन्ह्याची थोडक्यात हकीगत सांगुन सदर अपघाताचे ठिकाणचा गुन्ह्याचे तपासकामी घटनास्थळ पंचनामा बघावयाचा आहे. असे कळविल्येवरुन आम्ही पंच स्वखुशीने हजर राहुन घटनास्थळ पंचनामा करुन दिला तो खालील प्रमाणे आहे.

सदरचे घटनास्थळ हे मुदखेड ते उमरी जाणारे रोडवर असुन घटनास्थळाचे जवळ मुनिर्मित पक्कीचे स्थुप आहे. सदर घटना हा सार्वजनिक डांबरी रस्ता असुन सदर रस्ता अंदाजे 12 मिटर डांबरी रुंदीचा आहे. व सदर रोड सेंटर पासुन दोन्ही बाजुस अंदाजे 50 फुट रुंद आहे. सदरचे घटनास्थळ हे रोड चे दक्षिण बाजुसचे कडेलगत आहे. त्याचे शेजारी वळणरस्ता असल्याने त्या बाजुचा निशाणीची बोर्ड लावलेला आहे. घटनास्थळावर अपघातातील वाहनाचे काही पार्ट तुकडे पडलेले आहेत. सदर घटनास्थळाची चतुःसिमा पाहता खालील प्रमाणे आहे.

उत्तरेस :- रस्त्याचे बाजुस झाडे व कॅनाल त्या पलीकडे शिवानंद खनगावे यांचे शेत.

दक्षिणेस :- दिगांबर खनगावे यांचे शेत.

~~पुर्वेस~~ पुर्वेस :- डोणगाव व उमरी कडे जाणारा रस्ता.

पश्चिमेस :- मुदखेड कडे जाणारा रस्ता.

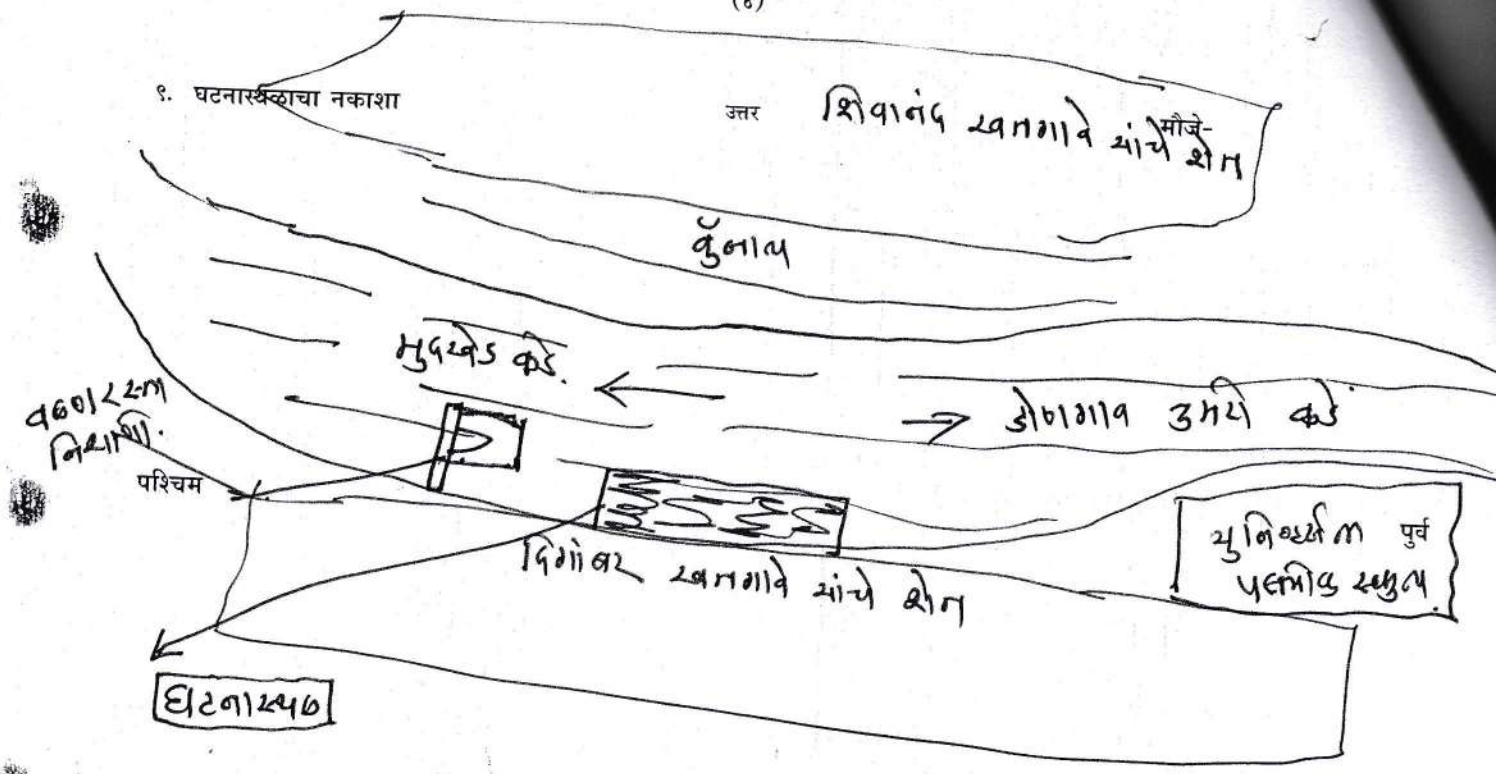
सदर घटनास्थळाची चतुःसिमा वर नमुद प्रमाणे असुन सदर घटनास्थळ पंचनामा आम्ही पंचानी समक्ष हजर राहुन करुन दिला तो बरोबर व खरा आहे.

पोलीस स्टेशन मुदखेड जि. नांदेड

सत्यप्रत

पोलीस निरीक्षक
पो.स्टे. मुदखेड जि. नांदेड

९. घटनास्थळाचा नकाशा



दक्षिण

१०. तपासकामी प्रत्यक्ष पुरावा म्हणून घटनास्थळावरुन जप्त केलेल्या/मिळालेल्या मालमत्तेचे वर्णन

११. घटनास्थळ पंचनाम्याची दिनांक 05/11/2024 वेळ 15:00 ते 15:45 वार मंगळवार

१२. पंचाची नावे व पत्ता

पंचांच्या सहया

१. संदीप गणेशराव गुडमलवार वय ३० वर्ष व्यवसाय शिक्षण. रा. बापुसाहेब नगर मुदखेड मो. 7507750119 — संदिप

२. माधव दशरथ सावंत वय 22 वर्ष व्यवसाय शेती रा. मराठा गल्ली मुदखेड मो. 8603925271 —

दिनांक :- 05/11/2024.

तपासिक अमंलदाराची सही

नाव एस. बी. खेडकर

हुद्दा स.पो.नि. पो.स्टे. मुदखेड.

घटनास्थळ पंचनामा यांची सही.

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पोलीस स्टेशन पुदखेड जि. नांदेड

C. Coverage opted

1. Period of Insurance

For Own Damage Section	From 22-OCT-2024 00:00(Hrs)	To 21-OCT-2025 Midnight
For Third Party Liability Section	From 22-OCT-2024 00:00(Hrs)	To 21-OCT-2029 Midnight

2. Is your vehicle fitted with external LPG/CNG kit : No.
3. Electrical Accessories cover Opted (If Applicable) : No.
4. Non - Electrical Accessories cover Opted (If Applicable): : No.
5. Is Voluntary Excess opted : Rs.NA.
   Amount of voluntary excess opted
6. Whether PA cover is opted for owner-driver : Yes.
7. compulsory deductible : Rs.100.00
8. Is any additional compulsory deductible imposed and agreed upon : Yes.
   Amount of additional compulsory deductible imposed : Rs.
9. Whether geographical area extension is opted : No.
   Details of Countries to which geographical area extension cover is given : NA.
10. Is LL to person for Paid driver/Operation/Maintenance opted : No.
11. Whether PA cover is opted for paid driver other than owner driver : No.
    Sum Insured for Paid Driver : Rs.NA.
13. Is TPPD restricted to statutory limit of Rs.6,000? : No.
14. Pre Existing damages in the vehicle : NA.
15. 1 Premium for Liability coverage, quoted and agreed upon is :
16. 1 Premium for OD coverage, quoted and agreed upon is :
17. Do you have valid PUC certificate of the vehicle : NA
18. Do you have valid Fitness certificate of the vehicle : NA
19. Total Premium (excluding Goods and Service Tax (GST)) for Liability and OD coverages, quoted and agreed upon is :
20. NCB (No Claim Bonus) claimed by you and granted by us based on your declaration of no claim during your previous policy : 0 %.
21. About the last insurance company
    (i) Insurance Provider : .
    (ii) Previous Policy No : NA , Previous Policy Expiry Date : NA
22. Whether your vehicle is Hypothecated and if so the details of Pledgee whose name is registered by us : Yes.
    Name of Pledgee : shriram finance limited.
23. Add on Cover(s) optedm2 : Yes, Plan Name:Driveassure Silver Plan Description: consumable expenses , depreciation shield , engine protector ,
    Please call us on 1800 103 5858 for any emergency.
24. To support our Go Green initiative, send policy copy link on registered mobile number / email id:

Please note Cover Note No. / issued to you basing on the above information.
In case of Disagreement or objection or any changes with respect to information and contents mentioned hereinabove, please contact our toll free number & register your objections/changes/disagreement to the contents of this transcript or you may also send us email or written correspondence at the following details within a period of 15 days from date of your receipt of this transcript along with Policy:
I/We hereby unconditionally allow the Company to share all my / our information being collected in this proposal form or

पोलीस निरीक्षक
पो.स्टे. पुदखेड जि. नांदेड

सत्यप्रत

सुनिता

पोलीस स्टेशन पुदखेड जि. नांदेड

C. Coverage opted

1. Period of Insurance

For Own Damage Section	From 22-OCT-2024 00:00(Hrs)	To 21-OCT-2025 Midnight
For Third Party Liability Section	From 22-OCT-2024 00:00(Hrs)	To 21-OCT-2029 Midnight

2. Is your vehicle fitted with external LPG/CNG kit : No.
3. Electrical Accessories cover Opted (If Applicable) : No.
4. Non - Electrical Accessories cover Opted (If Applicable): : No.
5. Is Voluntary Excess opted : Rs.NA.
   Amount of voluntary excess opted
6. Whether PA cover is opted for owner-driver : Yes.
7. compulsory deductible : Rs.100.00
8. Is any additional compulsory deductible imposed and agreed upon : Yes.
   Amount of additional compulsory deductible imposed : Rs.
9. Whether geographical area extension is opted : No.
   Details of Countries to which geographical area extension cover is given : NA.
10. Is LL to person for Paid driver/Operation/Maintenance opted : No.
11. Whether PA cover is opted for paid driver other than owner driver : No.
    Sum Insured for Paid Driver : Rs.NA.
13. Is TPPD restricted to statutory limit of Rs.6,000? : No.
14. Pre Existing damages in the vehicle : NA.
15. 1 Premium for Liability coverage, quoted and agreed upon is :
16. 1 Premium for OD coverage, quoted and agreed upon is :
17. Do you have valid PUC certificate of the vehicle : NA
18. Do you have valid Fitness certificate of the vehicle : NA
19. Total Premium (excluding Goods and Service Tax (GST)) for Liability and OD coverages, quoted and agreed upon is
    :
20. NCB (No Claim Bonus) claimed by you and granted by us based on your declaration of no claim during your previous
    previous policy : 0 %.
21. About the last insurance company
    (i) Insurance Provider : .
    (ii) Previous Policy No : NA , Previous Policy Expiry Date : NA
22. Whether your vehicle is Hypothecated and if so the details of Pledgee whose name is registered by us : Yes.
    Name of Pledgee : shriram finance limited.
23. Add on Cover(s) optedm2 : Yes, Plan Name:Driveassure Silver Plan Description: consumable expenses , depreciation
    shield , engine protector ,
    Please call us on 1800 103 5858 for any emergency.
24. To support our Go Green initiative, send policy copy link on registered mobile number / email id:

Please note Cover Note No. / issued to you basing on the above information.
In case of Disagreement or objection or any changes with respect to information and contents mentioned hereinabove, please contact our toll free number & register your objections/changes/disagreement to the contents of this transcript or you may also send us email or written correspondence at the following details within a period of 15 days from date of your receipt of this transcript along with Policy:
I/We hereby unconditionally allow the Company to share all my / our information being collected in this proposal form or

सत्यप्रत

पोलीस निरीक्षक
पो.स्टे. पुदखेड जि. नांदेड

सुनिता

through telephonic / email / web-inputs means or other means, as updated from time to time within group entities.

Toll free Number : 1800-102-5858,1800-209-5858
Email address : Bagichelp@bajajallianz.co.in
Website : www.bajajallianz.com

Contact our policy servicing branch at: Bajaj Allianz General Insurance Co. Ltd.,, Bajaj Allianz House,291-Xtrium,4th Floor,, Next to Holy Family Church,Andheri Kurla Road,, Chakala, Andheri (East),, Mumbai-400093 PH:022- 66027777.

INSURANCE ACT, 1938 SECTION 41 - PROHIBITION OF REBATES

No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. ANY PERSON IN BREACH OF COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO RUPEES TEN LAKH.Bajaj Allianz General Insurance Co Ltd

पोलीस स्टेशन मुदखेड जि. नांदेड

सत्यप्रत

पोलीस निरीक्षक
पो.स्टे. मुदखेड जि. नांदेड

सुनिता

(78)

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पोलीस स्टेशन पुर्णा जि. नांदेड

BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED
Regd. Office & Head Office: GE Plaza, Airport Road, Yerwada,Pune-411006(India)
IRDAI Registration No. 113
Corporate Identity Number: U66010PN2000PLC015329

Certificate of Insurance (Two Wheeler Policy - Bundled)
UIN : IRDAN113RP0008V01201819

Customer ID: 450473654

Policy Number: OG-25-1904-1826-00003859

Particulars of Vehicle Insured:

Registration Number	Place of Registration	Engine Number	Chassis Number	Make & Model
NEW	MH26-NANDED	DKXCRF38893	MD2A13EX7RCF69199	BAJAJ - PULSAR 220 F

Sub Type	Year of Mfg	NCB %	CC	Seating Capacity	Final Premium
ELECTRIC START DISC BREAK BS6	2024	0	220	2	12261

Name of Registration Authority : MH26-NANDED
Name and Address of Insured : SUNITA SHANKAR GADHE
: BEMBAR, BHOKAR, , NANDED, MAHARASHTRA-431801
: .00
Geographical Area : NA
Business or Profession

Effective date of commencement of Insurance for the purpose of act:

For Own Damage Section	From 22-OCT-2024 00:00(Hrs)	To: 21-OCT-2025 Midnight
For Third Party Liability Section	From 22-OCT-2024 00:00(Hrs)	To: 21-OCT-2029 Midnight

Persons or Class of Persons entitled to drive:
Any person including the insured:
a) 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.
b) 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.

IMT-Endorsements/Add on Package
22, 7 & Plan Name:Driveassure Silver & Plan Description: consumable expenses , depreciation shield , engine protector ,

Beneficier Details:

Beneficier1	Beneficier2	Beneficier3	Beneficier4	Beneficier5

Limitations as to Use:
The Policy covers use for any purpose other than
a) Hire or Reward, b) Carriage of goods (other than samples or personal luggage), c) Organized racing, d) Pace Making, e) Speed testing, f) Reliability Trials, g) Any purpose in connection with Motor Trade

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

Policy issuing office and correspondence address for communication by holder of Certificate of Insurance for claim, service request, notice, summons, etc:
Bajaj Allianz General Insurance Co. Ltd.,, Bajaj Allianz House,291-Xtrium,4th Floor,, Next to Holy Family Church,Andheri Kurla Road,, Chakala, Andheri (East),, Mumbai-400093 PH:022- 66027777

Date of issue :22-OCT-2024
For & On Behalf of
Bajaj Allianz General Insurance Company Ltd.

For help and more information:
Contact our 24 Hour Call Centre at 1800-102-5858, 1800-209-5858, Toll Free: 30305858(chargeable, add area code before this number in case of mobile call) Email us at Bagichelp@bajajallianz.co.in or Visit our Website www.bajajallianz.com
Corporate Identification Number U66010PN2000PLC015329

Latest Schedule - 22-Oct-2024 18:16:18 PM- Silent Printing (Web) (0)

सत्यप्रत
पोलीस निरीक्षक
पो.स्टे. पुर्णा जि. नांदेड

सुनिता

Authorized Signatory

9	
10	
11	

सत्यप्रत

पोलीस निरीक्षक
पो.स्टे. बुद्धेड जि. नांदेड

पोलीस स्टेशन मुखेड जि. नांदेड

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BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED

(A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDA] vide Reg No.113)

Regd. Office: Bajaj Allianz House, Airport Road, Yerwada,Pune-411006(India))

TWO WHEELER POLICY - BUNDLED SCHEDULE

UIN : IRDAN113RP0008V01201819

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc:
Bajaj Allianz General Insurance Co. Ltd.,, Bajaj Allianz House,291-Xtrium,4th Floor,, Next to Holy Family Church,Andheri Kurla Road,, Chakala, Andheri (East),, Mumbai-400093 PH:022- 66027777

INSURED DETAILS	
Insured Name	SUNITA SHANKAR GADHE
Insured Address	BEMBAR, BHOKAR , , NANDED, MAHARASHTRA-431801
Geographical Area	India
Customer ID	450473654
Bank Reference No 1	
GSTIN / UIN	NA
Place of Supply/ State Code/Name	27 - Maharashtra

POLICY DETAILS	
Policy Number	OG-25-1904-1826-00003859
Policy Issued on	22-OCT-2024 18:16 PM
Policy Period	For Own Damage Section From : 22-OCT-2024 00:00 (Hrs) To : 21-OCT-2025 Midnight For Third Party Liability Section From : 22-OCT-2024 00:00 (Hrs) To : 21-OCT-2029 Midnight
Cover Note Details	/
Previous Policy No	0
Invoice No	437329830/1
Company GST No	27AABCB5730G1ZX
Company PAN	AABCB5730G

Registration Number	Place of Registration	Engine Number	Chassis Number	Make & Model	SubType
NEW	MH26-NANDED	DKXCRF38893	MD2A13EX7RCF69199	BAJAJ - PULSAR 220 F	ELECTRIC START DISC BREAK BS6

NCB %	CC/KW	Seating Capacity	Year Of Manufacturing	Hypothecation Details
0	220	2	2024	shriram finance limited

Vehicle IDV	Value For Side Car	Non electrical accessories	Electrical/Electronic accessories	Value of CNG/LPG kit	Total Value
1,16,730.00	0	0	0	0	1,16,730.00

Own Damage Premium(Rs.)	
Own Damage Premium	2,695.00
Special Discount	0.00
Total OD Premium - A	2,695.00
Total Premium (Net Premium) (A+B)	10,391.00
State GST (9%)	935.00
Central GST (9%)	935.00
Final Premium (Rupees Twelve Thousand Two Hundred Sixty One Only)	12,261.00

Liability Premium(Rs.)	
Basic Third Party Liability	7,365.00
PA Cover for Owner-Driver - SI - Rs.1500000	331.00
Period: From 22-Oct-2024 To 21-OCT-2025	
Total Act Premium - B	7,696.00

For help and more information:
Contact our 24 Hour Call Centre at 1800-102-5858, 1800-209-5858, Toll Free: 30305858(chargeable, add area code before this number in case of mobile call) Email us at Bagichelp@bajajallianz.co.in or Visit our Website www.bajajallianz.com
Corporate Identification Number U66010PN2000PLC015329

Latest Schedule - 22-Oct-2024 18:16:18 PM- Silent_Printing (Web) (0)

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**Note: The above Total OD Premium is inclusive of all applicable Loading /Discounts viz (Automobile association membership, Voluntary Excess, Anti Theft, Handicap Person, Driver Tuition, Fiber Glass, CNG/LPG Unit, Geographical Extension, Imported Vehicle Etc. wherever Applicable)

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

I/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.

Broker Code	**10043559**	**Contact No.**	**18002660101/18002660101**
Broker Name	**Turtlemint Insurance Broking Service Pvt Ltd**		
E-Mail ID.	**support@turtlemint.com**		

Limitation as to Use	The Policy covers use of the vehicle for any purpose other than : Hire or reward, Carriage of goods(other than samples or personal luggage),Organised racing,Pace making, Speed testing, Reliability trials. Any purpose in connection with Motor Trade.
Driver	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 when not used for the transport of goods/passengers at the time of the accident and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.
Limits of Liability	Under section II-I(i) of the policy -> Death of or bodily injury : Such amount is necessary to meet there requirements of the Motor Vehicles Act,1988. Under section II-I(ii) of the policy -> Damage to Third Party Property : Rs. 1,00,000.00
No Claim Bonus	
Existing Damage Details	NA
Nominee Details	**Name :**NA - **Relationship :**NA
Subject to Warranties/ IMT-Endorsements/ Add on Package	22, 7 & Plan Name:Driveassure Silver & Plan Description: consumable expenses , depreciation shield , engine protector ,
Additional Details	Coinsurance Details: - . Transaction Id: -
Premium Details	Receipt No. 1904-01879333, Date 22-OCT-24 ** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque.
Excess Details	Compulsory Excess: Rs.100.00|Additional Excess: Rs. |Voluntary Excess: Rs..00 Theft Excess: Rs.0

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.
It is mandatory to keep your policy with updated contact (Mobile No., Email ID and PAN Card) and bank account details, to process any of your service requests faster and hassle-free in future.
You can update the same through Caringly yours App {Link}, WhatsApp Service { Say Hi on WhatsApp - +91 75072 45858}, Contact our 24-Hour Call Center at 1800-209-5858, 1800-102-5858, Give a Missed Call on 8080945060, SMS WORRY to 575758, Email bagichelp@bajajallianz.co.in, website {http://www.bajajallianz.com}, contact your agent or nearest branch.

For & On Behalf of

Bajaj Allianz General Insurance Company Ltd.

Stamp Duty Rs. 0.50

Authorized Signatory

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This document is digitally signed, hence counter signature / stamp is not required.

Consolidated Stamp Duty of Rs. 0.50/- paid for insurance policy stamps vide Order No. CSD/36/2024-25/2886 dated 01-AUG-24 of General Stamp Office, Mumbai, India.

Principal Location : Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006 PH:66026666 | Services Accounting Code : 997134 - Motor vehicle insurance services. No reverse charge is payable on these services.

For help and more information:

Contact our 24 Hour Call Centre at 1800-102-5858, 1800-209-5858, Toll Free: 30305858(chargeable, add area code before this number in case of mobile call) Email us at Bagichelp@bajajallianz.co.in or Visit our Website www.bajajallianz.com

Corporate Identification Number U66010PN2000PLC015329

Latest Schedule - 22-Oct-2024 18:16:18 PM- Silent Printing (Web) (0)

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Bajaj Allianz General Insurance Company Ltd.

Bajaj Allianz General Insurance Co. Ltd., Bajaj Allianz House, 291-Xtrium, 4th Floor, Next to Holy Family Church, Andheri Kurla Road, Chakala, Andheri (East), Mumbai - 400093
Contact No:Contact No: 022- 66027777,022-66027777; Fax No: 56480179

RECEIPT

Receipt Number 1904-01879333
Receipt Date 22/10/2024
Business Channel MARET

Received with thanks from SUNITA SHANKAR GADHE
(Customer ID : 450473654) a total sum of Rupees Twelve Thousand Two Hundred Sixty One Only by,

Instrument Type	Instrument No.	Instrument Date	Bank Name	Branch Name	Amount
Online Payment	trf_PC5WFhOgt0rUTi	22/10/2024	NA	NA	12,261

Total Amount **Rs. 12,261.00**

Issuance of this receipt does not amount to acceptance of the risk by Bajaj Allianz General Insurance Company Limited. The insurance cover for the risk shall be as per the terms and conditions of the Insurance Policy if and when issued.
* Cheque/DD/PO receipt is valid subject to realisation of the instrument.

For & on behalf of
Bajaj Allianz General Insurance Company Ltd.

Authorised Signatory

Regd.Office: Bajaj Allianz House,Airport Road, Yerwada, Pune - 411006

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TWO WHEELER POLICY - BUNDLED : ADD ON COVERS(Plan Name:Driveassure Silver): POLICY WORDINGS

S3 - DEPRECIATION SHIELD

A. Endorsement Wordings

(UIN No. IRDAN113RP0008V01201819/A0024V01201819)

In consideration of payment of additional premium, it is hereby agreed and declared that this Policy extends to cover the depreciation amount, partly or fully, on assessed damaged parts allowed for replacement during repairs in the event of a Partial Loss to the **Insured Vehicle** .

In the event **You** have opted for co-payment, **Your** contribution shall be to the extent agreed by **You** as shown in the **Schedule** for the depreciation amount on the assessed parts for each and every Partial Loss claim.

The benefits under 'Depreciation Shield' would be available only if the **Insured Vehicle** is repaired at Our authorized workshops. In case **You** have opted to repair the **Insured Vehicle** at a non-authorized workshop, Our liability will be restricted to 90% of the assessed total claim amount under this cover.

B. Conditions

(1) Claims made by **You** against Us under 'Depreciation Shield' are subject to the terms and conditions set forth under the Motor Insurance Policy. **(2)** In case of transfer of ownership of the **Insured Vehicle** , the cover under 'Depreciation Shield' shall expire. **(3)** The benefits under 'Depreciation Shield' can be utilized for a maximum of two times during the Policy Period

C. Exclusions

In addition to the exclusions mentioned under Motor Insurance Policy, **We** will not be liable to indemnify **You** for the following events:

(1) Where the Own Damage Claim made by **You** against Us under the Motor Insurance Policy is not payable **(2)** Depreciation pertaining to any part/ sub part/ accessories not approved for replacement by Us under Motor Insurance Policy. **(3)** Loss or damage to tyres and/or battery of the **Insured Vehicle** . **(4)** Consequential loss of any kind arising out of claims lodged under 'Depreciation Shield'. **(5)** Where a loss is covered under Motor Insurance Policy or any other type of insurance policy with any other insurer or manufacturer's warranty or recall campaign or under any other such packages at the same time

If **You** do not agree whether any of these exclusions apply to **Your** claim, **You** agree to accept the burden of proving that they do not apply.

D. Definitions

The words and phrases listed have special meanings **We** have set below whenever they appear in bold type and initial capitals. Please note that references to the singular or to the masculine also include references to the plural or to the female the context permits and if appropriate.

(1) You,Your,Yourself: The person or persons **We** insure as set out in the **Schedule** .**(2) We**, Our, Us: Bajaj Allianz General Insurance Company Limited. **(3) Accident, Accidental:** A sudden, unintended and fortuitous external and visible event.**(4) Policy/Motor Insurance Policy**: Two Wheeler Package Policy issued by Us to which this cover is extended **(5) Insured Vehicle** : The vehicle insured by Us under the **Motor Insurance Policy** and as shown on the **Schedule** .**(6) Policy Period:** The period between and including the commencement date and expiry date as shown in the **Motor Insurance Policy Schedule** . **(7) Schedule** : The **Schedule** and any Annexure or Endorsement to it which sets out **Your** personal details and the insurance cover in force. **(8) Own Damage Claim:** The claims raised by **You** against Us for loss or damage to the **Insured Vehicle** due to the perils mentioned under Section 1 of **Motor Insurance Policy**. **(9)** Total Loss/ Constructive Total Loss: A loss under the **Motor Insurance Policy** where the aggregate cost of retrieval and/ or repair of the **Insured Vehicle** , subject to terms and conditions of the Policy, exceeds 75% of the IDV of the **Insured Vehicle** . **(10)**Partial Loss: Any loss falling into a category other than **(A)** the loss mentioned under Sr. No. 9 above and **(B)** theft of the **Insured Vehicle**

S4 - ENGINE PROTECTOR

(UIN No. IRDAN113RP0008V01201819/A0031V01201819)

A. Endorsement Wordings

In consideration of payment of additional premium, it is hereby agreed and declared that this Policy extends to cover the consequential damage to the internal child parts of the engine of the **Insured Vehicle** arising out of water ingression/ leakage of lubricating oil and/or damage to gear box of the **Insured Vehicle** arising out of leakage of lubricating oil due to Accidental means. Under this cover, **We** will compensate **You** for the following:

(A) Repair or replacement of the internal child parts of the engine such as pistons, connecting rods, crank shaft and cylinder head. **(B)** Repair or replacement of the internal parts of the gear box such as gears or shafts in the gear box housing. **(C)** Labour cost incurred by **You** to overhaul the damaged engine and gear box

B. Conditions

(A) Claims made by **You** against Us under 'Engine Protector' are subject to the conditions set forth under the Motor Insurance Policy. **(B)** Claims made by **You** against Us under 'Engine Protector' would be admissible if:

- There is evidence that the **Insured Vehicle** stopped in water logged area resulting into damage to the internal parts of the engine due to water ingression
- There is evidence of under carriage damage to engine and/or gear box leading to oil leakage and resulting into damage to internal parts of the engine and/or gear box
- The loss or damage is not payable under Motor Insurance Policy

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TWO WHEELER POLICY - BUNDLED : ADD ON COVERS(Plan Name:Driveassure Silver): POLICY WORDINGS

(C) In case of transfer of ownership of the **Insured Vehicle** , the cover under 'Engine Protector' shall expire

C. Your Obligations

(A) You should avoid driving the **Insured Vehicle** through water logged area as far as possible. If it is unavoidable, the vehicle should be driven in low gear and/or high engine RPMs. **(B) You** should not try to crank or push start the engine once the **Insured Vehicle** had stopped in the water logged area or undercarriage damage had taken place. **(C) You** should intimate Our nearest office for spot survey and to obtain help from an expert technician

D. Exclusions

We will not be liable to indemnify **You** for the following:

(1) Where a loss is covered under any other type of insurance policy with any other insurer or manufacturer's warranty or recall campaign or under any other such packages at the same time. **(2)** Any consequential loss apart from the damage to the internal child parts of the engine due to water ingression/ leakage of lubricating oil and/or damage to gear box arising out of leakage of lubricating oil due to Accidental means. **(3)** Cost of engine oil and consumables in case of flushing of engine. **(4)** Loss or damage including corrosion of engine due to delay in intimating Us or delay in retrieval of the **Insured Vehicle** from the water logged area. **(5)** Where reasonable care has not been taken by **You** to protect the loss or damage to the **Insured Vehicle**

If **You** do not agree whether any of these exclusions apply to **Your** claim, **You** agree to accept the burden of proving that they do not apply.

E. Definitions

The words and phrases listed have special meanings **We** have set below whenever they appear in bold type and initial capitals. Please note that references to the singular or to the masculine also include references to the plural or to the female the context permits and if appropriate.

(1) You,Your,Yourself: The person or persons **We** insure as set out in the **Schedule** . **(2) We**, Our, Us: Bajaj Allianz General Insurance Company Limited. **(3) Accident, Accidental:** A sudden, unintended and fortuitous external and visible event. **(4) Policy/Motor Insurance Policy**: Two Wheeler Package Policy issued by Us to which this cover is extended. **(5) Insured Vehicle** : The vehicle insured by Us under the **Motor Insurance Policy**. **(6)** IDV: Insured's Declared Value (Sum Insured) of the **Insured Vehicle** under the **Motor Insurance Policy**. **(7)** Total Loss/ Constructive Total Loss: A loss under the **Motor Insurance Policy** where the aggregate cost of retrieval and/ or repair of the **Insured Vehicle** , subject to terms and conditions of the Policy, exceeds 75% of the IDV of the **Insured Vehicle** . **(8) Policy Period:** The period between and including the commencement date and expiry date as shown in the **Motor Insurance Policy Schedule** .**(9) Schedule** : The **Schedule** and any Annexure or Endorsement to it which sets out **Your** personal details and the type of insurance cover in force .**(10)Own Damage Claim**: The claims raised by **You** against Us for loss or damage to the **Insured Vehicle** due to the perils mentioned under Section 1 of **Motor Insurance Policy**

S17:CONSUMABLE EXPENSES

(UIN No. IRDAN113RP0008V01201819/A0023V01201819)

A. Endorsement Wordings

In consideration of payment of additional premium, it is hereby agreed and declared that if the **Insured Vehicle** is damaged by a covered peril mentioned under the own damage section of the **Motor Insurance Policy** and needs to be repaired, We will cover cost of consumables required to be replaced/ replenished during the repair of the damaged vehicle. Consumable for the purpose of this cover shall include engine oil, gear box oil, power steering oil, coolant, AC gas oil, brake oil, AC refrigerant, battery electrolyte, windshield washer fluid, radiator coolant, nut & bolt, screw, oil filter, fuel filter, bearings, washers, clip, wheel balancing weights , and items of similar nature excluding fuel.

B. Conditions

(a) This cover is applicable if it is shown on **Your schedule. (b)** Claims made by **You** against **Us**under **'CONSUMABLE EXPENSES' are** subject to the terms and conditions set forth under the **Motor Insurance Policy. (c)**In case of transfer of ownership of the **Insured Vehicle** , the cover under **'CONSUMABLE EXPENSES'** shall expire. **(d)** The benefits under **under 'CONSUMABLE EXPENSES'** would be available only if the **Insured Vehicle** is repaired at **Our** authorized workshops.

C. Exclusions

In addition to the exclusions mentioned under **Motor Insurance Policy, We** will not be liable to indemnify You for the following events: **(1)**Where the **Own Damage Claim** made by **You** against **Us** under the **Motor Insurance Policy** is not payable. (2) Consumables pertaining to any part/ sub part/ accessories not approved for replacement by Us under Motor Insurance Policy. (3)Where a loss is covered under **Motor Insurance Policy** or any other type of insurance policy with any other insurer or manufacturer's warranty or recall campaign or under any other such packages at the same time.

D. Definitions

The words and phrases listed have special meanings **We** have set below whenever they appear in bold type and initial capitals. Please note that references to the singular or to the masculine also include references to the plural or to the female the context permits and if appropriate.

(1)Authorized workshop / garage / service station - A motor vehicle repair workshop / garage / service station authorized by us. **(2)Insured Vehicle:** The vehicle insured by Us under the Motor Insurance Policy and as shown on the Schedule. **(3)Policy/ Motor Insurance Policy:** Motor Package Policy issued by Us to which this cover is extended.

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TWO WHEELER POLICY - BUNDLED : ADD ON COVERS(Plan Name:Driveassure Silver): POLICY WORDINGS

(4)Schedule: The Schedule and any Annexure or Endorsement to it which sets out Your personal details and the insurance cover in force. **(5)We, Our, Us:** Bajaj Allianz General Insurance Company Limited. **(6)You, Your, Yourself:** The person or persons We insure as set out in the Schedule.

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