

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	Ardhapur dist.Nanded
2	CR.NO./TAR No./SDE No.	185/2021 U/s 279,338,304(a) of IPC
3	Date, Time and Place of the accident.	06/07/2021 at 2100 hrs Ardhapur to Malegaon road near Umari fara tq. Ardhapur Dist. Nanded
4	Name of the Injured / Deceased	Nilesh Dalit Ingole age 21 yaers r/o Girgaon tq.Vasmat Dist. Hingoli
5	Name of Hospital to Which he/she was removed	Govt. Hospital Nanded
6	Number of vehicles and type of the vehicle	MH 20 BE 7479 Tempo
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.	Suhas Shivaji Dukare age 24 yaers r/o Pavanmari tq. Kalmanuri Dist. Hingoli MH 38 20200001833 RTO Himgoli
	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	Shivaji Ganpat Dukare r/o Pavanmari tq. Kalmanuri Dist. Hingoli
9	Name and address of the insurance Company with whom the vehicle was insured and the Divisional office of the said insurance Company.	Bharti AXA general insurance company ltd.
10	Number of Insurance Policy/ Insurance Certificate and the date of Validity of the insurance Policy/Insurance Certificate.	SM- 812499 10/10/2021
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 Ardhapur
Dist Nanded (M.S)



J.D.

N.C.R.B (एन.सी.आर.बी)

I.I.F.-I (एकीकृत अन्वेषण फॉर्म - १)

FIRST INFORMATION REPORT

(Under Section 154 Cr.P.C.)

प्रथम खबर अहवाल
(कलम १५४ फौजदारी प्रक्रिया संहिता)

1. District (जिल्हा): नांदेड P.S.(ठाणे): अर्धापूर Year (वर्ष): 2021
FIR No.(प्रथम खबर क्र.): 0185 Date and Time of FIR (प्र. ख. दिनांक आणि वेळ): 12/07/2021 14:16 बजे

2. S.No. (अ.क्र.)	Acts (अधिनियम)	Sections (कलम)
1	भारतीय दंड संहिता १८६०	२७९
2	भारतीय दंड संहिता १८६०	३३७
3	भारतीय दंड संहिता १८६०	३३८
4	भारतीय दंड संहिता १८६०	304-A

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

1. Day(दिवस): मंगलवार Date From (दिनांक पासून): 06/07/2021
Time Period (कालावधी): पहर 7 Date To (दिनांक पर्यंत): 06/07/2021
Time From (वेळेपासून): 21:00 बजे
Time To (वेळेपर्यंत): 21:15 बजे

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

Date (दिनांक): 12/07/2021 Time (वेळ): 13:54 बजे

(c) General Diary Reference (रोजनामचा संदर्भ)

Entry No. (नोंद क्र.): 022 Date & Time (दिनांक आणि वेळ): 12/07/2021 13:54 बजे

4. Type of Information (माहितीचा प्रकार): लेखी

5. Place of Occurrence (घटनास्थळ):

1.(a) Direction and distance from P.S.(पोलीस ठाण्यापासून दिशा व अंतर): पश्चिम, 10 किमी

Beat No. (बिट क्र.):

(b) Address (पत्ता): मालेगाव ते अर्धापूर रोडवर उमरी, अर्धापूर

(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): करण दलित इंगोले
 (b) Guardian's Name (पालक चे नाव): दलित
 (c) Date/Year of Birth (जन्म तारीख/वर्ष): 1997 (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. Id Type (ओळखपत्राचा प्रकार) Id Number (ओळखपत्राचा क्रमांक)

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- (h) Address (पत्ता):

S.No.(अ. क्र.)	Address Type (पत्त्याचा प्रकार)	Address (पत्ता)
1	वर्तमान पत्ता	गिरगाव ता वसमत, हिंगोली, कुरुंदा, हिंगोली, महाराष्ट्र, भारत
2	स्थायी पत्ता	गिरगाव ता वसमत, हिंगोली, कुरुंदा, हिंगोली, महाराष्ट्र, भारत

- (i) Occupation (व्यवसाय):

- (j) Phone number (फोन नं.):

Mobile (मोबाइल नं.): 91-9511788943

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

S.No. (अ.क्र.)	Name (नाव)	Alias (उर्फनाव)	Relative's Name (नातेवाईकाचे नाव)	Present Address (वर्तमान पत्ता)
1	क्र-MH20-DE7479 चा चालक चालक चालक		पालक का नाम : चालक	1. माहित नाही, माहित नाही, अर्धापूर, 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. मध्ये))
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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 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- 11/07/2021मी करण दलित इंगोले वय 24वर्षे व्यवसाय मजुरी रा. गिरगाव ता वसमत जि हिंगोली मोन 9511788943 समक्ष विचारले वरून जबाब देतो की, मी वरील ठिकाणचा राहाणारा असून मजुरी करतो मला एक भाऊ निलेश दलीत इंगोले होता. व एक बहीण प्रियंका दयानंद ढवळे असु तिचे लग्न झाले आहे आम्ही आई वडीला सह गिरगाव येथे राहातो. दि-06/07/2021रोजी मोटारसायकल क्र MH38-AB/6493हि आमचे मालकीची असुन निलेश इंगोले याच्या नावानर आहे भाऊ निलेश दलित इंगोले व सोबत राजेश शेषराव वाकळे असे मिळुन सायंकाळच्या सुमारास बहीण प्रियंका दयानंद ढवळे रा अर्धापूर हिस भेटण्यासाठी गेले होते मोटारसायकल भाऊ निलेश दलीत इंगोले हा चालवित होता. रात्री अंदाजे 10.00वाचे सुमारास मालेगाव दुरक्षेत्र येथुन पोलीसानी फोनवरून माहिती दिली.कि रात्री 09.00वाचे सुमारास मालेगाव ते अर्धापूर जाणारे रोडवर उमरी फाट्या जवळ मोटार सायकलचा अपघात

झाला आहे त्यात निलेश इंगोले व राजेश वाकळे हे गंभीर जखमी झाल्याने माहामार्ग सुरक्षापथक अर्धापुर येथुन अम्बुलन्स बोलावुन सरकारी दवाखाना विष्णुपुरी नांदेड येथे उपचार कामी पाठविले आहे असे सांगितले. मी व वडील दलित तुकाराम इंगोले मावस भाऊ गोविंद शेषराव वाकळे, विषाल चंद्रकांत गजभारे, राजकुमार देवराव नादरे असे मिळुन सरकारी दवाखाना विष्णुपुरी नांदेड येथे जावुन जखमीस पाहणी केली असता दोघांना गंभीर जखमा झालेल्या व बोलण्याच्या स्थितीत नव्हते त्यांचेवर डॉक्टरांने उपचार चालु केला होता. दि- 07/07/2021 रोजी सकाळी पाहाटे 02.00 वाचे सुमारास डॉक्टरांनी निलेश दलीत हिंगोले हा मरण पावल्याचु सांगितले. जखमी राजेश शेषराव वाकळे हाची तबबेत गंभीर झाल्याने पुढाल उपचार कामी सरकारी दवाखान घाटी हॉस्पिटल औरंगाबाद येथे अम्बुलन्सने बहीण सारीका संजय सुर्यतळ, किरण संजय गंगाधर असे मिळुन औरंगाबाद येथे गेले आहेत मयत निलेश हिंगोले यांचे प्रेतावर पंचनामा व पी एम झाले नंतर प्रेत अत्यविधिसाठी ताब्यात दिले. दि-08/07/2021 रोजी मालेगाव येथील सुनिल येडके यांनी सांगितले की तो व त्याचा मित्र दि-06/07/2021 रोजी अर्धापुर ते मालेगाव येत असताने उमरी फाटा येथे अपघात होताना पाहीलेआहे. अपघात करनारे वाहान क्रMH 20-DE/7479 ही मालवाहू असल्याचे सांगितले मालवाहू चालकाने भरधाव वेगात वाहन चालवित असुन मोटार सायकल नंबर MH38-AB/6493 ला धडक दिल्याने दोघेजना गंभीर जखमी झाल्याची माहीती व पिकअप वाहन न थांबता निघु गेल्याचे सांगितले. आमही दर्यात आसल्याने व मनस्थिती बरोबर नसल्याने फिर्याद देण्यात उशीर झाला आहे आज रोजीहजर येवुन फिर्याद दिली दि-06/07/2021 रोजी रात्री 0.900 वाचे सुमारास मालेगाव ते अर्धापुर जानारे रोडवर उमरी फाटा येथे भाऊ निलेश इंगोले व राजेश वाकळे असे मोटरसायकलने जात असताना समोरुन माल वाहू पिकअप क्र-MH20-DE/7479 चे चालकाने त्याचे ताब्यातील वाहन भरधाव वेगात हायगयीने व निष्काळजीपनाने चालवित आंनुन मोसा ला धडक दिल्याने भाऊ निलेश व राजेश वाकळे यांना गंभार दुखापत होवुन उपचार चालु आसताना दि-07/07/2021 रोजी पहाटे 02.00 वा निलेश इंगोले हा मरण पावला आहे. त्याचे मरणास व राजेश वाकळे यांचे गंभीर दुखापतीस माल वाहू पिकअप क्र-MH20-DE/7479 चा चालक नाव गाव माहीत नाही कारनीभुत झाला आहे. त्याच्यावर कायदेशीर कार्यवाही करण्यात यावी. समक्ष करण दलीत इंगोले

माझा जबाब माझे सांगणे प्रमाणे लिहीला वाचुन दाखवीला तो बरोबर व खरा आहे.

हा जबाब दिला सही पोहेका/1046 बोईनवाड पोस्टे अर्धापुर

रा. गिरगाव ता वसमत जि हिंगोलीपोस्टे अर्धापुरभाग 1 ते 05. गुरन क्र185 /2021 कलम 279, 337, 338, 304 अ, भादवी 1) फिर्यादी :- करण दलित इंगोले वय 24 वर्षे व्यवसाय मजुरी रा. गिरगाव ता. वसमत जि हिंगोली मोन 95117889432) आरोपी :- माल वाहू पिकअप क्र-MH20-DE/7479 चा चालक नाव गाव माहीत नाही 3) गु.घ.ता.वे. व ठिकाण : दिनांक 06/07/2021 रोजी रात्री 21.00 वाचे सुमारास मालेगाव ते अर्धापुर जाणा-या रोडवर उमरी फाटा - पश्चिमेस 10 कि.मी 4) मयताचे नाव- निलेश दलीत इंगोले वय 21 वर्षे रा. गिरगाव ता. वसमत जि हिंगोली 6) उशीराचे कारण दुखात असल्याने व मनस्थिती बरोबर नसल्याने आज रोजी पोस्टेला जबाब दिला 5) दाखल करणारा- पोहेका- 1703 भालेराव पो.स्टे अर्धापुर मोन 94234402366) खुलासा :- सादर विनंती की वर नुमद ता.वेळी व ठिकाणी यातील फिर्यादिचा भाऊ व त्यांचा पाहुना गिरगाव येथुन अर्धापुर कडे त्याच्या ताब्यातील मोसा MH 38-AB-16493 तीच्यावर बसुन येत असताना समोरुन माल वाहू पिकअप क्र-MH20-DE/7479 चा चालक यांनी त्याच्या ताब्यातील हायगायी व निष्काळजीपनाने जोराची धडक देऊन यातील मयत नामे निलेश दलीत इंगोले वय 21 वर्षे रा. गिरगाव ता. वसमत जि हिंगोली त्याच्या मरणास कारणीभुत ठरला. व त्याच्या सोबत असलेल्या राजेश शेषराव वाकळे यास गंभीर दुखापत केली आहे वगैरे जबाब वरुन मा.पो.नि. साहेब यांचे आदेशाने गुन्हा दाखल करुन पुढील तपासकामी PSI सुरवसे साहेब यांचे कडे देण्यात आला. मो.नं. 9766105366

13. Action Since the above information reveals commission of offence(s) u/s as mentioned at (केलेली कारवाई: बाब क्र.२ मध्ये नमूद केलेल्या कलमान्वये वरील अहवालावरुन अपराध घडल्याचे.) or (किंवा)
- (1) Registered the case and took up the investigation: (प्रकरण नोंदविले आणि तपासाचे काम हाती घेतले): Sainath Kashinath Surwase
- (2) Directed (Name of I.O.) (तपास अधिका-याचे नाव): Rank (पद): SI (Sub-Inspector) to take up the Investigation (ला तपास करण्याचे अधिकार दिले) or (किंवा)
- No.(क्र.): (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 वाचुन दाखविली, बरोबर नोंदविली असल्याचे त्याने मान्य केले आणि तक्रारदाराला/खबरीला खबरीची प्रत मोफत दिली.)
- R.O.A.C.(आर.ओ.ए.सी.)

N.C.R.B (एन.सी.आर.बी)

I.I.F.-I (एकीकृत अन्वेषण फॉर्म - १)

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

Rupale

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

Shum
ठाणे जमलदार

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

Name (नाव): ASHOK TUKARAM JADHAV

Rank(पद): I (Inspector)

No.(सं.): 15101000402ATJM8101Z

1008-5,00,000 Bks./4 lvs.-PA4*
G.D. No. 733/33, dated 16-6-41 and
G.D. No. 733/33, dated 11-12-47,
General with the Govt. of Maharashtra, Bombay's
FRM./1462/19357/1, dated 4-7-62.]

MLPM no. 582/21
Date - 07/07/2021

C.M.67 e.

Memorandum of a post-mortem examination held at Dr. S. C. GMC Nanded

Dispensary
Hospital

on the dead body of Nilesh Dalit
Ingle Village of ----- Girdgaon
City

Taluka Vasmat District Hingoli by Dr. R. D. Awasare
Dr. T. S. Potpelwar.

I. General Particulars -

1. (a) By whom was the corpse sent? NPC W. K. Kamble B. no. 2801
PS Nanded gramim
- (b) Name of place from which sent. }
(c) Distance of place from which sent. } Casualty, Dr. S. C. GMC Nanded

2. By whom was the corpse brought? }
3. By whom identified? } PC Dhulgande B. no. 2834
PS Nanded gramim

4. The date, hour and minute of its receipt. 07/07/2021, 05.00 am

- (a) The date, hour and minute of beginning post-mortem examination 08.00 am }
(b) The date, hour and minute of ending post-mortem examination 09.00 am } 07/07/2021

पोलीस स्टेशन अर्धापूर
आयक क. 1244/21
दिनांक : 07/07/2021

5. Substance of accompanying Report from police Officer or Magistrate, together with the date of death if known, Supposed cause of death or reason, As per police inquest and requisition, deceased had history of road traffic accident on 06/07/2021 at 21.00 hours, for that he was admitted to Dr. S. C. GMC Nanded and died during treatment on 07/07/2021 at 01.45 hours.

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, 21 years.*
 Description of clothes and of ornaments on the body. *Black T-shirt, black pant, black waist belt blue underwear, white hospital bandage present over left lower limb, four ECG leads present on chest.*
- 8. **Condition of the clothes -** Whether wet with water, stained with blood or soiled with vomit or foecal matter. *Dry, intact, handed over to police on de*
- 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 investigating office
Teeth - 16/16*

In newly born infants, the length and (if possible) the weight of the body to be recorded together with the hair, nails and

not applicable

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

Average built, cold

Rigor Mortis - well-marked
Slight or absent; whether
present in the whole body or
part only.

Well marked, present in whole body.

Extent and signs of decom-
position, presence of post-
mortem lividity on 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 on posterior
part of body except pressure areas, not fixed.

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

Features - natural
eyes - closed, spectacle hematoma present on
left eye.
mouth - closed
tongue - inside mouth
no oozing from mouth, nostrils and ears

14. **Condition of skin-** Marks
of blood etc. In suspected

Dry, pale

15. Injuries to external genitals. No injury to external genitals
 Indication of purging. No purging.

16. Positions 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.

- ① Surgically sutured wound present on forehead above medial end of right eyebrow of size 3 x 0.5 cm with 4 sutures in situ, margins well approx. (ii)
- ② Surgically sutured wound present on chin of size 5 cm x 1 cm, with 2 sutures in situ, margins well approximated. (iii)

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

- ③ Surgically sutured wound present on left temporal region of size 7 cm x 0.5 cm with 4 sutures in situ, margins well approximated.
- ④ Surgically sutured wound present on right temporal region of size 4 cm x 0.5 cm with 3 sutures in situ, margins well approximated.
- ⑤ Laceration present on right shoulder of size 9 cm x 1 cm x muscle deep, red.

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

- ⑥ Laceration present on right shoulder 2.5 cm above injury no. ⑤ of size 4 cm x 2 cm x muscle deep, red.
- ⑦ Graze abrasion present on right arm anterior aspect at lower 1/3rd part of size 5 cm x 3 cm, directed downwards laterally, red.

(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.)

- ⑧ Abrasion present on dorsum of right hand of size 2 cm x 2 cm, red.
- ⑨ Abrasion present on right knee anterior aspect of size 2 cm x 1 cm, red.
- ⑩ Abrasion present on left knee anterior aspect of size 5 cm x 2 cm, red.
- ⑪ Abrasion present on right thigh medial aspect at mid-part of size 15 cm x 5 cm, red.

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

- ⑫ Surgically sutured wound present on lateral aspect of left thigh lower part of size 5 cm x 0.5 cm with 4 sutures in situ, margins well approximated.
- closed fracture of lower end of left femur present, fracture margins irregular infiltrated with blood.

(a) Can you say definitely that the injuries shown against serial Nos. 17 →

Yes anteriorly

Examination

Injuries under the scalp, their nature.

→ diffuse underscalp hematoma present at right occipeto-temporal region

Skull - Vault and base - No fracture.
describe fractures
their sites, dimensions, direction, etc.

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.)

→ Subdural hematoma present at right and left occipital region of about 100 gm.

- Diffuse subarachnoid hematoma present at parietal region of left side.

- Multiple contusions present on left cerebral hemispheres

Thorax -

- (a) Walls, ribs, cartilages Intact, no fracture
- (b) Pleura Intact, no free fluid
- (c) Larynx, Trachea and Bronchi. Intact, no foreign body.
- (d) Right Lung } Intact, congested
- (e) Left Lung }
- (f) Pericardium Intact
- (g) Heart with weight } Intact, blood and blood clots present.
- (h) Large Vessels }

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ine and

21. Abdomen -

Walls Intact

Peritoneum } Intact, no free fluid.
Cavity }

Buccal Cavity, teeth, tongue Intact, no foreign body.
and Pharynx

Opinion
probab'

Oesophagus Intact

Stomach and its contents } Intact, about 100ml yellowish fluid present
no abnormal smell perceived, mucosa congested

Small intestine and its contents. } Intact, partly loaded with faeces and gases.
Large intestine and its contents. }

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

Spleen with weight } Intact, congested
Kidneys with weight }

Bladder Empty

Organs of generations Intact

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

State which viscera (if any) Viscera not preserved

Brain and Spinal Cord- Anatomically intact, not opened

Opinion as to the cause/
probable cause of death

" Head injury "



[Dr. T.S. Patilwar]

Resident

Dept. of Forensic Medicine,

Dr. S.C.G.M.C. Vishnupada

Manded-431600



[Dr. R.D. Awarare]

Resident

Dept. of Forensic Medicine,

Dr. S.C.G.M.C. Vishnupada

Manded-431600

07/07/2021

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

(Signature)

MLPM No. 582/21

20

Date - 07/07/2021

Dispensary
Place ----- Dr. S. C. GMC Nanded
Civil Hospital

20

Forwarded to the Police Sub-Inspector Ps Nanded gramim

for information with reference to his No. FM/5713/2021 of 06/07/2021
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. T. S. Patil was]

Resident

Dept. of Forensic Medicine
Dr. S.C.G.M.O. Vileharpur
Nanded-431608.

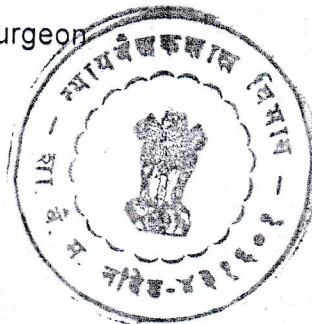
[Dr. R. D. Aware]

Civil Surgeon or M.M.S. Officer

Dept. of Forensic Medicine
Dr. S.C.G.M.O. Vileharpur
Nanded-431608.

complements to the Civil Surgeon

for information



M.M.S. Officer

DRAFT-COPY.

DISCHARGE SUMMARY

Printed On : 16/07/2021 10:28 AM

Saved On : 16/07/2021 10:28 AM

Department : General Surgery
Unit No. : GenSurg Unit 2
Encountered : Dr. Anant Beedkar
Doctor
OPD No. : 112



MRD No: 2263701
Reg.Type: Emergency

Patient Name: Mr. Raju Sheshrao Wakale
Patient Category: MLC -Done by CMO
OPD Days: Sun, Tue

Age: 22Y 10D Gender: Male
Occupation: Other

Monthly Income(Rs): 0.00

Admitted on: 07/07/2021 12:25 PM

Ward: Ward No. 17

Address: Bilgaon, Wasmal, Hingoli, Hingoli, Maharashtra, India, 431001



Patient Name: Mr. Raju Sheshrao Wakale
Age(as per today): 22Y 10D

MRD#: 2263701
Sex: Male

Created Date: 16/07/2021

Speciality: General Surgery

Consultant: A Beedkar

Patient's In time in ward: Jul 7, 2021 1:53:46 PM

Date of Admission: 07/07/2021

Date of Discharge: 16/07/2021

Discharging Status : FOLLOW UP DISCHARGE SUMMARY

HISTORY

*****MLC NO 7621/NKK/2021*****
22 YR OLD MALE PATIENT BROUGHT BY RELATIVERS TO CASUALTY PRIMARILY
SENT BY CMO THEN REFERRED TO SURGERY CASUALTY WITH ALLEGED HISTOYR OF
ROAD TRAFFIC ACCIDENT ON 06/07/2021 WITH C/O

BT HEAD
BT CHEST
BT FACE
BT LEFT LOWER LIMB

H/O VOMITING MULTIPLE EPISDOES
H/O NASAL BLEED+

NO H/O LOC/ CONVULSIONS
NO H/O BREATHLESSNESSES/ CHEST PAIN

PAST HISTORY
H/O PREVIOUS ADMISSION FOR JAUNDICE
NOT A/K/C/O DM, HTN, TB, ASTHMA

PERSONAL HISTORY
H/O ALCOHOL ADDICTION SINCE 3 YRS

DIAGNOSIS
ALLEGED HISTORY OF RTA WITH BLUNT TRAUMA HEAD WITH TENSION
PNEUMOCEPHALUS WITH EXTRADURAL HAEMATOMA IN RIGHT TEMPORAL REGION
WITH LEFT MODERATE PNEUMOTHORAX WITH LEFT TIBIA FRACTURE MANAGED BY
LEFT SIDED ICD INSERTION

OPERATIVE DETAILS

TITLE: LEFT SIDED ICD INSERTION

INDICATION: LEFT SIDED MODERATE PNEUMOTHORAX

POSITION: Supine

ANESTHESIA: local Anesthesia

SURGEONS:

Dr SAIKUMAR (JR3)

Dr PAYAL (JR2)

PROCEDURE:

- Under all aseptic precaution cleaning and draping done
- 5th intercostal space palpated
- stab incision taken over the 5th intercostal space in anterior axillary line
- artery forceps inserted. insertion directed towards opposite shoulder till pleura is breached
- ICD NO 28 inserted and connected to water seal bag
- confirmation of ICD in pleura by air column movement
- tube then fixed to chest wall with silk 2-0 R.C.
- Cleaning & Dressing done
- Procedure uneventful

MEDICINE ON ADMISSION

IV ANTIBIOTICS (INJ XG), IV FLUIDS, IV ANALGESICS, IV ANTACIDS, IV
ANTIEMETICS, IV ANTIEPILEPTICS

CLINICAL EXAMINATION

S/B LECTURER UNDER SX2 ON ADMISSION

GC- MOD

AFEBRILE

P 94/MIN

BP 110/70 MMHG

SPO2 99%RA

S/E

CNS- CONSCIOUS, ORIENTED

GCS- 15/15

PUPILS- B/L RTL

POWER- 5/5 IN ALL 4 LIMBS

TOE- NORMAL IN ALL 4 LIMBS

INCREASED ON LEFT SIDE

NO G/R/D
BS+

L/E- RIGHT SIDED RACCOON EYE, SUTURE OVER RIGHT EYEBROW, SUTURE CLW OVER CHIN, ABRASION BENEATH LEFT EYE, LEFT ABOVE KNEE SLAB

S/B LECTURER UNDER SX2 ON ~~ADMISSION~~ DISCHARGE

VC- MOD
A/PEBRILE
P- 92/MIN
BP 110/70 MMHG
SPO2 98% RA

S/E
CNS- CONSCIOUS, ORIENTED
GCS- 15/15
PUPILS- B/L RTL
CVS- S1S2+, NO MURMURS
RS- AEBE, CLEAR
PA- SOFT, NON TENDER
NO G/R/D

BS+
L/E- LEFT AK SLAB IN SITU
HEALING ABRASIONS OVER FACE

COURSE IN THE HOSPITAL AND DISCUSSION

*****HAEMATOLOGICAL INVESTIGATIONS*****

	09/07	11/07
HB	6.6	7.2
TLC	6700	7200
PLT	1.39	1.22
UREA	37	
CREAT	0.8	
BILI	0.6	
NA	151	
K	4.0	
CL	112	

*****RADIOLOGICAL INVESTIGATIONS*****

CT BRAIN DATED 07/07/2021
EXTENSION PNEUMOCEPHALUS IS NOTED
CISTERN OF MAX THICKNESS 1.48CM IS NOTED IN RIGHT TEMPORAL REGION
MINUTED DISPLACED FRACTURE OF RIGHT ZYGOMATIC ARCH, LATERAL WALL OF RIGHT ORBIT. SUPRAORBITAL RIDGE ON RIGHT SIDE. MEDIAL WALL OF RIGHT ORBIT, ANTERIOR MEDIAL AND POSTEROLATERAL WALL OF RIGHT MAXILLARY SINUS, GREATER WING OF SPHENOID ON RIGHT SIDE
-ABOVE MENTIONED LESIONS ARE CAUSING MASS EFFECT IN THE FORM OF COMPRESSION OF IPSILATERAL LATERAL VENTRICLES AND SHIFT OF MIDLINE STRUCTURES TO LEFT BY 8MM

NON-
LING-
DERMIS-
EPITHELIUM-
DYSPLASIA-
DISTAL PUL-

WCT CHEST DATED 07/07/2021
-MODERATE PNEUMOTHORAX NOTED ON LEFT SIDE
-COLLAPSE/ CONSOLIDATION OF UNDERLYING LUNG PARENCHYMA
-NO E/O PLEURAL COLLECTION
-REST OF LUNG PARENCHYMA NORMAL
-Trachea and major bronchi appears normal
-Heart appears normal
-Visualized soft tissue appears normal

NCCT BRAIN DATED 12/07/2021
-PNEUMOCEPHALUS IS NOTED
-SUBACUTE SDH OF MAX THICKNESS 8MM IS NOTED ALONG B/L FRONTAL LOBES
-EDH OF MAX THICKNESS 3.5MM IS NOTED ALONG RIGHT FRONTAL LOBE
-EDH OF MAX THICKNESS 1.4CM IS NOTED AT RIGHT ANTERIOR TEMPORAL REGION
CAUSING MINIMAL MIDLINE SHIFT OF 2MM
-E/O COMMUNUTED DISPLACED FRACTURE OF RIGHT ZYGOMATIC ARCH, LATERAL
WALL OF RIGHT ORBIT, SUPRAORBITAL RIDGE ON RIGHT SIDE, MEDIAL WALL OF
RIGHT ORBIT, ANTERIOR, MEDIAL AND POSTEROLATERAL WALL OF RIGHT
MAXILLARY SINUS, GREATER WING OF SPHENOID ON RIGHT SIDE

WCT CHEST DATED 12/07/2021
-No pneumothorax
-No pleural effusion
-Patch of consolidation is noted aqt posteriobasal region of left lower lobe
-Lung parenchyma appears normal
-Trachea and major bronchi appears normal
-Heart appears normal
-Visualized soft tissue appears normal
-E/O minimally displaced fracture of left side 1st, 2nd and 3rd rib in its anterior aspect
-rest of visualised bones appear normal

*****OPINIONS*****

ORTHO OPINION DATED 07/07/2021
-T. DICLO, T. DICLO, T. CALCIUM, T. MVBC, AK SLAB APPLIED

PSYCHIATRY OPINION DATED 08/07/2021
-T. LORAZEPAM IMG BD X 5 DAYS, T. BENALGIS 100MG BD X 5 DAYS.

OPHTHALMOLOGY OPINION DATED 08/07/2021
-ADV: MOXI E/D, TIC E/D, T. CIPRO BD, T. ZERODOL SP, T. PAN, T. VIT C

REVIEW PSYCHIATRY OPINION DATED 11/07/2021
-ADV: INJ SERENASE 0.5MG SOS, IF AGGRESSIVE

OPHTHALMOLOGY OPINION DATED 11/07/2021
-ADV: MOXI E/D, T. PAN, T. ZERODOL, T. CIPRO, T. VITC

ORTHO OPINION DATED 15/07/2021
-ADV: CONSERVATIVE LINE OF MANAGEMENT AT PRESENT, NEUROSX OPINION

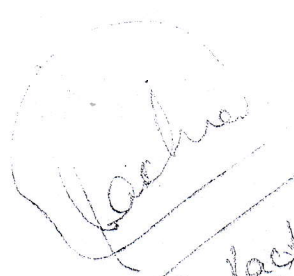
DISCHARGE MEDICATION

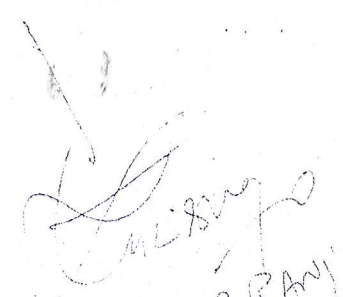
~~5 DAYS~~
LACTATE BDX 15 DAYS
T. PCM 500 MG TDS X 5 DAYS
~~L. DICLO 50 MG BD X 5 DAYS~~

APPLY BETADINE OINTMENT OVER ABRASIONS
DO NOT DRIVE
DO NOT GO TO HEIGHTS
FOLLOW UP IN ORTHO OPD 117 FOR FURTHER MANAGEMENT OF PROXIMAL TIBIA FRACTURE
FOLLOW UP IN ENTROPY OPD FOR ALCOHOL DEADDICTION
FOLLOW UP IN OPHTHALMOLOGY OPD FOR FURTHER MANAGEMENT
FOLLOW UP IN OPD NO. 112 ON TUESDAYS FROM 9 AM TO 1 PM AND ON FRIDAYS FROM 11 AM TO 12:30 PM

Signed By: A Beedkar

- 1) शीज मलमल लगाओ
- 2) गाडी मत चलाओ
- 3) ड्रिग्स के मत जाओ
- 4) अलोरोसिज OPD में दिखाओ
- 5) आंखों के OPD में दिखाओ
- 6) इसीके डॉक्टर को फ्रैक्चर के लिए दिखाओ


Dr. Lachma
Raj S 2


DR RANJIT
JRS