

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	Shivajinagar
2	CR.NO./TAR No./SDE No.	299/2017 U/s 279,337 IPC
3	Date, Time and Place of the accident.	8/12/2017 at 22.30 hrs. I.T.I. Chowk Shivajinagar Nanded
4	Name of the Injured / Deceased	Ketan Nagesh Kamble 19 year R/o. Labour Colony Nanded
5	Name of Hospital to Which he/she was removed	Sanjivani Hospital Nanded
6	Number of vehicles and type of the vehicle	MH-26-A1-37-Motor cycle
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.	Datta Janardhan Ibitwar age 43 year R/o. Govindnagar Nanded MH-26-20140012688 R.T.O. Nanded
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	Sukhavindarsingh Jasbirsingh R/o. Bhagatsing Road Nanded
9	Name and address of the insurance Company with whom the vehicle was insured and the Divisional office of the said insurance Company.	United India Insurance Company Nanded
10	Number of Insurance Policy/Insurance Certificate and the date of Validity of the insurance Policy/Insurance Certificate.	2306003117P103024780 23/05/2018
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 Shivajinagar

Description of the place of occurrence (Contd.):
प्रदेश का नाम (पुठें यहाँ)

प्रादेशी हिन्दी भाषा एक दशमक कक्षा का
आगे की सड़क बायाँ स्थिति पर है।
प्रादेशी पुलिस थाना

पुल - आय 7 आय के साथ योका के अक्षरों
मुख्य रस्ता

प्रादेशी - आय के साथ के अक्षरों के
प्रादेशी प्र. प्र. थाना

उत्तर - पुल प्रायः प्रादेशी अक्षरों के साथ

दक्षिण - रात वामक स्थिति पुल उत्तर
प्रादेशी प्र. प्र. थाना
आगे के अक्षरों प्रादेशी
मुख्य रस्ता

6. Attachments of the victims (Attach separate sheet, if required):
 (६. पीडित/प्राणियों/अपराधी/मर्तब/कर्म/जोडण)

Sr. No.	Full Name	Date / Year of Birth	Sex	Nationality	Religion	Whether SC / ST जाती/जमाती	Occupation	Address	Injury : Grievous / Simple दुखापत गंभीर/साधी	साध/हत्या
1	2	3	*4	*5	*6	*7	*8	9	10	11
१	कुसम नाजरा डाकडे	19	उत्तम	भारतीय	-	नेहड	शिमा	मोरमणी कोड	दुखापत	दुखापत
२	सालाशी दिम्पलपतिद चौधरी	२०	उ	भारतीय	-	-	-	मोरमणी	-	दुखापत

6. Motive of Crime :
 गुन्हाचा हेतु : यशविन मोला कु ना म थ म प ३७ र्थी चाम्मागे आमम मळियासिड कोला हयगरे व जिवेनाकरी को चाम्मागु जिण एउडु इकुग कयामी जिने

7. Details of properties Stolen/Involved : [Use appropriate prescribed forms (S) and attach] :
 चोरीच्या / अंतर्भूत मालमतेचा तपशील (योग्य नमुना वापरुवा व संवत जोडावा)

8. Description of the place of occurrence :
 घटनेच्या जागेचे वर्णन :
 सपरथ घाल्सा ल्यक हे आवा आवा योका कडू वाठ योका कडू जाणार पडू सावगळीत काडकर मजरागी कळी लाले आर सपर रका हा असा वाधकसिया कडू रूधरारी चाकु आहे सखर काळी लडु जिशागी दिहेन येत नाळीन राय उजळी काशमा दिवाचर कडू डाव काशमा फुटपाळ दिके आहे सपर घाल्सा ल्यकायति काशमा

/ Continue

MEDICO LEGAL CERTIFICATE

To,
 THE POLICE INSPECTOR Shivaji Nagar Nanded
 Tq. Nanded Dist. Nanded
 Name of Injured Ketam Nagesh Kambale
 Brought by P.C. _____

MCC No 395/17

Outward No. _____
 Dated _____
 Age _____ Sex _____
 Offence under Letter _____
 No. _____
 Dated _____

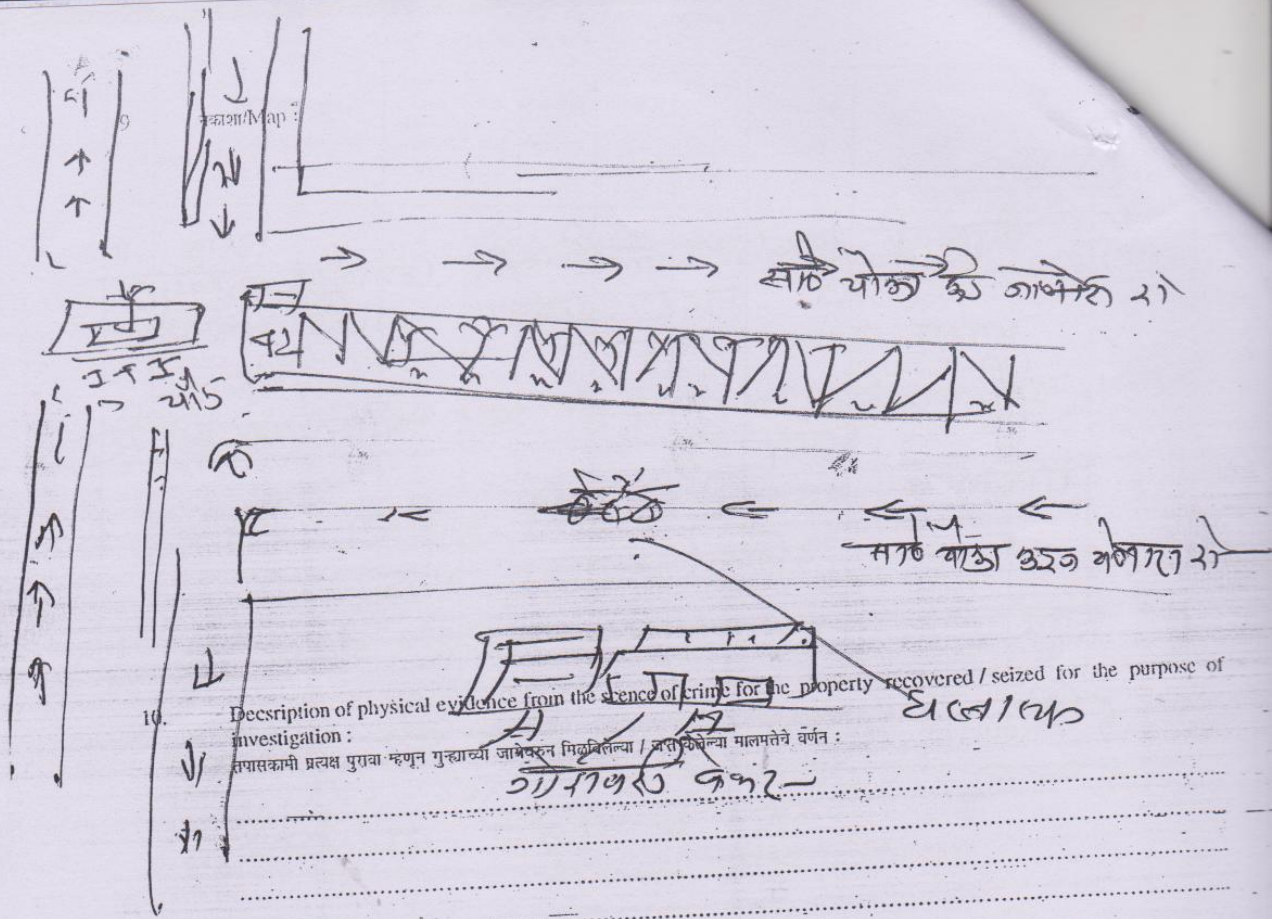
Identification Marks: (1) Mole over (R) shoulder @ Tatto over (R) wrist

Name of Injury	Site & Part of Body on which injury inflicted	Size-Shape & Margine & Direction	Age	Tyoe of Weapon Used	Name of Injured	REMARKS
Contusion	Chest	↓ 2x1cm	Less than 6m	Hand + blunt object	Ketam Nagesh Kambale	Simple
Abrasion	(R) Knee	↓ 1x1cm	h	—	—	Simple

कार्यालय
 डॉ. ए. टी. शिवाजीनगर, नांदेड
 नां. क्र. 125/17
 दि. 25/11/2017

(Signature)
 DR. AJAY P. P. P. P. P.
 Reg No. 2004/08 2893
 सर्जीयन

महाराष्ट्र शासन, नांदेड
 यादिया फॅक्टरी, शिवाजीनगर, नांदेड.



10. Description of physical evidence from the scene of crime for the property recovered / seized for the purpose of investigation :
 तपासकाची प्रत्यक्ष पुरावा म्हणून गुन्हाच्या जागेवरून मिळविलेल्या / साठविलेल्या मालमतेचे वर्णन :
 साहाय्यक

11. Date and Time of Panchuama - 10/11/2017 Time - 10:30 ते 11:00 पर्यंत
 वरनाथळ पंचनाम्याची दिनांक

12. Name of Panchas - Signature of Panchas
 पंचाच्या सहा :
 (1) वि. वि. सुधीनाथ जाधव
 पत्ता : साठ बाडा उरव केसर वर 7335 809252
 (2) वसव सुभाष रस वसु 2048
 Full Address : साठ बाडा उरव केसर वर
 पत्ता : साठ 727652 6380

Name and Signature of Investigation Officer
 तपासक अमलदारची सही
 Name : वसु उ जाधव
 नाव :
 Rank : पो. उ. 1
 पदनाम :
 B. No. if any : 2115
 व. न. :

Date 10/11/17
 दिनांक