

FORM COMP AA

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

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

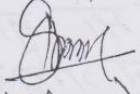
1	Name of the Police Station	Police Station Nanded Rural
2	CR.NO./TAR No./SDE No.	539/2017 U/S 279,337, 338 IPC
3	Date, Time and Place of the accident.	On 28/06/2017 at 12.00 hrs Wajegaon Nanded
4	Name of the Injured / Deceased	Udhavrao Mahadji Toke age 55 years R/O Injegaon Tq.Nanded
5	Name of Hospital to Which he/she was removed	Katruwar Hospital Nanded
6	Number of vehicles and type of the vehicle	MH 26 AH – 7544 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.	Laximan Gangabhar Wadje age 34 years R/O Pangri Tq. Biloli MH 26 - 20080004888 R T O Nanded
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	Digambarroa Lachmanrao Shinde R/O Palasgaon Tq. Naigaon
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 Comp.
10	Number of Insurance Policy/Insurance Certificate and the date of Validity of the insurance Policy/Insurance Certificate.	2306003116 P 112557389 Date 17/12/2017
11	Action taken if any and the result there of	An offence has been registered against the accused and investigation is going on.

Inspector of Police
Police Station Nanded Rural.

पणे त्याचे लाव्यासि गारी रिण्हस धेऊण
समा जेराची धडड इऊण वळीर जखमी
केऊ आहे. तरी त्याचेर योग्य से उभारणे
उरवी.

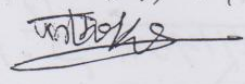
माझा जबाब माझे सांगणे प्रमाणे
छियेना मी वाचुन पाणिना सांगणे प्रमाणे
बरोबर व सत्य आहे.

समक्ष



मॅसेज/108 डी.एस.गुडे
पा.स्टे.लोकडे (आ)

हा जबाब छिया आहे.

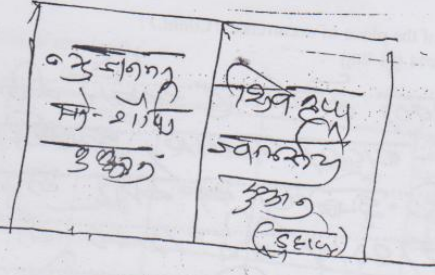


9. नकाशा/Map :

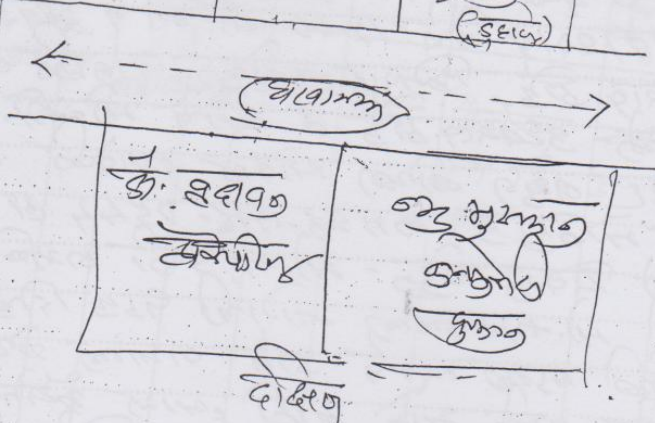
पश्चिम

उत्तर
दक्षिण
पश्चिम
पूर्व

उत्तर



Form B



पुर्व

10. Description of physical evidence from the scene of crime for the property recovered / seized for the purpose of investigation :
तपासकामी प्रत्यक्ष पुरावा म्हणून गुन्हाच्या जागेवरून मिळविलेल्या / जप्त केलेल्या मालमत्तेचे वर्णन :

11. Date and Time of Panchnama
घटनास्थळ पंचनाम्याची दिनांक 29.9.2017 Time वेळ 16.45 ते 17.30 पंच.

12. Name of Panchas
पंचाची नावे :
(1) 0232219 के. इलाही कोठे वर 6500 पंचाच्या स्थाना (21002)

Full Address
पत्ता 0232219 के. इलाही कोठे वर, इजेगाव, ता. ठाणे, जिल्हा ठाणे. 8975203308

(2) 0232219 के. इलाही कोठे वर 40, 04 पंचाच्या स्थाना
Full Address
पत्ता 0232219 के. इलाही कोठे वर, इजेगाव, ता. ठाणे, जिल्हा ठाणे. 8805253805

Date दिनांक : 29-9-2017

Name and Signature of Investigation Officer
तपासीक अमलदारची नावे
Name नाव :
Rank पदा :
B. No. if any

MEDICO LEGAL CERTIFICATE

(Prakash Age.Ned.) 2011

To,
THE POLICE INSPECTOR
 Tq. _____ Dist. _____
 Name of Injured Uddhav Mahadhi dhare
 Brought by P.C. _____
 Identification Marks _____

Outword No. MUC/25/17
 Dated 26.10.17
 Age 55 Sex male
 Offence under letter
 No. _____
 Dated 23.10.17

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	REMARKS
1)	RTA	# (12) Fibreg - leg	/	fresh	RTA	Uddhav Mahadhi dhare	open wound

KATRUWAR
 Accident & Maternity Hospital
 Doctor's Plaza, Doctor's Lane,
 HANDED
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