

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	Kandhar dist.Nanded
2	CR.NO./TAR No./SDE No.	118/2023 U/S 279, 304(a), of I.P.C
3	Date, Time and Place of the accident.	27/04/2023 at 14.30 hrs Kandhar to Bachoti road near Bamni fata Tq. Kandhar dist. Nanded.
4	Name of the Injured / Deceased	Maroti Dhondiba Pawale age 84 year r/o Cikhali tq. Kandhar dist. Nanded Injured -18 person
5	Name of Hospital to Which he/she was removed	Govt. Hospital Nanded
6	Number of vehicles and type of the vehicle	MH 20 BL 2057 Bus (ST)
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.	Namdev Mohan Ibidar age 52 year r/o Barul tq. Kandhar dist. Nanded MH 26 19910001015 RTO Nanded
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	MSRTC Govt. of Maharashtra
9	Name and address of the insurance Company with whom the vehicle was insured and the Divisional office of the said insurance Company.	MSRTC Govt. of Maharashtra
10	Number of Insurance Policy/ Insurance Certificate and the date of Validity of the insurance Policy/ Insurance Certificate.	MSRTC Govt. of Maharashtra
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 Kandhar
Dist. Nanded (M.S)

10 40

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): कंधार

FIR No.(प्रथम खबर क्र.): 0118

Year (वर्ष): 2023

Date and Time of FIR (प्र. ख. दिनांक आणि वेळ): 28/04/2023 01:19

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

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

1. Day(दिवस): गुरुवार

Date From (दिनांक पासून): 27/04/2023

Time Period पहर 5

Date To (दिनांक पर्यंत): 27/04/2023

(कालावधी):

Time From (वेळेपासून): 15:00 बजे

Time To (वेळेपर्यंत): 15:00 बजे

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

Date (दिनांक): 28/04/2023

Time (वेळ): 00:00 बजे

(c) General Diary Reference (रोजनामचा संदर्भ):

Entry No. (नोंद क्र.): 003

Date & Time (दिनांक आणि वेळ): 28/04/2023 01:14 बजे

4. Type of Information (माहितीचा प्रकार): लेखी

5. Place of Occurrence (घटनास्थळ):

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

पूर्व, 10 किमी

Beat No. (बिट क्र.):

(b) Address (पत्ता): बामणी फाटा वळणावर, ताकंधार

(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): सदाशिव रामा कोडेवाड

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

(c) Date/Year of Birth (जन्म तारीख/वर्ष): 1963

(d) Nationality (राष्ट्रीयत्व): भारत

(e) UID No. (यू.आय.डी. क्र.):

(f) Passport No. (पासपोर्ट 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) ओळखपत्राचे विवरण (राशन कार्ड, मतदाता कार्ड, पासपोर्ट, यूआयडी सं., ड्राइविंग लाइसेंस, पॅन कार्ड)

S.No. (अ.क्र.)	ID Type (ओळखपत्राचा प्रकार)	ID Number (ओळखपत्राचा क्रमांक)
1		

(h) Address (पत्ता):

S.No. (अ.क्र.)	Address Type (पत्त्याचा प्रकार)	Address (पत्ता)
1	वर्तमान पत्ता	राबाचोटी ताकंधार, राबाचोटी ताकंधार, कंधार, नांदेड, महाराष्ट्र, भारत
2	स्थायी पत्ता	राबाचोटी ताकंधार, राबाचोटी ताकंधार, कंधार, नांदेड, महाराष्ट्र, भारत

(i) Occupation (व्यवसाय):

(j) Phone number (फोन नं.):

Mobile (मोबाइल नं.):

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

S.No. (अ.क्र.)	Name (नाव)	Alias (उर्फनाव)	Relative's Name (नातेवाईकाचे नाव)	Present Address (वर्तमान पत्ता)
1	बस क्र MH 20 BL 2057 चा चालक			1. कंधार, कंधार, कंधार, 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.))

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 प्रकरणा क्र., जर असल्यास):

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

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

ग्रा रु.

कंधार

दि. 27.04.2023

मी सदाशिव राम कोंडेवाड वय 60 वर्षे व्यवसाय शेती, रा. बाचोटी ता. कंधार जि. नांदेड मो. नं 9370409919. समक्ष स. द. दवाखाना कंधार वार्ड क्र 16 (पुरव) मध्ये बेड क्र 10 मध्ये उपचार घेत असुन मला 02 मुले एक मुलगी असुन असे अपत्य असुन पत्नी मुलाबाळांसह वर प्रमाणे राहतो व शेती व्यवसाय करुन कुटुंबांचा उदरनिर्वाह भागवितो.

आज दि. 27.04.2023 रोजी दुपारी अंदाजे 02.30 वां चे सुमारास बाचोटी येथुन हाळदा येथे जाण्यासाठी बाचोटी येथील बस स्टॅंड वर थांबलो असता कंधार ते नायगाव जाणारे बस क्र MH 20 BL 2057 ही बस आली असता मी इतर बरेच प्रवाशी बस मध्ये बसुन हाळदा येथे जात असताना बस ही बामणी फाटा वळणावर आली असता समोरुन एक मोटार सायकल स्वार एकदम बस समोर आल्याने बस चालकाने त्यास वाचवण्यासाठी अचानक ब्रेक मारल्याने आमची बस रोडच्या डाव्या बाजूला पडटी होवुन खड्यात पडल्याने बस मधील ब-याच प्रवाशांना मार लागल्याने प्रवाशां बस च्या खिडक्याची काचे फोडुन बस मधुन बाहेर पडले व त्यावेळी जखमी प्रवाशांपैकी कोणीतरी मदतीकरीता कोणीतरी सरकारी अॅम्बुलन्स 103 ला कॉल केल्याने लागलीच थोड्या वेळाने सरकारी दवाखान्याच्या दोन अॅम्बुलन्स येवुन आम्हा जखमींना स द कंधार येथे औषध उपचार करणे कामी घेवुन येवुन आम्हा सर्व जखमींवर औषध उपचार केला व काही जखमीला जास्त मार लागल्याने चार ते पाच जखमीला पुढील उपचार कामी स. द विष्णुपुरी नांदेड येथे सरकारी अॅम्बुलन्स ने पाठविले.

तसेच बस क्र MH 20 BL2057 मधील जखमी प्रवाशाची नावे 1) संताजी हौसाजी शिंगारपुतळे रा. बामणई 2) शिवहार आनंदा आईलवाड रा. चिखली 3) कृष्णाबाई गोविंद पांचाळ 4) गोविंद बापुराव पांचाळ 5) गिरीधर गोविंद पांचाळ तिघे रा. कोलंबी 6) अंजनाबाई कोंडीबा वगळे 7) रुक्मीन लक्ष्मण हुंदाडे 8) मारोती धोडीबा पवळे 9) अर्चना आनंदा आईलवाड 10) नारायण दिगांबर ठाकुर 11) श्रीकांत जळबा नकुलवाड 12) नारायण दिगांबर ठाकुर 13) धोंडुतात्या मारोती टोम्बे 14) कांती धोंडुतात्या टोम्बे 15) दत्ता. तुकाराम सांगळे 16) साईनाथ शिवाजी पवार 17) रमेश नारायण जाधव 18) लक्ष्मबाई रमेश जाधव यांना स. द कंधार येथे औषध उपचार करुन काही जखमीला पुढील उपचार साठी नांदेड येथे पाठविण्यात आले आहे व काही जखमीला डीकार्य दिला आहे व काही जखमी येथे औषध उपचार घेत आहेत. व काही जखमी प्रवाशी उपचार कामी खाजगी दवाखान्यात गेल्याचे समजले

आज दि 27.04.2023 रोजी वेळ दुपारी अंदाजे 03.00 वा चे सुमारास बस क्र MH 20 BL 2057 च्या चालकाने त्याचे ताब्यातील बस ही बाचोटी ते मंगलसांगवी दरम्यान बामणी फाटा वळणावर समोरुन मोटार सायकल आल्याने अचानक ब्रेक मारल्याने बस पलटी होवुन खड्यात पडली त्यामुळे आम्हा वरील जखमी प्रवाशांना हातास , पायास , कमरेला , डोक्याला व शरीरावर अनेक ठिकाणी मार लागुन दुखापत झाले आहे. तरी बस चालकाने त्याचे ताब्यातील बस ही हाईलाईने व निष्काळजीपणे चालवुन मला व इतर प्रवाशांना जखमी केले आहे माझ्या डाव्या पायाला व उजव्या हाताच्या मनागटाला मार लागुन दुखापत झाली आहे तरी बस चालकावर योग्य ती कार्यवाही होणेस विनंती आहे.

माझा जबाब माझे सांगणे प्रमाणे लिहला तो मला वाचुन दाखविला तो बरोबर व खरा आहे. वगैरेचा mlc जबाब गणाचार्य यांनी आपुन हाजर केल्याने गुन्हा दाखल .

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

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

or (किंवा)

(2) Directed (Name of I.O.) (तक्रारदाराचा/खबरीदाराचा नाव):

Rajaram Uttamrao Ganachar

Rank (पद): Asst. SI (Assistant Sub-Inspector) No.(क्र.): POBN57515

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.

(मुन्हा दुसरीकडे पाठविला असल्यास पोलीस ठाण्याचे नाव):

District (जिल्हा):

on point of jurisdiction (कोणत्या अधिकार 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, खरोबर नोंदविली असल्याचे त्याने मान्य केले आणि तक्रारदाराला/खबरीला खबरीची प्रत मोफत देण्यात आली.)

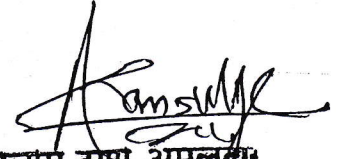
R.O.A.C. (आर. ओ. ए. सी.)

14 Signature/Thumb impression of the complainant / informant.

(तक्रारदाराची/खबर देणा-याची सही/अंगठ)

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

MCC जिल्हा वकिल



पालास ठाणे अमलदार

Signature of Officer in charge,
Police Station

(ठाणे प्रभारी अधिका-याची स्वाक्षरी)

Name (नाव): RAMA SADASHIV PA

Rank(पद): SI (Sub-Inspector)

No.(सं.): POBN53058

CRIME DETAILS FORM

घटनास्थळ पंचनामा/गुन्हाचा तपशीलाचा नमुना
 1. State MAHARASHTRA Dist. ALLAHABAD P.S. 22112 FIR/Proceeding/G.D. No. 112 Year 23 Date 28/04/2023
 राज्य जिल्हा पोलीस ठाणे पहिली खबर क्र./कार्यवाही क्र. वर्ष तारीख

2. Act and Sections 279, 337, 338 A.P.S. वि.
 अधिनियम व कलमे :

3. The Place of Occurrence shown by :
 घटनेचे ठिकाण दाखविण्याचे :

Name सुरेशिव काडवाल Father's Husband's Name रामा काडवाल
 नाव : पित्याचे / पतीचे नाव :

Address रा. बायली गा. कंधार, जि. गोंड
 पत्ता :

4. TYPE OF CRIME (All including M. O. Crime):
 गुन्हाचा प्रकार (गुन्हाच्या सर्व पध्दती सह) :

(i) *Major Head असहकारिता (ii) Classification of Major Head
 प्रधान शिर्ष : प्रधान शिर्षकाचे वर्गीकरण :

(iii) *Method (s)
 पध्दती :

(1) असहकारिता (MH-20/BL-205) रा. बायली गा. कंधार जि. गोंड
 (2) दोषी बायली गा. कंधार जि. गोंड
 (3) दोषी रायली गा. कंधार जि. गोंड

(iv) *Conveyances used : असहकारिता (MH-20/BL-205)
 वापरलेली वाहने :

(v) *Character assumed :
 केलेले वैषांतर / केलेली बतावणी :

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

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

*Special Feature-2:
 विशेष वैशिष्ट्य - २ :

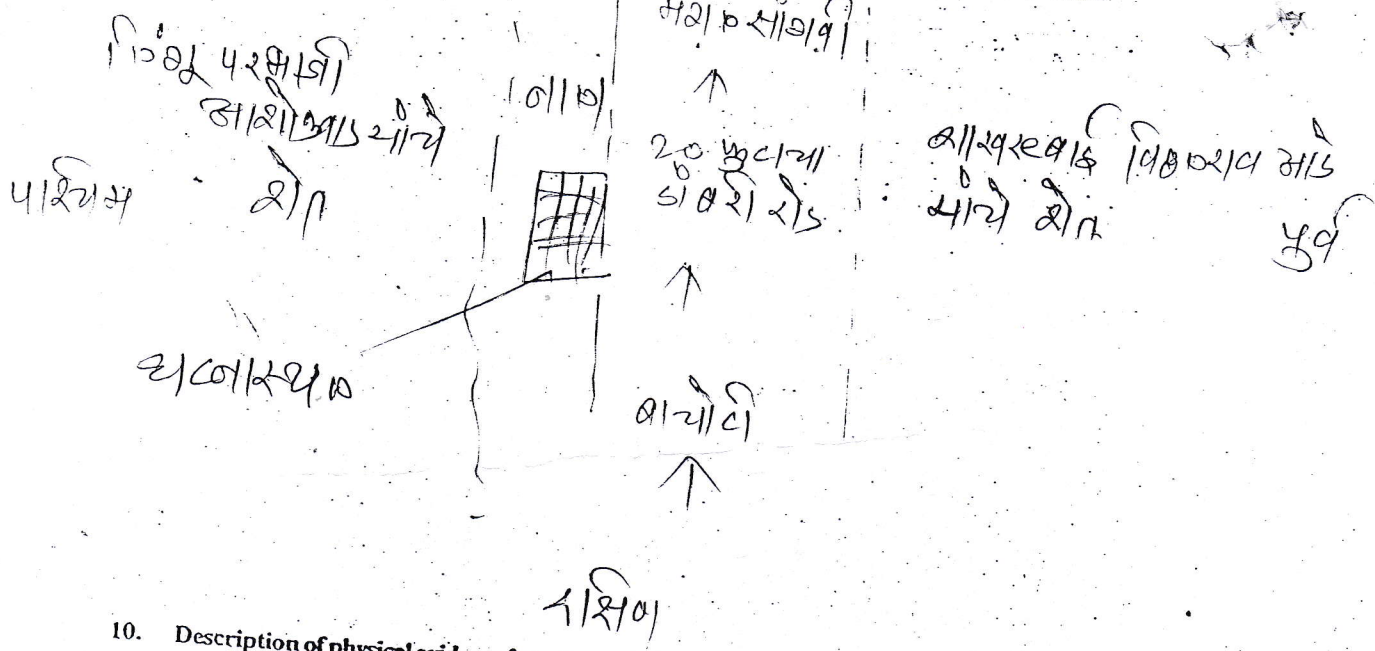
*Special Feature-3:
 विशेष वैशिष्ट्य - ३ :

(viii) *Type of place of Occurrence : रा. बायली गा. कंधार जि. गोंड
 घटनेच्या ठिकाणाचा प्रकार :

(ix) *Type of property involved (4 Types) : (Major head of the property to be filled)
 अंतर्भूत मालमत्तेचे प्रकार :

1) 2)
 3) 4)

9. नकाशा/Map :



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 :

.....
 N111

11. Date and Time of Panchnama 28/04/2023 Time 09:30 ते 10:40
 घटनास्थळ पंचनाम्याची दिनांक वेळ : पर्यंत.

12. Name Panchas
 पंचाची नावे :
 (1) श्री. अश्वरूपि जयगाराव मंडवळे
 Full Address अ.य. 600 वषे स्यु. शेण
 पत्ता : रा. राचोटी ना. कुंधार मो. नं. 7249011005
 Signature of Panchas
 पंचांच्या सहा : [Signature]

(2) श्री. अश्वरूपि विठ्ठलराव शेंडगे
 Full Address अ.य. 600 वषे स्यु. शेण
 पत्ता : रा. राचोटी ना. कुंधार मो. नं. 4503747797
[Signature]

Name and Signature of Investigation Officer
 तपासीक अमलदाराची सही
 Name [Signature]
 नाव आर. यु. बाणायाय
 Rank सहायक पो. नि. 0
 पदनाम सहायक पो. नि. 0 कुंधार
 B.No. if any

Date :
 दिनांक : 28/04/2023

IPD No 231I/24263 admitted in ward no. (30) on 27/04/2023 at 08:07 AM with diagnosis of AHLO Road, traffic accident (mass casualty) with trauma to chest with multiple ribs fracture with right closed displaced fracture of lateral border of scapula with bilateral ICD in situ.

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, 84 years.

Description of clothes and of ornaments on the body.

White banigan, white dhoti, red waist thread, hospital bandage over left ^{and right} side of chest and over left side of neck, hospital label on right leg.

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

Dry and intact.

Clothes handed over to the Police Constable on duty.

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

Identified body.
Intact, 18/16.

In newly born infants, the length and (if possible) the weight of the body to be recorded together with the state of the hair, nails and umbilical cord, its length, whether placenta is attached or not, if present, its size and condition.

Not applicable.

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

Average built, cold.

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

Present in jaw and neck, slightly present in upper limbs and absent in both lower 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 sign of decomposition. Postmortem lividity present over posterior aspect 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.

Facial features:- Natural
 Eyes:- closed. Pupils:- fixed and dilated.
 Mouth:- closed. Tongue:- Inside mouth.
 No oozing from mouth, nostrils and ears.

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

Dry and pale.

15. Injuries to external genitals.
Indication of purging.

No injuries.
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.

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 fracture.

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

- 1] Abrasion present over shoulder on posterior aspect, 1 cm below and medial to left shoulder tip, of size 3cm x 1cm, black scab present.
- 2] Therapeutic intercoastal drainage wound present over right side of chest, 5 cm above right nipple, 7 cm lateral to midline, in midaxillary line, of size 3cm x 0.5cm x cavity deep.
- 3] Therapeutic incision present over right side of chest, 10 cm lateral to midline, 5 cm below right nipple, for emphysema release, of size 3cm x 0.5cm x muscle deep.
- 4] Therapeutic intercoastal drainage wound present over left side of chest, 7.5 cm lateral to left nipple, 8 cm below mid axillary line, of size 2cm x 1cm x cavity deep, of length, 1 suture present in situ. Serousanguinous fluid oozes out.
- 5] Therapeutic incision present over left side of chest, 3 cm lateral to left nipple, 7 cm anterior to anterior axillary line, for emphysema release, of size 1.5cm x 1cm x muscle deep.
- 6] Abrasion present over right leg, on anterior aspect in mid part, of size 2.5cm x 0.5cm, black retracting scab present.
- 7] Abrasion present over right leg, on anterior medial aspect in upper part, of size 0.5cm x 0.2cm black retracting scab present.
- 8] Therapeutic intravenous injection mark present over left forearm flexor aspect in mid part, red in colour.

→ Yes, antemortem.

III. Internal Examination—

19. Head—

- (i) Injuries under the scalp. their nature. No under scalp injury.
- (ii) *Skull*— Vault and base— describe fractures. their sites. dimensions. directions. etc. Intact, no fracture.
- (iii) *Brain*— The appearance of its coverings, size. weight and general condition of the organ itself and any abnormality found in its examination to be carefully noted (weight M. 3 grams F. 2.75 grams). Meninges intact, pale. Patchy subarachnoid haemorrhage present over left occipital lobe. Brain intact, pale, markedly oedematous.

20. Thorax—

- (a) Walls, ribs, cartilages } 1st to 8th ribs from right side fractured in mid-clavicular line, non displaced fracture. fracture line irregular, infiltrated with blood, haemorrhage present in surrounding muscles. Closed displaced fracture of scapula from right side of lateral border, fracture margins irregular, infiltrated with blood, haemorrhage present in surrounding muscle.
- (b) Pleura Intact, no free fluid.
- (c) Larynx, Trachea and Bronchi. Intact, no foreign body.
- (d) Right Lung } Both lungs intact, soft, pale, oedematous.
Pus pockets present over both lung surfaces.
- (e) Left Lung }
- (f) Pericardium Intact.
- (g) Heart with weight Intact, blood and blood clots present.
- (h) Large Vessels Blood and blood clots present.
- (i) Additional remarks. Nil.

21. Abdomen -

Walls Intact.

Peritoneum Intact.

Cavity About .150 ml, amber coloured fluid present.

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

Oesophagus Intact.

Stomach and its contents About 10 cc, yellowish coloured fluid present. Medicinal smell perceived, mucosa pale.

Small intestine and its contents.

Large intestine and its contents.

} Intact, loaded with faeces and gases.

Liver (with weight) and gall bladder. Intact, pale.

Pancreas and Suprarenals Intact, pale.

Spleen with weight

Intact, pale. Subcapsular pus pockets present over surface of spleen.

Kidneys with weight

Intact, pale.

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 the same.

Viscera not preserved.

22 *Spine and Spinal Cord -

9.0

Intact, not opened.

Opinion as to the cause
probable cause of death.

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

Y. S. Puroekar

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

R. S. More

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

Dated 15/05/2023 30

(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.

MLPM No. 467/2023 15/05/2023

Place Dispensary Dr. SCGM, Nanded. 20
Civil HospitalForwarded to the Police Sub-Inspector Nanded Gramin.
for information with reference to his No. RMLC/PUK/2869 of 15/05/20232. Viscera has been preserved. It may please be stated *Immediately* whether examination by the Chemical Analyser is necessary or it is to be destroyed.Y. S. Puroekar

[Dr. Y. S. Puroekar]

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

Copy forwarded with compliments to the Civil Surgeon.

R. S. More

[Dr. R. S. More]

Civil Surgeon or M. M. S. Officer
Resident Doctor
Dept. Of Forensic Medicine
Dr.S.C.Govt.Medical College,
Vishnupuri, Nanded-431606

for information.

M. M. S. Officer



Seen and examined by the Civil Surgeon.

20

on

Remarks of the Civil Surgeon.

(if any)

Civil Surgeon

Treatment Advised On Discharge: _____

Tb Zeprodol SP 1-0-1 | x 5 days

Tb Pan 40 1-0-0

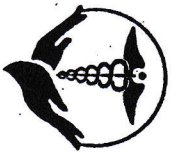
Tb Prokeer XT 1-0-0 | x 15 days

Tb Megamuston 0-1-1

cap Calcizit DS (weekly 1-0) for 4 week

Follow Advice : F10 after 7 days

Doctor's Signature



एकविश हेल्थकेअर प्रा. लि.

अनर्गत

नांदेड क्रिटिकल केअर

हॉस्पिटल अँड रिसर्च सेंटर

प्लॉट नं. १२१, बांदेबन एरिया, नांदेड ☎ 02462-287266, Cell : 777001 16007

DISCHARGE CARD

Name of Patient Keshinabai Gavindasa Panohal

Address : At Kolambi Tq. Naigam Dist Nandhar

Age : 30 yrs Sex : Male / Female

I.P.D.Reg.No 45042023 24 MLC No. 0842023-24

Date of Admission : 27/4/2023 7:30 pm

Date of Discharge 30/04/2023

Diagnosis : RTA on Anaemia

Clinical History & Findings on Admission:

Co.: a patient of 30 yr old female
came to hospital & RTA &
injury to chest,
injury to Lf shoulder,

On Admission Exam Findings: Gc Mod. oriented, A&E
SE

Bp - 135/80 mmHg CVS - S1S2
SpO2 - 99% on RA CVS - comp
PR - 84/min RR - B/C clear -
RA - soft

Investigations: CBC, SE, Creat
USG - Abdomen + pelvis
CBC -

Hb. - 7.9 gm/dL
WBC - count - 11300 /microl
Platelet count - 332000 /cmm
S.E. Creat - 0.66 mg/dL.

Treatment given during:

Hospital stay:

Inj Pan 40 mg OD
Inj Emset 4 mg stat
Inj Dynapar I Amp E 100 mc NS
- - BD
Inj opfineuron 1 amp OD

Tb ultracef 1/2 BD
Tb osepoe x-f OD
Tb meganeuron OD
Tb zeredol sp BD
Tb pan 40 mg OD

Condition at time of Discharge: Mod oriented, A&E
: OE

Bp - 110/70 mmHg SE
SpO2 - 99% on RA CVS - S1S2
PR - 74/min CVS - comp
RR - 18/min RR - B/C clear
RA - soft

Sepsis Screen

Blood Culture _____

CRP _____

CRP _____

Electrolytes < Na _____
K _____

Others _____ ABG _____

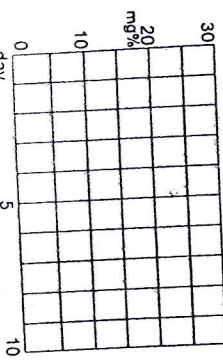
CPK/MB _____

Metabolic Screen _____

Hypoglycemia Yes No Liver Function _____

Ionic Calcium _____ Renal Function _____

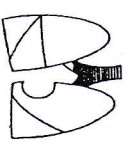
Serum bilirubin (Max = _____) _____



Coagulogram _____

PT _____

PTT _____



Chest X-ray _____

CT _____

MRI _____

2D Echo _____

Neurosonography _____

USG Abdomen _____

EFG _____

ROP Screening _____

OAE/BERA _____

Discharge Advice & Medication :

symp glucose - plus 5 (200mg)

7m - 7m - 7m

9m Acetaminophen (200mg)

7m - 7m

Insulin

2 (200mg)

Follow Up

MRI / CT Scan brain _____

First follow up on _____ OAE _____

ROP Screening _____ NSG _____

EEG _____ USG Abdomen _____

Marathiwada
Bairagnalaya Pvt. Ltd.
(Neonatal & Pediatric Critical Care & Research Centre)
24 HOURS PEDIATRIC SERVICE

Borhan Factory, Goverdhan Ghat Road, Nanded-431 601 (M.S.)
Ph: (02462) 230141, 240141

Dr. Saigram M. Jondhale M.D., FICMCH
Dr. Naresh G. Umralkar M.B.B.S., D.C.H.

Dr. Ritesh G. Bisen M.D., I.D.P.C.C.
Dr. Naganath R. Kagne M.B.B.S., DCH, DNB, (Ped.), Fellowship in Pediatric Cardiology

Dr. Archana S. Gundale M.B.B.S., DCH, (Mumbai)
Dr. Rahul V. Ingole M.D., Pediatric (Ayu.)

DISCHARGE SUMMARY

NAME: Amidhar parshel

Address: Kolambh nagaram

Age: 44 Sex: F Ht/L: _____ HC: _____

Referring Doctor: Self

Admission date: 27/11/05 Discharge date: 29/11/05

Admission Weight: 14.8 kg Discharge Weight: 14.8 kg

Discharge / Discharge against Advice / On Request / Referred to Higher Centre

Diagnosis: RTA / Head Injury / CLW

Chief Complaint :

410 Road traffic accident
E clav on forehead
submury done at
Yashodra Hospital

Past History :

Family History :

Birth date _____ Birth Weight _____

Consanguinity : _____ Gestation weeks _____

Home delivery / Hospital delivery / vaginal / LSCS _____

Antenatal complication _____ Mothers Blood group _____

Cried after birth / Depressed at birth / Apgar _____

Findings on Examination :

Cris mor
vital stable
RR- 30/min
S/E NAD
P/A soft
W/S. narse

Course in (PICU/ NICU)

IV fluids _____ IV Antibiotics _____
'L. Amy +
cal oflu
Cris Accuron
Crisandom
Syn Glyceric plus

Oxygen Nasal prong/ Hood box _____ days

Assisted ventilation

IPPV _____ Days _____ Maximal Settings

PIP _____

PEEP _____

Fio₂ _____

CPAP _____ Days _____

HF Oscillator _____ Days _____ MAP _____

Inotropes _____

Surfactant _____ Doses _____ RT feeds _____

Phototherapy _____ Days _____ Wati spoon feeds _____

Exchange transfusion _____ Breast feed _____

Parental Nutrition _____

Packed cell Transfusion _____

Platelet Transfusion _____

FFP Transfusion _____

ROP Screening : _____

Others : _____

Course In Ward

MCC Done

Treatment Given :-

'L. Amy + cal
Cris Accuron
Crisandom
Syn Glyceric-plus

Investigation

Date	HB	WBC	HCT	Platelet
27/6/18	10.1	20800	30.6	3-21

Blood Group _____

Attention
P. 846pm
3P - 120/80mmHg
RR = 18/min
P₂ = 99%

P.S. AFB E ⊕
PA soft non tender
CNS conscious oriented
408 15715 -
He seems eye healthy
no foreign

Package Meds -

Tab amoxiclav 100
Tab par 40 100
Tab nuroc 100
Tab pcm 100
Tab valk 100
Madure omnium
3301121101 27/10/21

105/54

Tab Brudare omnium - 410301
Sh-21121

Tab 21 410301

Tab 100

Tab 100 410301 | OPD 1223

Tab 100

Tab 100 410301 | OPD 1223

Tab 100

(P.A. 01) - 99 (200,000) 7-2017

Dr. Shankarrao Chavan
GOVT. MEDICAL COLLEGE &
S.G.G.S.M. HOSPITAL, NANDED

DISCHARGE CARD

Reg. No. (D) 88.P.F. Jambale 83

Ward No.: 30

Name of the patient: Anjambai Keshu

Age: 30yrs Sex: F

Regd. No.: 24267

MIC No.: 2mhc/Parc/22070

Date of Admit: 27/10/22

Date of dis: 29/10/22

Diagnosis: alleged history of road traffic accident -
with blunt trauma head and chest
distal end of right radius fracture

OPD

24/11/22

Wt = 39
 Cr = 11900
 R = 3-07
 SQOT/PT = 20712

Investigations

Abdo exam -] - none

Laboratory Report -

- air (P) - Age related cortical atrophy, cerebral changes, post brain parenchyma changes, post brain parenchyma changes, lung parenchyma
 - xy - 40yo old female patient came to casualty with abdominal pain on 27/4/23 at chudochi Kandhana at 4:30pm pt slo - RT head / RT wrist (right)

- no w/o vomiting
- no w/o loss of consciousness
- no w/o seizures
- no w/o incontinence / abdo distension
- no w/o ENT bleed

Met - VMO BA : 3 yrs on meds
 no w/hilo rom, ntr/copp/ITs
 no w/o previous operative procedure
 no w/o previous hospitalisation

swal - Mixed diet
 (N) sleep/epitile / bowel bladder
 no w/o addictions

stment - on meds for BA (lithalation + oral) history unclear

Final - Post menopausal - 25yrs

Urine - 2 male child
 1 female child

Caudicean ex admission

cc moderate
 P = 88 bpm
 BP = 110/80 mmHg
 RR = 18/min
 SpO2 = 99%

Operation Notes

no old pathology / ectasis / calcinosis / clubbing / lymphadenopathy / edema

xfe - CNS sigmoid, no masses
 CNS - constrictions, uncalated
 CNS 15/11

Duct: BIL pupillary
 speech, tone, power (N)
 DMZ 11-

RA - ASBE P
 no old subcut emphysema
 Atherosclerosis, no #

PA - soft non calcified
 no old granulation / no old rigidity
 BS + T
 + T

(N) shaped, clear over frontoparietal region
Measurement given

- NBM
- TPE B Phary
- IVF - PONS up to 8mm
- my Talam 1-9 W 80
- my PAM 10-100
- my PAM 100-1000
- my Talam 101 temp 1-10
- my PAM 1-1000
- my PAM 1-1000