


FORM COMP AA

(See rules 253(e) 254 (c) (iii) 254 (80) 255 (1) (iv))

Report about the motor vehicles accidents

- 1 Name of police station फुलब्री
- 2 cr.no. /Tar no. / SDE no. गुरन ७६/१९ कलम २७९,३३७,३३८ भादवी.
- 3 Date time and place of the accident दि. १४/४/१९ रोजी १८ १५ टिके दवाखान्या समोर फुलब्री
- 4 Name of injured / Deceased मुदारक अहेमदखान, अकिला अहेमद खान, जोया मुदारक खान
- 5 Name of hospital to which he / she was removed घाटी दवाखाना अपघात विभाग औरंगाबाद.
- 6 Name of vehicles and type of the vehicles मोसा क्र. Mh 20 EM 4423 व मोसा क्र.Mh 20 LS 3594
- 7 Name address of the driver of the vehicle with particular 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 प्रकाश सांडु जाधव रा बिल्डा ता फुलब्री
- 8 Name and address of the owner of the vehicle as it stands on the date of the accident प्रकाश सांडु जाधव रा बिल्डा ता फुलब्री जि. औरंगाबाद
- 9 Name and address of the insurance company with whom the vehicle was insured and the divisional office of the said insurance company -----
- 10 Number of insurance policy/insurance certificate and the date of validity of the insurance policy/insurance certificate -----
- 11 Action taken of any and the result thereof गुरन ७६ / १९, क. २७९,३३७,३३८ भादवी.

NB- this form should accompany with all the necessary document viz(1) F.I.R. (2) Panchnama (3) medical certificate / post mortem report.


पोलीस निरीक्षक
पोलीस ठाणे फुलब्री

5. Particulars of the victims (Attach separate sheet, if required) :

बलिष्ठ शरणागि (अथवा अज्ञात शरणागि तसे अथवा अज्ञात) :-

No. / क्र.सं.	Full name / पूर्ण नाव	Date / Year of Birth / जन्म तारीख / वर्ष	Sex / लिंग	Nationality / राष्ट्रता	Religion / धर्म	Whether SC/ST / जाति	Occupation / व्यवसाय	Address / पत्ता	Injury / घात / चोट / दुखापत
1	2	3	4	5	6	7	8	9	10
-	-	-	-	-	-	-	-	-	-

6. Motive of Crime : मोटा-समस्या
 प्रेरणा :-

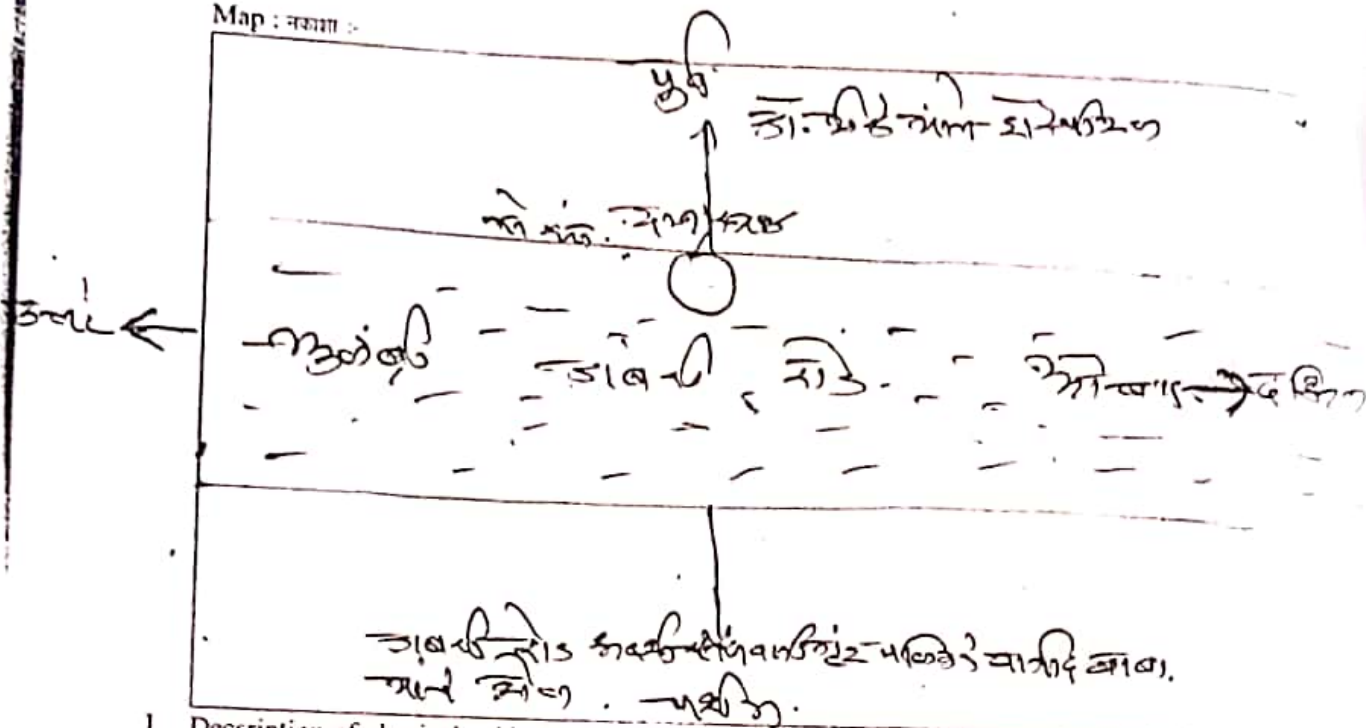
7. Details of properties Stolen/Involved . (Use appropriate prescribed forms (s) and attach) :
 चोरी / लुटलेली वस्तु / अथवा अज्ञात वस्तु (तसे अथवा अज्ञात)

1020

1. Description of the place of occurrence :
 घटना घडलेली जागे

मिठाई विक्री करी घडला. गुप्तता बरी राखली. लुटलेली वस्तु...
 लुटलेली वस्तु... मिठाई विक्री करी घडला. गुप्तता बरी राखली. लुटलेली वस्तु...
 लुटलेली वस्तु... मिठाई विक्री करी घडला. गुप्तता बरी राखली. लुटलेली वस्तु...
 लुटलेली वस्तु... मिठाई विक्री करी घडला. गुप्तता बरी राखली. लुटलेली वस्तु...
 लुटलेली वस्तु... मिठाई विक्री करी घडला. गुप्तता बरी राखली. लुटलेली वस्तु...
 लुटलेली वस्तु... मिठाई विक्री करी घडला. गुप्तता बरी राखली. लुटलेली वस्तु...
 लुटलेली वस्तु... मिठाई विक्री करी घडला. गुप्तता बरी राखली. लुटलेली वस्तु...
 लुटलेली वस्तु... मिठाई विक्री करी घडला. गुप्तता बरी राखली. लुटलेली वस्तु...
 लुटलेली वस्तु... मिठाई विक्री करी घडला. गुप्तता बरी राखली. लुटलेली वस्तु...
 लुटलेली वस्तु... मिठाई विक्री करी घडला. गुप्तता बरी राखली. लुटलेली वस्तु...

Map : नकाशा :-



1. Description of physical evidence from the scene of crime for the property recovered / seized for the purpose of investigation

तपास करपी प्रत्यक्ष पुरावा म्हणून गुन्हाच्या जागेवरून मिळालेल्या अथवा केलेल्या मालमत्तेचे वर्णन

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2. Date and Time of panchnama

घटनास्थळ पंचनाम्याची दिनांक : १५/०८/२०१९ Time घेऊ : ०२.०० ते ०२.३० पर्यंत

3. Name of panchas :

पंचाची नावे :-

Signature of Panchas : पंचाच्या सहाय्ये

(1) हरिचंद्र शिंदे वंगार वय-३३ वर्ष. श्रीलठ.
 Full Address : मिर्सा ना. उजळी मंग. २२५५३९४३

Shrinani

(2) उजळी नामदेव सदाशिव वय-४० वर्ष. श्रीलठ.
 Full Address : मिर्सा ना. उजळी मंग. २२५५४६६६

Kashan

Date : १५/०८/२०१९
दिनांक :

Name and Signature of Investigation Officer

तपास करपी अधिकारीची नावे
 Name : मिर्सा ना. उजळी मंग. २२५५४६६६
 रा. नं. : २२५५४६६६ B.No. if any :
 पत्ता : मिर्सा ना. उजळी मंग. २२५५४६६६ व. नं.

SM. 1099/2019 TG. 15101

Provisional certificate.

10635 / PTS/19
 19/4/19 6:15 PM
 Naregaon Ja-si Uod
 19/4/19 6:15 PM
 13/6/19 11:50 AM

INJURY CERTIFICATE

M.L.C. No. Age 35 / M Resident of
 Date and time of Exam

s/o. Ahmad Khan

Mubarak
 (LFB Hand Thumb)
 15/6/19

Name of injured person
 Identification marks
 Date and time of receipt of letter

Date and time of Exam issue of Certificate.

Sr. No.	Type of the injury	Site of Part of the body on which inflicted and extent	Size	Sharp margin direction etc	Age of the injury	Type of probable weapon used	Nature of the injury	Remarks
			4	5	6	7	8	9
1.	Blunt Trauma	RT Foot			24hrs	Hard and blunt	simple	I examine this patient and I referred to ortho and surgery For expert opinion
2.	Blunt Trauma	Lower Abdomen			24hrs	Hard and blunt	Simple	

To, The Police Inspector,
 Police Station :- City Chowk/ Kiranachawadi/ Cantt./ Chikalhana/ Kranti Chowk
 No. GB/MCH/ 120
 Date: 19/6/19

Signature
 Medical Officer
 Govt. Medical College & Hospital
 Aurangabad

SR. No. 1100/2019 Pt. 13/6/2019

L 0636/PTS/19
 M.L.C. No. 14/4/19 6:15 pm
 Resident of Naregaon, Ja-si Uod
 Date and time of Exam 14/4/19 6:15 pm
 Date and time of Certificate issue 13/6/19 12:00 AM

INJURY CERTIFICATE

Name of injured person **Akhila** s/o **Ahmad Khan**
 Identification marks **1. Left Hand Thumb**
 Date and time of receipt of letter **13/6/19**

Sr No	Type of the injury	Site of Part of the body on which inflicted and extent	Size	Sharp margin direction etc	Age of the injury	Type of probable weapon used	Nature of the injury	Remarks
	2	3	4	5	6	7	8	9
1.	Contused lacerated wound	for head	3x1x0.5cm		24hrs	Hard and blunt	simple	I examine this patient and referred to Surgery and ortho For expert opinion
2.	Blunt Trauma	Right Hip			24hrs	Hard and blunt	simple	
3.	Blunt Trauma	Right forearm with Elbow			24hrs	Hard and blunt	simple	

To, The Police Inspector,
 Police Station :- City Chowk/ Kiranachawadi/Cantt./Chikalathana/ Kranti Chowk
 No. GB/MCH/ 120
 Date **13/6/19**

Fulambari

Blinda Medical Officer
 Casualty Medical Officer
 Govt. Medical College & Hospital
 Aurangabad
 Dr. Pralim Clinik

सं. 1161/2019 र. 13/6/2019

Provisional certificate

INJURY CERTIFICATE

10637/PTS/19

G.P.A. (V)-224-100/000-S-2011

Name of injured person Zoya M.L.C. No. 14/4/19 6:16 PM
 Identification marks 1... Left Hand Thumb Resident of Nanegadon Ta-si Uod
 Date and time of receipt of letter 13/6/19 Date and time of Exam. 19/4/19 6:15 PM
 Date and time of Certificate issue 13/6/19 12:05 PM

S. No.	Type of the injury	Site of Part of the body on which inflicted and extent	Size	Sharp margin direction etc	Age of the injury	Type of probable weapon used	Nature of the injury	Remarks
1	2	3	4	5	6	7	8	9
1.	Blunt Trauma	Right foot			24 hrs	Hard and Blunt	simple	I examine this patient and referred to ortho For expert opinion

To, The Police Inspector,
 Police Station :- City Chowk/ Kirahachawadi/Cantt./Chikalhana/ Kranti Chowk
 No. GB/MCH/ 120
 Date: 13/6/19

Fulambri

Dr. P. S. ... Aurangabad
 Medical Officer
 Medical College & Hospital
 Aurangabad