

**TRUST INFORMATION REPORT**

Form Number: (2011, ch. 41)  
 Date: 01/01/2011  
 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

**1. Trust Name (Trust Name)**

Trust Name: (Trust Name)

Date: 01/01/2011

TR No: (Trust No)

Date and Time of Birth: (Date and Time of Birth)

**2. Beneficiary (Beneficiary)**

Name: (Beneficiary Name)

- (a) Name of the Beneficiary
- (b) Date of Birth
- (c) Address
- (d) Other Information

**3. Information of Assets (Assets)**

(a) Date of Birth

Trust Name: (Trust Name)

Date: 01/01/2011

Trust Name: (Trust Name)

Trust Name: (Trust Name)

Date: 01/01/2011

(b) Information received from (Trust Name)

Date: 01/01/2011

(c) General Data Reference (Trust Name)

Date & Time: (Date & Time)

**4. Type of Information (Type of Information)**

**5. Place of Occurrence (Place of Occurrence)**

(a) Location and address (Trust Name)

Date: 01/01/2011

(b) Address (Trust Name)

(c) In case of (Trust Name)

**6. Comments (Comments)**

(a) Name (Trust Name)

(b) Name of Trustee (Trust Name)

(c) Name of Trustee (Trust Name)

(d) Name of Trustee (Trust Name)

(e) Name of Trustee (Trust Name)

(f) Name of Trustee (Trust Name)

(g) Name of Trustee (Trust Name)

(h) Name of Trustee (Trust Name)

(i) Name of Trustee (Trust Name)

(j) Name of Trustee (Trust Name)

(k) Name of Trustee (Trust Name)

(l) Name of Trustee (Trust Name)

(m) Name of Trustee (Trust Name)

(n) Name of Trustee (Trust Name)

(o) Name of Trustee (Trust Name)

(p) Name of Trustee (Trust Name)

(q) Name of Trustee (Trust Name)

(r) Name of Trustee (Trust Name)

(s) Name of Trustee (Trust Name)

(t) Name of Trustee (Trust Name)

(u) Name of Trustee (Trust Name)

(v) Name of Trustee (Trust Name)

(w) Name of Trustee (Trust Name)

(x) Name of Trustee (Trust Name)

(y) Name of Trustee (Trust Name)

(z) Name of Trustee (Trust Name)

7. Details of (Trust Name)

8. Name (Print) [Redacted] Address (Print) [Redacted] Relation's Name (Print) [Redacted] Present Address (Print) [Redacted]

9. Reason for delay in reporting by the complainant/informant (Indicate approximate date of incident)

10. Particulars of properties at interest (Indicate which is correct)

11. No. 12 Property Category (FBI Use) Property Type (FBI Use) Description of Property (FBI Use) Valuation (FBI Use)

12. Total value of property (in Rupees) (FBI Use)

13. Insure Report / U.D. Case No. If any (FBI Use) (Indicate whether it is a)

14. No. (FBI) U.D. Number (FBI Use)

15. Risk Information (Where appropriate)

16. Action taken: Does the above information reveal commission of offence as mentioned in Item No. 2 (If not stated, give brief details of actions taken as referred in 24 (a) and (b) and (c))

17. Registered the case and took up the investigation. (Date of first report) (FBI Use) (Date of first report) (FBI Use)

18. Refused (Name of I.O.) (FBI Use) (Name of I.O.) (FBI Use) to take up the investigation (FBI Use) (Date of refusal) (FBI Use)

19. Refused investigation due to one of

20. Transferred to P.S./P.P.S. District (FBI Use) as point of jurisdiction (Indicate which is correct)

21. P.I.R. read over to the complainant/informant admitted to be correctly recorded and a copy given to the complainant/informant free of cost. (Indicate whether it is correct or not) (FBI Use) (Page Number) (FBI Use)

22. U.D. Case No. (FBI Use)

23. Remarks (FBI Use) (Indicate whether it is correct or not)

24. Date and time of dispatch to the case (FBI Use) (Date of report) (FBI Use)

[Handwritten initials]

[Handwritten signature]

Signature of Officer in Charge, Police Station (FBI Use) (Name)

Name (FBI Use) (Date of signature) (FBI Use) (Page Number) (FBI Use)

**Dr M A Biviji**  
D.M.R.D.  
Consultant Radiologist  
Ph: 9373108337

**MRI,CT,USG,XRAY**  
Lower Ground Floor, Rangoli Hotel Building,  
Congress Nagar, T Point, Dhantoli, Nagpur

Name of the patient: Ramesh Inpore

### CT SCAN BRAIN -REPORT

Old lacunar infarcts in both gangliocapular regions.

There is dilatation of the third and both lateral ventricles, increased width of the subarachnoid space and basal cisterns with increased prominence of the interhemispheric and sylvian fissures and widened sulcal spaces.

The fourth ventricle is of normal size and is seen to be in position. Both cerebellar hemispheres do not show any abnormal attenuation. Both cerebellopontine angles are free.

Sella and suprasellar region are normal. The visible parts of both orbits and their contents are normal. Paranasal sinuses appears normal.

Pons and Midbrain show normal anatomy. There is no evidence of any intracranial space occupying lesion. There is no evidence of intra/extracerebral haemorrhage.

Cranial vault and extracranial soft tissues are normal.

#### **IMPRESSION :**

Features of generalized cerebral atrophy.  
Old lacunar infarcts in both gangliocapular regions.

Thank you for the referral  
14 April 2018

Dr M A Biviji

**CRIME DETAILS FORM**  
**क्रिम डिटेल फॉर्म**

Page No. \_\_\_\_\_

1. **Date** \_\_\_\_\_ **Time** \_\_\_\_\_ **Case No.** \_\_\_\_\_

2. **Area and Station** \_\_\_\_\_

3. **The Place of Occurrence shown by** \_\_\_\_\_

**Name** \_\_\_\_\_ **Police Station** \_\_\_\_\_

**Address** \_\_\_\_\_

4. **TYPE OF CRIME (Including I. O. Crime)**  
**क्रिम का प्रकार (सहित म. 0. क्रिम)**

(A) **Weapon Used** \_\_\_\_\_ **Material Used** \_\_\_\_\_

(B) **Method (s)** \_\_\_\_\_  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

(C) **Characteristics** \_\_\_\_\_

(D) **Characteristics** \_\_\_\_\_

(E) **Language / Script used** \_\_\_\_\_

(F) **Special Feature-1** \_\_\_\_\_

**Special Feature-2** \_\_\_\_\_

**Special Feature-3** \_\_\_\_\_

(G) **Type of Place of Occurrence** \_\_\_\_\_

(H) **Type of Property Involved (4 Types)** \_\_\_\_\_

(I) \_\_\_\_\_

(J) \_\_\_\_\_

1. Particulars of the property (to be filled in by the owner or the occupier)  
 1.1. संपत्ति का विवरण (मालिक या किरायेदार द्वारा भरे जाने वाला है)

Sl. No.	Name	Name of the person in possession	Date of birth	Sex	Nationality	Religion	Number of persons		Address	Type of possession	Area
							Male	Female			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
1	सोनी, नरिंदा	सोनी, नरिंदा	02/11/1974	म	भारतीय	हिंदू	02	00	सोनी, नरिंदा, 10/10/10, दिल्ली	आपसी	100

2. Name of Owner: .....  
 2. मालिक का नाम: .....  
 सूरज कुमार

Description of physical evidence from the scene of crime for the property recorded above for the purpose of investigation:  
 दस्तावेजों का विवरण (जहाँ दस्तावेजों का ब्यौता किया गया है) के लिए दस्तावेजों का विवरण

3. Address (Location):  
 3. पता (स्थान):  
 Name: सोनी, नरिंदा  
 Address: सोनी, नरिंदा, 10/10/10, दिल्ली

4. Address (Location):  
 4. पता (स्थान):  
 Name: सूरज कुमार  
 Address: सोनी, नरिंदा, 10/10/10, दिल्ली

5. Details of properties State/Union Territory (Use appropriate prescribed form (A) and attach):  
 5. संपत्ति का विवरण (राज्य/संघ राज्य क्षेत्र) (उपरोक्त प्रत्येक संपत्ति के लिए उपरोक्त फॉर्म (A) का उपयोग करें और जोड़ें):

8 Date and time of call to the place of occurrence. Date: 21/08/16  
 तिथि: 21/08/16

9 Description of the place of occurrence. सुपरी पुलिस थाने के अंदर बाइक पर  
 गाड़ी में भी - सुपरी पुलिस थाने के अंदर बाइक पर अचानक ठहरा और  
बाइक से उतरकर बाइक के अंदर से निकल कर बाइक के पीछे बैठ गया  
बाइक के अंदर से निकल कर बाइक के पीछे बैठ गया और बाइक के  
अंदर से निकल कर बाइक के पीछे बैठ गया  
बाइक के अंदर से निकल कर बाइक के पीछे बैठ गया  
बाइक के अंदर से निकल कर बाइक के पीछे बैठ गया  
बाइक के अंदर से निकल कर बाइक के पीछे बैठ गया  
बाइक के अंदर से निकल कर बाइक के पीछे बैठ गया

10 Sketch/Map of the place of occurrence (When Sketch/Map with speckle accurately if needed. It is not to include in. May be certified and signed by witnesses if required)

सुपरी



Signature of the Investigation Officer with  
 name: सुपरी पुलिस थाने के अंदर  
 तिथि:

Name: सुपरी पुलिस थाने के अंदर  
 तिथि: 21/08/16

Place: सुपरी पुलिस थाने के अंदर  
 तिथि:

अनु. 4-अ, 20-15-10-अ-अ

WATER RESOURCES DIVISION  
UNITED STATES DEPARTMENT OF AGRICULTURE

- 1. Name of Project \_\_\_\_\_
- 2. Location \_\_\_\_\_
- 3. State \_\_\_\_\_
- 4. County \_\_\_\_\_
- 5. District \_\_\_\_\_
- 6. Sub-District \_\_\_\_\_
- 7. Section \_\_\_\_\_
- 8. Township \_\_\_\_\_
- 9. Range \_\_\_\_\_
- 10. Meridian \_\_\_\_\_
- 11. Section No. \_\_\_\_\_
- 12. Acreage \_\_\_\_\_
- 13. Soil Type \_\_\_\_\_
- 14. Elevation \_\_\_\_\_
- 15. Land Use \_\_\_\_\_
- 16. Water Right \_\_\_\_\_
- 17. Right of Way \_\_\_\_\_
- 18. Easement \_\_\_\_\_
- 19. Survey \_\_\_\_\_
- 20. Name of Applicant \_\_\_\_\_
- 21. Address \_\_\_\_\_
- 22. City \_\_\_\_\_
- 23. State \_\_\_\_\_
- 24. Zip \_\_\_\_\_
- 25. Telephone \_\_\_\_\_
- 26. Fax \_\_\_\_\_
- 27. E-mail \_\_\_\_\_
- 28. Date \_\_\_\_\_

10/1/00

UNITED STATES DEPARTMENT OF AGRICULTURE  
WATER RESOURCES DIVISION

**DETAILED ACCIDENT REPORT (DAR)  
ANNEXURE 'A'  
TECHNICAL INSPECTION REPORT**

ISO 9001:2015 Mechanical Report for each vehicle Dt. 04/05/2018

H.P.V. / M.G.V. / L.G.V.		
1	Case FIR No.	23A/18
2	Under Section	IPC 173(3) MVA 24(2)(ii)
3	Police Station	P.S. Kolavara N.G.P.
4	Registration No. of the Vehicle	MH40N5739
5	Make, Model Name, Colour & Type of Vehicle	Force 1.6 Max Sedan
6	In case of H.P.V./M.G.V./L.G.V. (a) Whether Lateral Under Run Protective Device (LURPD) & Side Under Run Protective Device (SURPD) installed (For vehicle weighing 1.5 ton or more) (b) Whether speed governor installed & functional or otherwise?	LURPD and SURPD installed  Speed disconnected
7	In case of commercial vehicles (a) Particulars of fitness (b) Particulars of permit	419 00/10/2018 fitness by TPT to N.S.P. No. 1436/MH40/2016 vto 14/07/2017
8	Point of impact and damage?	Not found
9	Mechanical condition of the vehicle	Good
10	Point Marks (if any) -	-
11	Condition of braking System is working or not?	Working
12	Whether the vehicle fitted with Anti-lock Braking System (ABS)? (a) If yes, whether it is functioning or not? (b) Whether trials regarding skid marks of ABS fitted vehicle have been conducted to estimate the speed of the vehicle?	Not applicable
13	Whether vehicle modified by (a) Installing CONSOLE Kit (b) Change of vehicle body	Not applicable
14	Condition of tyre whether engaged or removed?	original
15	Whether horn was installed and functional?	Installed & Functional
16	Whether the brake lights & other lights functional?	functional
17	Condition of Safety bags in the vehicle	Not applicable



Was the vehicle properly maintained?	Yes
Was the vehicle and faulty number plate?	No
Was the vehicle had tinted glasses?	No
If the vehicle was educational institution bus, whether the vehicle was fitted with the doors that can be shut and whether the vehicle had a suitable equipment to indicate that they are in the duty of an educational institute, as per the guidelines laid down in MC/Matra v Union of India (1998) 1 SCC 179 and MC/Matra v Union of India (1999) 1 SCC 417?	Not applicable
21. Details of damage on the vehicle -	No damages found to V.V.
22. Cause of accident?	Accident occurs not due to any mechanical defect of V.V.

MP 03 N 6739

NARENDR KATHANE  
 17/04/2019  
 Inspector  
 Crime & Traffic  
 BY BID NAGPUR (EAST)

SD/-  
 (Name & Stamp)