Dated - 09/02/2018.

No. - 1

Post-Mortem No.

: STT/144/18

Crime No

:00/2018

Vide Surgeon General pile by AM Maharashtra, Bombay

Police Station

:Mayo Police booth,

Nagpur

Date

: 09/02/2018

Memorandum of a Postmortem Examination held at Department of Forensic Medicine, Indira Gandhi Government Medical College, Nagpur.

On the dead body of

LAKHAN TULSHIRAM

Village Mangasa

KANGALE

City

Taluka-Saoner

District - Nagpur

By

Dr. S. T. Tembhekar

MBBS

HC manohar, B.No. 692, PS Mayo Police booth

1 General Particulars:

1 By whom was the corpse (a) sent?

PS - Mayo Police booth, Nagpur

(b) Name of the place from which sent.

Ward no 31, IGGMCH, Nagpur.

(c) Distance of the place from which sent.

Within campus

2 By whom was the corpse

brought?

PC on duty.

3 By whom identified? 4

(a)

Ou 09/02/2018at 01:20 PM.

The date, hour and minute of its recent

> The date, hour and minute of beginning of post-

On 09/02/2018at 01:25 PM.

mortem examination

examination.

The date, hour and inmute (b) of ending of post mortem

On 09/02/2018at 02:15 PM.

Substance of 5

accompanying typed from

Police Officer of

As per police inquest and requisition the deceased died on 08/02/2018 at 08:40 pm and alleged history of death due to road traffic accident.

Magistrate together with the date of death if known

supposed cause of death

or reason for the

examination

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If not examined at Dispensary or Hospital

Not Applicable.

Name of the place where examined.

Not Applicable.

(b). Distance from the Dispensary or Hospital

Not Applicable.

(c) Reason why the dead body was not sent to the Dispensary or Hospital

Not Applicable.

11 External Examination:

Sex, apparent age, race or caste. Description of cloths and of ornaments on the body

Male, About 35 years

- 1. Body wrapped in white bed sheet
- 2. One red color thread around right hand
- One metallic kada around right hand
- 4. One black color thread around neck
- 5. One adult diaper around vest

Conditions of clothes Whether wet with water stained with blood or soiled with vomit or faecal matter

Intact, stained with blood at places.

Special marks on the skiii such as sears, tattooing. etc., any malformations. peculiarities or other marks of identification State of the teeth If newly-born infants, the length and (if possible). the weight of the body to be recorded together with the state of hair.

nails and umbilical cord. its length, whether placenta is attached or not, if present its size

and condition

Body identified one Feeth intact, 15/16

Not Applicable.

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Condition of the 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.

Well marked all over body.

12. Extent and signs of

decomposition, presence of post-morten lividity of buttocks, loins, back and thighs or any other part. Whether bullac present and the nature of their contained fluid Condition of the cuttele

No signs of decomposition.

Postmortem lividity present over posterior aspects of trunk, upper limbs and lower limbs except over pressure points. Not Fixed.

13. Features Whether natural or swothen, state of eyes, positioned tongue, nature of third (if

any) oozing from mouth. nostrib o care

Features natural.

Eyes closed, cornea - hazy, Imagae inside mouth. No noting from mouth.

14.

Condition of slan Marks of blood of to suspended drawing the presence and the cutis any man noted

Dry and pate

15. Injuries to a second genitals Indication of process No injury to external genitals. o parging



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- 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.
- 17. Surface wounds and injuries
 Their nature, position, dimensions (measured) and directions to be accurately stated-their probable age and cause 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.
 - a) Can you say definitely that the injuries shown against serial nos. 17 and 18 are antemortem injuries?

Limbs - straight.

- Multiple contused abrasion present over nose, upper lip of size 1x 0.5 cm to 2 x 1cm, all red in color
- Contused abrasion present above right eyebrow of size 03cm x 2cm, red color.
- Peri-orbital contusion present over the right eye of size 3cm x 2cm, red in color.
- Contused abrasion present over left check of size 3x 2cm, red color.
- Multiple contused abrasion present over nose, upper lip of size 1x 0.5 cm to 2 x 1cm, all red in color.
- Contused abrasion present over the chin on right side size 4x 3cm, red color.
- Contused faceration present over the dorsal aspect of left elbow of size 12cm x 4cm x skin deep.
- Multiple contused abrasion present on dorsal aspect of right hand over an area of 10 cm x 5cm, of size 2x 1cm to 1 x1cm, all red in color.
- Contused abrasion present over the dorsal aspect of right elbow size 3x 3cm, red color.

NIL

Yes, ante-mortem.

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Intact

Faternal Examination: -

Head: -

(i)Injuries under the scalp, their nature.

Underscalp haematoma present over left temporoparietal region of size 14 x5cm, over occipital region of size 06cm x04 cm, all red in color.

Skull- Vault and basedescribe fractures, their sites, dimensions. directions, etc.

(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.

Meninges: Intact.

- 1. Extradural hacmatoma present over left temporo-parietal lobe of size 100gm.
- 2. Subdural hematoma present over left temporo-parietal lobe of size 150gm, red color.
 - 3. Subdural hematoma present over occipital lobe of size 120gm, red color.
 - 4. Diffuse subarachnoid hemorrhage present over temporo-parietal and occipital lobes, red color.

20. Thorax: -

> Walls, Ribs, Cartiages (a)

intact

- Pleura (b)
- Intact
- Larynx, Traches and (c) Bronchi
- Intact, no foreign body, mucosa congested
- Right Limit (d)

Inta 1, congested.

Left Lung (e)

intact, congested

Pericardum **(1)**

Intact, congested.

Heart and weight (g)

Intact, congested. Contains blood and blood clots.

Large Vessels (h)

Intact. Contains blood and blood clots.

Additional Rentalie (i)

VII

Dr. S. T. TEMBHEKAR

the dead bod course of PIL

21. Abdomen: -

Walls

Intact.

Peritoneum

intact, congested.

Cavity

No free fluid

Bucca!

Teeth. Intact, congested, teeth 16/16.

Tongue, and Pharyna.

Oesophagous

Intact, mucosa congested.

Stomach and Its Contents

Intact, contains about 200 int partially digested food

material, no peculiar smell, mucosa congested.

Small Intestme and lts

Contents

Intact, mucusa congested.

Large Intestine and Its Gases and feees present.

Liver (with weight) and

intact, congested, 1400g

gall bladder

Pancreas and Suprarenals

Imact, congested.

Spicen with weight

Intact, congested. Weight - 120 gm.

Kidneys with weight

Intact, congested

Bladder

Intact, empty, mucosa congested,

Organs of generation

littact, congested.

Additional remarks with where possible, medical Officer's deduction from the state of the contents of the stomach as to time of death and fast meal

State which vincera til any) have been retained for chemical examination also quote the numbers on the bottles containing the same

Viscola not preservit

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A

22. Spine and Spinal Conf.

Intact, not opened.

1'25

23,

a) Whether the ante mortem minries found on the dead body were sufficient in the ordinary course of nature to cause death.

 b) If yes, which of the injuries were individually sufficient in the radinary course of nature to cause death.

c) Which of the injuries collectively were sufficient in the ordinary course of nature to cause death. External Injuries no 1 to 6 mentioned in the column no 17 along with its internal damage mentioned in column no 19.

Opinion as to the cause / probable cause of death

"HEAD INJURY"

Dr. S.T. TEMBHEKAR

MBBS LMJ
Indira Garnita Govt. Medical *
College & Mark Carried hospital
NACHURGO

Dated - 09/02/2018

(Signature)

*The spinal cord need not to a summed only to the common of disease. Strychma poisoning or injury.

Note: - the report must be distinct and supped sumstingly, she the examination. Medical Officer will at once dispatch the duplicate copy or and Suppose of their extraction is soften for examination. Creat care should be taken not to cut the viscera before they not been inspected in the.

DI S T. TEMBHEKAR

India Govern To Manager



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No. MLPM NO STT/1437/17, Dated - 09/02/2018.

1. <u>Dispensary</u> Indira Gandhi Government Medical College, Nagpur Civil Hospital

Forwarded to the Police Sub Inspector PS - Mayo Police Dooth, Nagpur for information with reference to his crime No. 299/2017, U/S =279, 304 CrPC of Dated = 09/02/2018.

1. Viscera has preserved. It may lease be stated immediately whether examination by the Chemical Analyzer is necessary or it is to be destroyed.

Viscera not preserved.

L M J MBBS Indira Gandhi Covt. Medical College & MawikSurgeon; of phi NAGPUR-18

Copy forwarded with complements to creat surgeon

for information.

M. M. S. Officer.

Total number of pages of this post moriera report is FIGHT (8).

Seen and examined by civil surpoint

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