

CIPN/10/2008-5,00,000 Bks./4 Ivs.--PA4\*  
G.R. & D. No. 733/33, dated 16-6-41 and  
G.R., H. and L.G.D., No. 733/33, dated 11-12-47,  
vide Surgeon General with the Govt. of Maharashtra, Bombay's  
Letter No. FRM/1462/19357/1, dated 4-7-62.]

MLPM No. JLB/1772/18  
05/08/2018

C. M. 67 e.

**Memorandum of a post-mortem examination held at** Government Medical College and Hospital, Nagpur **Dispensary Hospital**  
**on the dead body of** Manoj Jivanlal Banode  
**Taluka** Nagpur **District** Nagpur **of Village** ChandanNagar **City**  
**,by** Dr. J.L.Borkar

**I. General Particulars-**

1. (a) By whom was the corpse sent? P.S. Control Room of Nagpur Rural, Nagpur
- (b) Name of place from which sent. Ward No. Trauma casualty, Govt. Medical College, Nagpur.
- (c) Distance of place from which sent. -
2. By whom was the corpse brought? PC Pravin, B. No. 1797, P.S. Control Room of Nagpur Rural, Nagpur
3. By whom identified?
4. The, date, hour and minute of its receipt.
  - (a) The, date, hour and minute of beginning post-mortem examination. 12:20 PM  
12:30 PM  
05/08/2018
  - (b) The, date, hour and minute of ending post-mortem examination. 01:30 PM
5. Substance of accompanying Report from Police Officer or Magistrate, together with the date of death if known. Supposed cause of death or reason, for examination  
As per Police inquest and requisition.  
Date and time of death is 04/08/2018 at 07:30 PM  
H/O - Road Traffic Accident

9. M: 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.

As per police inquest and requisition deceased travelling Autorikshaw dask fourwheeler on 04/08/18. He primarily treated at PHC Patansawangi then at Trauma Casualty GMCH, Nagpur. He died during treatment on 04/08/18 at PM.

## II. External Examination-

7. Sex, apparent age, race or caste.

Male  
Aged about 53 Years, caste-Hindu

Description of clothes and of ornaments on the body.

Body wrapped in Reddish chaddar  
White full shirt, Blue banion, Black underwear, Black thread around neck. White bandage at right ankle joint.

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

Stained with Blood

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

Dead body identified by PC on duty  
Teeth-Intact

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

Date

दिनांक



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

Strongly Built  
Cold

11. *Rigor Mortis* - Well marked,  
slight or absent; whether  
present in the whole body or  
part only.

Present and generalized

12. Extent and signs of decom-  
position, 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 signs of decomposition present. Post mortem lividity present over back and  
buttocks except at pressure point.

13. *Features* - Whether natural  
or swollen, state of eyes,  
position of tongue: nature  
of fluid (if any) oozing from  
mouth, nostrils or ears.

Feature : Natural  
Eyes : Partially Opened  
Cornea : Hazy  
Mouth : Closed  
Tongue : Inside the mouth  
Blood oozing out from the nostrils.

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 injury to external genitals  
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.

Upper limbs flexed , Lower limbs extended

17. Surface wounds and  
injuries - Their nature, posi-  
tion, dimensions (measured)  
and directions to be  
accurately stated - their  
probable age and causes  
to be noted.

- 1 Cut Lacerated wound of size 3.5 cm X 1 cm X bone deep present over glabrous region, midline, vertical underlying, muscles, vessels, soft structures margins irregular;
- 2 Abrasion of size 5 cm x 2 cm present over left side supraclavicular region, vertically oblique, red.
- 3 Contusion of size 4 cm x 2 cm present over left shoulder joint, oblique, red.
- 4 Contusion of size 2 cm x 1 cm present over anterior aspect of right leg below knee joint, oblique, red.
- 5 Contusion of size 3 cm x 1 cm present over anterior aspect of right leg below 1/3rd region, transversely oblique, red.
- 6 Abrasion of size 2 cm x 1 cm present over left knee joint, transversely oblique, red.
- 7 Contused abrasion of size 3 cm x 1 cm present over medial aspect of right foot anterior to injury no. 6, transversely oblique, reddish.
- 7 Graze abrasion of size 7 cm x 3 cm present over medial aspect of right foot towards ankle joint, transversely oblique, reddish.
- 9 Abrasion of size 5 cm x 3 cm present over left scapular region, transversely oblique, red.

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.

None

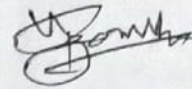
(a) Can you say definitely  
that the injuries shown  
against serial Nos. 17  
and 18 are ante mortem  
injuries?

Yes, Antemortem



Intact. Haematoma present over right side of 1st and 2nd ribs and left side of 6th and 7th ribs intercostal space about 20 cc blood and blood clots present, reddish in colour. Undisplaced fracture of 1st and 2nd ribs on right side at midclavicular region and undisplaced fracture of left side of ribs of 6th and 7th ribs.

!



# Internal Examination-

## 19. Head-

(i) Injuries under the scalp, their nature.

Underscalp haematoma present over midfrontal region of size 4 cm x 2 cm, reddish colour.

(ii) Skull- Vault and base- describe the fractures, their sites, dimensions, directions, etc.

Vault and base of skull intact

(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 Subarchanoid Haemorrhage present over right and left side of cerebral hemispheres, about 40 cc, blood and blood clots present, reddish in colour. Brain-Congested and Oedematous.

## 20. Thorax-

(a) Walls, ribs, cartilages

Refer added pages to JLB/1772/18, dated 05/08/2018 for column no. 20(a).

(b) Pleura

Intact. Right pleural cavity contain 100 cc blood and clots.

(c) Larynx, Trachea and Bronchi.

Mucosa-Congested

(d) Right Lung

Intact, congested

(e) Left Lung

Intact, congested

(f) Pericardium

Intact

(g) Heart with weight

Intact. Coronaries and valve patent. Blood and blood clots present.

(h) Large vessels

Intact. Blood and blood clots present.

(i) Additional remarks.

Nil

## 21. Abdomen-

Walls	Intact.
Peritoneum	Intact.
Cavity	500 cc of blood & blood clots present in cavity.
Buccal Cavity, teeth, tongue and Pharynx.	Mucosa - Congested.
Oesophagus	Mucosa - Congested
Stomach and its contents	600 cc blackish semidigested fluid, No peculiar odour., mucosa-congested
Small intestine and its contents.	Gases and faeces present. Haematoma of size 6 cm x 4 cm present in mesentery.
Large intestine and its contents.	
Liver (with weight) and gall bladder.	Congested
Pancreas and Suprarenals	Congested
Spleen with weight	Congested
Kidneys with weight	Congested
Bladder	Empty. Haematoma of size 6 cm x 3 cm present on bladder reddish in colour. Fracture of acetabulum and pubic rami present.
Organs of generations	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 last meal.

Nil

State which viscera (if any) have been retained for chemical examination and also quote the numbers on the bottles containing the same.

Routine viscera not preserved.



Head and Spinal Cord.

Intact. Not opened.

Whether the ante-mortem injuries found on the dead body were sufficient in the ordinary course of nature to cause death.

Yes

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

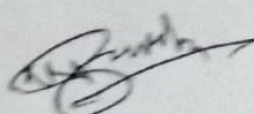
(c) Which of the injuries collectively are sufficient in the ordinary course of nature to cause death.

Opinion as to the cause probable cause of death.

Injury to vital organs

Internal injury *(faint text)*

05/08/2018  
Dated



Dr. J.L. Borkar  
LECTURER  
Dept. Of Forensic Medicine  
Govt. Medical College, NAGP

\*The Spinal Cord need not be examined unless there are any indications of disease, Strychnine 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.



No. JLB/1772/18  
05/08/2018

Place Dispensary  
Civil Hospital

Government Medical College and Hospital, Nagpur

Forwarded to the Police Sub-Inspector

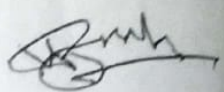
Control Room of Nagpur Rural, Nagpur PS

for information with reference to his No.

00/18

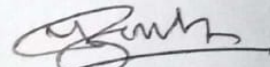
2. Viscera has been preserved. It may please be stated *immediately* whether examination by the Chemical Analyser is necessary or it is to be destroyed.

Routine viscera not preserved.

Dr.  J.L. Borkar

**LECTURER**  
Deptt. Of Forensic Medicine  
Govt. Medical College, NAGPUR  
Civil Surgeon or M.M.S. Officer

Copy forwarded with compliments to the Civil Surgeon, for information.

  
M.M.S. Officer

Seen and examined by the Civil Surgeon, on

**LECTURER**  
Deptt. Of Forensic Medicine  
Govt. Medical College, NAGPUR

Remarks of the Civil Surgeon,

NIL.  
Submitted to concerned clerk, LMJ office.

Civil Surgeon