

DSA/2213/18 MLPM No. 02/10/2018

ks./4 lvs.-PA4 6-41 and dated 11-12-47, Govt. of Maharashtra, Bombay's

11, dated 4-7-62.] Government Medical College and Hospital, Nagpur

Dispensary Hospital

orandum of a post-mortem examination held at

of Village

Mangasa

the dead body of Gulabrao Birbal Tagde

City

,by Dr. Dr D.S.Akarte

viuka Savner

,District Nagpur

I. General Particulars-

(a) By whom was the corpse sent?

P.S. Dhantoli

(b) Name of place from which sent.

Suretech hospital Nagpur and brought death in Gmc Nagpur

- (c) Distance of place from which sent.
- 2. By whom was the corpse brought?

- PC Gopal , B. No. 13161, P.S. Dhantoli

- 3. By whom identified?
- 4. The, date, hour and minute of its receipt.
  - (a) The, date, hour and minute of beginning post-mortem examination.
  - (b) The, date, hour and minute of ending post-mortem examination.
- 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

12:45 PM 02/10/2018 12:50 PM 01:45 PM

As per Police inquest and requisition. Date and time of death is 02/10/2018 at 02:02 AM H/O - h/O Road Traffic Accident On dated 01/10/18  If not examined at Dispensary or Hospital -

(a) Name of place where examined.

(b) Distance from Dispensary or HospitalNot applicable.

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

## II. External Examination-

7. Sex, apparent age, race or caste.

Male Aged about 81 Years

Description of clothes and of ornaments on the body.

White blood stain theraputic bandage over head ,White therpuetic bandage forearm,yellow blue chadar,White hospital shirt.

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

As per mentioned in column no 8

 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

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

Jody shed, thin John or cold.

Average Built Cold

Mortis - Well marked, whether or absent; whether body or sent in the whole body or only.

Present and generalized

Extent and signs of decomposition, presence postmortem 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 : Closed
Cornea : Hazy
Mouth : Closed

Tongue: Inside the mouth

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 injuries - Their nature, position,dimensions(measured) and directions to be accurately stated-their probable age and causes to be noted.
- Stich wound present right frontoparietal region 6 cm in length with 8 to Stich wound starting from right temporal region passing through earlow

right cheek 9 cm in length with 3500.000 Contusion present over both eye of size 4x3 cm and 4x3 cm respectively Abrasion present over left cheek 6x5 cm reddish in colour. 4

- Abrasion present over anterior aspect of right shoulder 3x3cm reddish in ce
- Abrasion present over tip of left shoulder 6x3 cm reddish in colour.
- Abrasion present over flexor aspect upper one third of right forearm 6x8 or
- Abrasion present over right side of abdomen on illiac region 6x3 cm redd
- Lacerated woubnd present over dorsal aspect of right hand 3x3 cm reddish

If bruises be present what is the condition of 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).

10 Abrasion present over left knee 6x5 cm reddish in colour.

18. Other injuries discovered by external examination 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

## mal Examination-

under the scalp, ir nature.

will- Vault and baseescribe the fractures, heir sites, dimenhons, directions, etc.

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).

Underscalp haematoma present over right frontoparietal region 8x7 cm. Underscalp haematoma present over left temporal region 5x4 cm. Subdural haematoama present over left temporoparietal region 80 cg. Subarachnoid haemorrage present all over brain. Blood and blood clots present at the base of brain.

Thorax-

a) Walls, ribs, cartilages

(b) Pleura

(c) Larynx, Trachea and Bronchi.

(d) Right Lung

(e) Left Lung

(f) Pericardium

(g) Heart with weight

(h) Large vessels

(i) Additional remarks.

Fracture of 2,3,4,5 ribs of left side of chest with extravasation of blood in surrounding tissue.

torn.left plural cavity contain 200 cc blood .

Mucosa-Congested Thyroid Cartilage-Intact, Hyoid Bone-Intact,

Two Lacerated wound present over left lungs of size 3x2xparenchyma deep and 2x2 xlung parenchymal deep respectively.

Intact

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

Intact. Blood and blood clots present.

Nil

## 21. Abdomen-

Walls

Intact

Peritoneum

Intact

Cavity

No free fluid.

Buccal Cavity, teeth, tongue and Pharynx. Mucosa - Congested.

Intact.

Oesophagus

Intact, Mucosa - Congested.

Stomach and its contents

Contain 30 cc brownish colour fluid with no peculiar smell mucosa congeta

Small intestine and its

contents.

Gases and faeces present

Large intestine and its

contents.

Gases and faeces present

Liver (with weight) and gall

bladder.

Congested

Pancreas and Suprarenals

Congested

Spleen with weight

Congested

Kidneys with weight

Congested

Bladder

same.

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.

Nil

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

Routine viscera not preserved.

spinal Cord-

Intact.

No injury to spine or paraspinal muscle.

the ante-mortem injuries the the dead body were on the ordinary course to cause death.

which of the injuries were sufficient sufficient way course of nature to cause

of the injuries collectively are scient in the ordinary course of have to cause death.

N. Sept.

ongetsed as to the cause

Injuries mentioned under column no. 17 along with its corresponding internal injury mentioned under column no. 19 and 20

HEAD INJURY WITH BLUNT TRAUMA CHEST.

Dr D.S.Akarte Dr.

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recommend) Deptt. Of Forensic MedicIne Govt Medical College, NAGPUR

02/10/2018 Dated

'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. DSA/2213/18 02/10/2018

Place Dispensary Civil Hospital

Government Medical College and Hospital, Nagpur

Forwarded to the Police Sub-Inspector

Dhantoli 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.

Bottom

Dr. Dr D.S.Akarte
LECTURER

Deptt. Of Forensic Medicine
Gevt.Medical College, NAGPUB
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

Remarks of the Civil Surgeon,

NIL

Submitted to concerned clerk, LMJ office.

Civil Surgeon