## III. Internal Examination-

## 19. Head-

 Injuries under the scalp, their nature. Underscalp haematoma present over bilateral parieto-temporo-occipital region about 70 cc, blood and blood clots present.

- (ii) Skull- Vault and basedescribe the fractures, their sites, dimensions, directions, etc.
- 1) Fractured bone of base of skull involving middle cranial fossa of length 12
- (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).

Refer added pages to AK/2130/18, dated 22/09/2018 for column no. 19(iii) B

20. Thorax-

nd

01

tip

m

X (

riet

(a) Walls, ribs, cartilages

Intact.

(b) Pleura

Intact. No free fluid.

(c) Larynx, Trachea and Bronchi.

Intact, Mucosa-Congested

(d) Right Lung

Intact, congested and oedematous

(e) Left Lung

Intact, congested and oedematous

(f) Pericardium

Intact

(g) Heart with weight

Intact. Blood and blood clots present.

(h) Large vessels

Intact. Blood and blood clots present.

(i) Additional remarks.

Nil

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

80 cc dark brownish fluid, No peculiar odour, mucosa-congested.

Small intestine and its contents.

Gases and faeces present

Large intestine and its

contents.

Gases and faeces present

Liver (with weight) and gall

bladder.

Intact, Congested

Pancreas and Suprarenals

Intact

Spleen with weight

Intact, Congested

Kidneys with weight

Intact, Congested

Bladder

Intact, empty

Organs of generations

Intact.

remarks with Additional 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.

Intact. Not opened.

23.(a) 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.

Internal injury mentioned under column no. 19.

(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.

Head Injury

22/09/2018 Dated Dr. Arvind Kumar
Resident Doctor
Dept. of Forensic Medisignature)
GMC, Nagpur

\*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. AK/2130/18 22/09/2018

Place Dispensary Civil Hospital

Government Medical College and Hospital, Nagpur

Forwarded to the Police Sub-Inspector

Dhantoli, Nagpur PS

for information with reference to his No.

Marg no. 00/18 u/s 174 CrPC

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. Arvind Kumar

Resident Doctor

Dept. of Forensic Medicine

GMC, 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

Remarks of the Civil Surgeon,

NIL.

Submitted to concerned clerk, LMJ office.

Civil Surgeon

on market

Added pages to AK/2130/18, dated : 22/09/2018

PM No. : AK/2130/18 Dated : 22/09/2018

Column No. 19(iii) Brain

Meninges - Intact Extradural haematoma present over right fronto-parieto-temporal region, about 30 cc, blood and blood clots present, reddish in colour. Subdural haematoma present over bilateral parieto-temporo-occipital region and base of brain, about 60 cc, blood and blood clots present, reddish in colour. Subarchanoid haemorrhage present as a thin film of blood over both the hemispheres, diffused, reddish in colour. Brain-Intact, Congested and Oedematous.

Aguina Cumar

Resident Doctor

Dept. of Forensic Medicine

GMC, Nagpur.