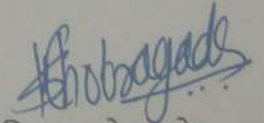


## फॉर्म कॉम्प ए ए

(नियम २५३ (सी) २५४ (५) (iii) (८) २५५ (७) (iv)

मोटर वाहन अपघात बाबतचा अहवाल

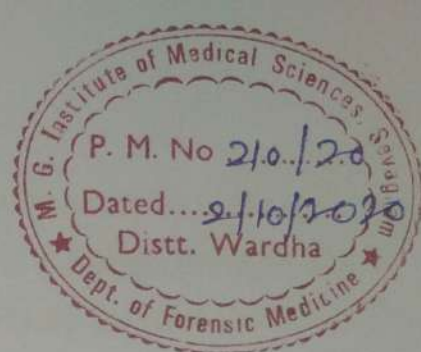
१. पोलीस स्टेशन चे नाव- पो. स्टे. उमरेड.
  २. अप क्र. व कलम- 698/2020. कलम 279, 338, 304(अ), भादवी. सहकलम 184, 134(अ)(ब) मो. वा. का.
  ३. अपराधाची ता. वेळ- 23/01/2020. चे 12/30. वा. दर
  ४. जखमी/मृतकचे नाव- मृतक हेमंतकुमार सुखदेव चालवनकर वय 32 वर्षे रा. हटवार लेआऊट परसोडी उमरेड.
  ५. त्याला /तिला ज्या दवाखान्यात नेण्यात आले त्या दवाखान्याचे नाव. - कस्तुरबा रुग्णालय सेवाग्राम जि. वर्धा
  ६. वाहणाचा क्र. व प्रकार- एम. एच. 40 - बी. डी. 8153. होंडा / सी. बी. हार्नेट 160 आर.
  ७. वाहन चालकाचे नाव पत्ता वाहणाचा तपशिल/ परवाना- देणा- या कार्या. नाव. रुपेश भिमराव मेश्राम 21 वर्षे रा. खुर्सापार त. शीरपुर त. उमरेड. जि. नागपुर. एम. एच. 40 - बी. डी. 8153. होंडा / सी. बी. हार्नेट 160 आर, आर. टी. ओ. ना. ग्रा.
  ८. अपघात झालेल्या तारखेस असलेल्या- वाहण मालकाचे नाव व पत्ता- अविनाश भिमराव मेश्राम 24 वर्षे रा. खुर्सापार त. शीरपुर त. उमरेड. जि. नागपुर
  ९. अपघात झालेल्या तारखेस वाहणाचा ज्या कंपनीचा- विमा असेल त्या कंपनीचे नाव व पत्ता- विमा नाही.
  १०. विमा पॉलीसी क्र. / विमा प्रमाणपत्र क्र. लवर नोट क्र. - विमा पॉलीसी ची वैधता व मुदत. - नाही
  ११. सरकारी वाहणाचे बाबतीत बिल्याचा क्र. - आणि विमा व पत्ता. -- नाही
  १२. केलेली कार्यवाही- सदर गुन्हात घटनास्थळ पंचनामा. ईन्कव्हेस्ट पंचनामा, पी. एम रिपोर्ट प्राप्त केले व आ. टी. ओ. तांत्रिक निरीक्षण अहवाल प्राप्त करुन पुढे तपास सुरु आहे.
- दि.



(शितल खोब्रागडे)

स. पो. नी. पो. स्टे. उमरेड

GR., G.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/I, dated 4-7-62



MLPM No/Date : 210/20

Memorandum of a postmortem examination held at: } Forensic Medicine Department, Mahatma Gandhi  
Institute of Medical Sciences, Sevagram- Wardha

Name of the deceased: Hemantkumar sukhadev chalwankar, 32 years/MALE

Village/City: umred

PS:- umred

Taluka/District:- nagpur

Conducted By: (Name of Dr) 1. Dr Pravin zopate (associate professor)

### I: General Particulars

1. (a) By whom was the corpse sent? - Police Station Sewagram  
(b) Name of place from which sent - KHS Hospital Sewagram  
(c) Distance of place from which sent - Hospital Campus, Sewagram
2. By whom was the corpse brought? - ASI dhumne B No 782,  
Police Station Sewagram
3. By whom identified? Brother, ashish chalwankar, 27 Male
4. The date, hour and minute of its receipt:- - 2/10/2020 at 13:15 PM.  
a) The date, hour & minute of } - 2/10/2020 at 13:30 PM  
beginning post-mortem examination }  
b) The date, hour & minute of ending } - 2/10/2020 at 14:30 PM  
postmortem 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:  
As per police inquest and history given brother, deceased was going by own motorcycle from umred to makardhokla, he was hit from opposite side unknown vehicle, he was brought first to umred general hospital from where referred to & admitted to private hospital Nagpur for 4 days, due to financial issue he was latter admitted to KHS, sevagram on 29/9/20 & died during treatment on 2/10/20 at 12.27 AM.
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 } Not applicable

### II: External Examination:

7. Sex, apparent age, race or caste: Male/32YRS

Description of clothes & ornaments on the body:

Clothes: Wearing blue lungi, pink full colour shirt.

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

- Clothes are dry, not stained.

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

Identified body.

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.

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

- Averagely built, averagely nourished cold body.

11. Rigor mortis: Well-marked, slight or absent; } Well marked allover body.  
whether present in the whole body or part only. }

12. Extent and signs of decomposition, presence of 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 cuicle:

- No signs of decomposition appreciated externally.
- Postmortem Lividity: Not appreciated.

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

- Both eyes closed, pupils dilated fixed.
- Mouth closed, tongue inside the oral cavity.

14. Condition of skin- Marks of blood, etc. in suspected drowning the presence or absence of cutes anserina to be noted:

- Nails- Pale. No foreign body under the nails appreciated. Nails. No loosening of nails.

15. Injuries to external genitals. Indication } No injuries to genitalia seen.  
of purging: } No Purging present.



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:

Body in supine position. Lower limbs straight. Upper limbs are straight and by the side of the body.

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 bruise 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):

Following injuries are present on the body:

**Eyes-**

1. A 11 stiched wound over right eye brows.

18. Other injuries discovered by external examination or palpation as fractures etc.

Displaced fracture of skull is appreciated .

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

Yes, all antemortem injuries.

### III: Internal Examination:-

19. Head:

a. Injuries under the scalp, their nature: On opening the scalp subgaleal hemorrhage present involving occipital, left tempero- parietal region.

b. Skull- Vault and base: Describe fractures, their sites, dimensions, directions etc.:

Vault opened. A linear undisplaced fracture of length 20 cm starting from left temporal area to left temporal region .Linear undisplaced fracture is appreciated at left occipital bone extending to left parietal bone.

c. 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:

On removing the cranial bone, duramator and falx cerebri intact. Meninges are intact and tense. On stripping of dura epidural, subdural and subarachnoid hemorrhage present

throughout the globe especially over parietal temporal & occipital region of left side. Intraventricular hemorrhage present. Brain is diffusely edematous. On cut section brain matter edematous and pale. Weight of brain 1360gms.

## 20. Thorax:

- a. *Walls, ribs, cartilages:* Intact
- b. *Pleura:* Intact, no injuries.
- c. *Larynx, Trachea and Bronchi:* Airways patent. No injuries present.
- d. *Right Lung:* Both lungs are mild edematous. The cut surfaces of the lungs are red-pink and have edema. The lung parenchyma is of the usual consistency and shows no evidence of neoplasm, consolidation, thromboemboli, fibrosis or calcification. Weight- Right Lung-419gms Left Lung-415 gms.
- e. *Left Lung:*
- f. *Pericardium:* Intact. Cavity contains approximately 10 ml pericardial fluid. No abnormal adhesions or patches.
- g. *Heart with weight:* The epicardial surface has a normal amount of glistening, with minimal pericardial fat deposition. The coronary arteries are free of atherosclerosis. The cut surfaces of the myocardium show no evidence of hemorrhage, necrosis and shows no valvular pathology. The Heart weighs 220 gms .The pulmonary trunk and arteries are opened in situ and there is no evidence of thromboemboli.
- h. *Large vessels:* Intact, patent
- i. *Additional remark:* Nil

## 21. Abdomen: Distended with gases.

- *Walls:* Intact externally
- *Peritoneum:* Intact unremarkable.
- *Cavity:* All organs in situ. No abnormal fluid collection.
- *Buccal cavity, teeth, tongue and pharynx:* No foreign body in buccal cavity. Teeth intact.
- *Esophagus:* Contains blood tinged mucus secretions, unremarkable.
- *Stomach and its contents:* contains 150 ml approx yellowish colour fluid with no peculiar smell appreciated. The gastric mucosa pale on cut section & shows no ulceration. No food particles identified.
- *Small intestine and its contents:* Distended with gases, with minimal faecal matter present
- *Large intestine and its contents:* Distended with gases and minimal faecal matter.
- *Liver (with weight) and gall bladder:*  
Hepatic capsule is intact. On cut section hepatic tissue is pale. There are no focal lesions  
Gall bladder is partially full with dark green bile. There are no stones. The large bile ducts



are patent and non-dilated. Liver weight = 1300 gm


- *Pancreas and Suprarenal's:* The pancreas shows no neoplasia, calcification or hemorrhage. Both pale on cut section.
- *Spleen with weight:* On cut section splenic tissue is pale. Spleen = 130 gm.
- *Kidney with weight:* Both the renal capsules are intact. The cut surfaces reveal a well-defined corticomedullary junction. There are no structural abnormalities of the medullae, calyces or pelvis. The ureters are slender and patent. On cut section renal tissue is pale. Right kidney = 140 gm Left kidney = 130 gm.
- *Bladder:* Intact, empty. Mucosa is unremarkable.
- *Organs of generation:* normal
- *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:*

Blood have been preserved.

22. *\*Spine and Spinal Cord:* Neck region examined during neck dissection. No dislocation and fracture appreciated. Rest not opened.

#### **OPINION AS TO THE CAUSE/PROBABLE CAUSE OF DEATH:**

"cardiorespiratory arrest with diffuse cerebral oedema & subdural, subarachnoid haemorrhage in a case of traumatic Head injury (Unnatural)

  
**Dr Pravin zopate**

**Dr. Pravin R. Zopate**  
M.D.B.S; M.D.

Asst. Professor, Dept. of Forensic  
Medicine, G.L.M.S. Sangli

Dated: 2/10/2020

Report contains total 06 (six) pages

\*The Spinal Cord need not be examined unless there are any indications of disease, strychnine poisoning or injury.

Note:

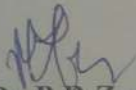
- The report must be written and signed immediately after the examination. Medical Officers will at once dispatch a duplicate copy to the Civil Surgeon of their district for record in his office.
- Great care should be taken not to cut the viscera before they have been inspected in situ.

PM No: 210/20

Dated: 2/10/2020

1. Place: *Forensic Medicine Department*, Mahatma Gandhi Institute of Medical Sciences, Sevagram- Wardha.
2. For information with reference to his No (MRG No) 00/20 of 2/10/2020.
3. *Viscera has been preserved. It may be stated immediately whether examination by the Chemical Analyser is necessary or it is to be destroyed.*  
Blood have been preserved for chemical analysis.

Signatures of Dr.

  
Dr. P. R. Zopate  
Associate Professor  
M.B.B.S; M.D.  
Professor, Dept. of Forensic  
Medicine, M.G.I.M.S; Sevagram

Civil Surgeon or M.M.S. Officer

Copy forwarded with compliment to civil surgeon

For Information

M.M.S officer

Seen and examine by civil surgeon 199

Remark of civil surgeon (F any)

Civil surgeon