



Memorandum of a post-mortem examination held at

on the dead body of Ishwar Raju Kadak

Taluka Nagpur

, District Nagpur

Government Medical College and Hospital, Nagpur

Dispensary Hospital

of Village City

Salai

, by Dr. Arvind Kumar

पोलीस स्टेशन नं  
आ / जा/क क्र 603/19  
दिनांक 29.3.19  
MLPMA No. AK/79/19  
08/01/2019  
C M 67 a

### I. General Particulars-

1. (a) By whom was the corpse sent? P.S. Medical Police Booth, Nagpur
- (b) Name of place from which sent. Trauma casualty, Govt. Medical College, Nagpur.
- (c) Distance of place from which sent. -
2. By whom was the corpse brought? NPC Pravin, B. No. 1797, P.S. Medical Police Booth, Nagpur
3. By whom identified?

4. The, date, hour and minute of its receipt.
  - 11:20 AM
  - 11:25 AM
  - 12:25 PM
- (a) The, date, hour and minute of beginning post-mortem examination. 08/01/2019
- (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  
As per Police inquest and requisition.  
Date and time of death is 07/01/2019 at 11:15 PM  
H/O - Road Traffic Accident on 07/01/19 at around 07:30 pm. Primary t/t at PHC Saone and then referred to GMCH Nagpur and admitted to Trauma casualty. Patient died under t/t on 07/01/19 at 11:15 pm.

ASI शेख/639  
[Signature]

3. 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.

→ Patient was admitted in Trauma casualty, Govt. Medical College, Nagpur on 07/01/19 and died on 07/01/19 at 11:15 pm.

## II. External Examination-

7. Sex, apparent age, race or caste.

Male  
Aged about 24 Years

Description of clothes and of ornaments on the body.

Body wrapped in Green bedsheet  
- Yellow-white full shirt - Red vest - Black pant - Black belt with silver buckle around pant - Brown underwear - Red thread around waist - Copper coloured kada around right wrist - Green-yellow band around right wrist.

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

Dried blood and mud stains present over the clothes at places.

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 NPC on duty  
Teeth-Intact.  
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

Condition of 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.

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 and fixed.

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, bilateral black eye present.  
Cornea : Hazy  
Mouth : Closed  
Tongue : Inside the mouth  
Reddish fluid oozing from the mouth, nostrils and ears.

14. *Condition of skin* - Marks  
of blood etc. In suspected  
drowning the presence or  
absence of cutis anserina  
to be noted.

Blood stains present over face, neck, upper chest and both palms.

15. Injuries to external genitals.  
Indication of purging

No injury to external genitals  
No purging

Both upper and lower limbs extended

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, posi-  
tion, dimensions (measured)  
and directions to be  
accurately stated - their  
probable age and causes  
to be noted.

- 1 Surgical intervention seen as wound of tracheostomy present over anterior aspect of neck.
- 2 Multiple abrasions of size ranging from 4 cm x 1 cm to 1 cm x 0.5 cm present over left upper chest region, transversely oblique, reddish scab.

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

## Internal Examination-

## 19. Head-

- (i) Injuries under the scalp, their nature,
- (ii) Skull- Vault and base- describe the 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 ( weight M. 3 grams F. 2.75 grams).

Underscalp haematoma present all over the skull vault , reddish colour.

- 1) Depressed comminuted fracture present over bilateral fronto-parietal region, in midline of size 6 cm x 4 cm.,
- 2) Linear fracture present over left parietal region, vertically oblique of length 8 cm.,
- 3) Linear fracture present over left parietal region, transverse, of length 6 cm.

Refer added pages to AK/70/19 , dated 08/01/2019 for column no. 19(iii) Brain.

## 20. Thorax-

- |                                  |   |
|----------------------------------|---|
| (a) Walls, ribs, cartilages      | Intact.   |
| (b) Pleura                       | Intact. No free fluid.  |
| (c) Larynx, Trachea and Bronchi. | Intact, 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	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-pale .
Small intestine and its contents.	Intact.
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.
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. No injury.

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

No

(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.

Internal injury mentioned under column no. 19.

Opinion as to the cause  
probable cause of death.

Head Injury.

08/01/2019

Dated

*Dr. Arvind Kumar*  
21/1/19  
Dr. Arvind Kumar  
Resident Doctor  
(Signature)  
Dept. of Forensic Medicine  
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/70/19  
08/01/2019

Place Dispensary  
Civil Hospital

Government Medical College and Hospital, Nagpur

Forwarded to the Police Sub-Inspector

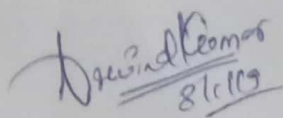
Medical Police Booth, Nagpur PS

for information with reference to his No.

Marg no. 00/19 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



Column No. 19(a) Brain

Meninges - torn in left frontal region of size 3 cm x 2 cm. Extradural haematoma present over Frontal region, about 30 cc, blood and blood clots present, reddish in colour. Subdural haematoma present over Frontal region, about 30 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-Congested and Oedematous. Multiple haemorrhagic contusions present over frontal and bilateral parietal region, of size ranging from 2 cm x 1 cm to 1 cm x 0.5 cm, on cut section blood infiltration in brain matter.

*Dr. Anil Kumar*  
21/1/19

Resident Doctor  
Dept. of Forensic Medicine  
GMC, Nagpur