27) 9-2008-5,00,000 Bls 4 lvs.-PA4 6 D. No 733/33, dated 16-6-41 and

H and L.G.D., No. 733/33, dated 11-12-47 ge Surgeon General with the Govt. of Maharashtra, Bombay's erter No. FRM 1462/19357/1, dated 4-7-62.)

MLPM No.

YBG/300/17 12/02/2017

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 Shreeram Bapurao Jatgade

of Village City

Kondhali

Taluka Kondhali

,District Nagpur

,by Dr. Y B Gawande

General Particulars-

- (a) By whom was the corpse sent?
- P.S. Kondhali, Nagpur

4:30 PM

(b) Name of place from which sent.

Casualty, Govt. Medical College, Nagpur

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

PC Sunil Wani , B. No. 1984, P.S. Kondhali, Nagpur

- By whom identified?
- 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

4:35 PM 5:35 PM

As per Police inquest and requisition. Date and time of death is 12/02/2017 at 11:15 AM H/O - Road Traffic Accident on 12/2/17 at 11.15 am

5 If not examined at Dispensery or Hospital .

- (a) Name of place where axamined.
- (b) Distance from Dispensary or Hospital-

Body brought dead to casualty,Govt. Medical College,Nagpur.

- (c) Reason why the body was not sent to the Dispensary or Hospital.
 - II. External Examination-
- Sex, apparent age, race or caste.

Male Aged about 52 Years, caste-Hindu

Description of clothes and of ornaments on the body.

Red Banayan , Blue Shirt , Blue Underwear , Brown Pant .

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

Dry

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 umblical cord, its length, whether placents is attached or not, if present, its size and condition.

Not Applicable

3

 C.Sadition 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. Partially present over face and upper limbs.

12 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. Gondition of the cuticle.

No signs of decomposition present. Post mortem lividity present over back and buttocks except at pressure point.

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

Feature : Crushed
Eyes : Crushed
Cornea : Crushed
Mouth : Crushed
Tongue : Crushed

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

No injury to external genitals No purging

15. Injuries to external genitals. Indication of purging

Both limbs extended

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

Crush injury of size 14 cm X 10 cm X cranial cavity deep present over Head, extend from right to left ear underlying Skull Vault bone, muscles, vessels, extend from right to left ear underlying skull valles. Crush injury of size 14 cm X 10 cm X cranial cavity deep present over sels, wessels, skull Vault bone, muscles, wessels, skull Vault bone, muscles vessels, skull vessels, crushed

Lacerated wound of size 15 cm X 10 cm X muscle deep present over left thigh anterio medial aspect underlying margins irredular:

Lacerated Lacerated Lacerated wound of size 15 cm X 10 cm X muscle deep present over left thigh

anterio medial aspect underlying margins irregular:

3 Lacerated wound of size 15 cm X 12 cm X muscle deep present over right thigh antero medial aspect underlying margins irregular: antero medial aspect , underlying margins irregular;
Avulsion lacerated wound of size 50 cm X 10 cm X muscle deep present over right leg and right foot . margins blood infiltrated

right leg and right foot , margins blood infiltrated .

If bruises be present what is 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 palpation as fractures etc.

Refer to column no. 17

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

Yes, Antemortem

III. Internal Examination-

19. Head-

injuries under the scalp, their nature.

- Skull- Vault and basedescribe the fractures. their sites, dimensions, directions, etc.
- (iii) Brain The appearance of its coverings, size, weight and general condition of the organ any and. itself abnormality found in its examination to carefully noted (weight M. 3 grams F. 2.75 grams).

Scalp tissue crushed with underscalp contusion present over occipital region 7 cm x4 cm

1) Communitted fracture of skull vault 12x8 cm

Dura torn lacerated wound present over frontal and both temporal lobe

20. Thorax-

(a) Walls, ribs, cartilages

Pleura

- Larynx, Trachea and Bronchi.
- Right Lung
- Left Lung
- (f) Pericardium

(g) Heart with weight

(h) Large vessels

(i) Additional remarks.

all ribs of both side fractured

pleura torn 500 cc of blood and blood clots present in both side of pleural cavity.

Mucosa-Pale

lacerated wound present over both lungs

torn 150 ml blood and blood clot present.

lacerated wound present over heart, anterior

Intact.

Nil

21. Abdomen-

contusion present over abdominal wall

Walls

Peritoneum

Cavity

1 liter blood present .

Buccal Cavity, teeth, longue and Pharynx. Mucosa - Pale.

Cesophagus

Intact

Stomach and its contents

Empty, no peculiar odour, mucosa-pale

Small intestine and its contents.

empty

Large intestine and its

contents.

gases and faeces

Liver (with weight) and gall

bladder.

lacerated wound present over liver

Pancreas and Suprarenals

Intact

Spleen with weight

lacerated wound present over spleen

Kidneys with weight

lacerated wound present over both kidney

Bladder

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.

NII

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.

Yes

22. *Sisine and Spinal Cord-

Complete transaction of spine and spinal cord atC5 level.

- 23.(a) Whether the ante-mortem injuries found on the dead body were sufficient in the ordinary course of nature to cause death.
 - (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 no. 1 mentioned under column no. 17 along with its corresponding internal injury mentioned under column no. 19,20,21,22

Shock and haemorrhage due to injury sustained

12/02/2017 Dated Resident Doctor Medicine (Signature)

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.

YBG/300/17 12/02/2017

Dispensary Place Civil Hospital Government Medical College and Hospital, Nagpur

Kondhali, Nagpur PS

31/17 u/s 174 CrPC

Forwarded to the Police Sub-Inspector

for information with reference to his No.

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.

B Gawande

Civil Surgeon or M.M.S. Officer Resident Dept. of Forensic Medicine GMC, Nagpur.

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

M.M.S. Officer

Remarks of the Civil Surgeon,

NIL.

Submitted to concerned clerk, LMJ office.

Seen and examined by the Civil Surgeon, on