

CJPN O.S. 15/2018 dated 16-5-18 vs -PAT*
 G.R. G.D. 15/2018 dated 16-5-18 and
 G.R. H.D. L.G. 15/2018 dated 11-12-17
 vide N.K. Gen. with the Govt. of Maharashtra, Bombay's
 L. No. FRM/15/19357 dated 4-7-62]

परीक्षक/परीक्षक का. 8.06/191
 दिनांक 3/6/18

VPB/1087/2018
 16/05/2018

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Memorandum of post-mortem examination held at Government Medical College and Hospital Nagpur Dispensary Hospital
 on the dead body of MANGESH NANAJI SHRIRAME of Village MEDHUPUR
 Taluka CHIMUR District CHANDRAPUR by Dr. V P Bhatnagar, Assist Prof.

I. General Particulars-

1. (a) By whom was the corpse sent? P S. Control Room of Nagpur Rural, Nagpur
 (b) Name of place from which sent. Casualty, Govt. Medical College, Nagpur
 (c) Distance of place from which sent.
 2. By whom was the corpse brought? HC Jeevan, B No. 412, P S. Control Room of Nagpur Rural, Nagpur
 3. By whom identified?
 4. The, date, hour and minute of its receipt. 13 00 Hrs
 (a) The, date, hour and minute of beginning post-mortem examination. 13 05 Hrs 15/05/2018
 (b) The, date, hour and minute of ending post-mortem examination. 14 05 Hrs
 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 14/05/2018 at 19 30 Hrs
 H/O - Road Traffic Accident on 14/05/2018 at about 13 30 Hrs

गणेश
 पोस्ट मॉर्टम रिपोर्ट न्यायी ऑफिस
 यादव का. 8.06/191
 3/6/18



6. If not examined at Dispensary or Hospital -

(a) Name of place where examined.

(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-

7. Sex, apparent age, race or caste.

Male
Aged about 30 Years

Description of clothes and of ornaments on the body.

Body wrapped in white hospital bed sheet
1. White dupatta 2. Blue shirt 3. White baniyan 4. Black pant 5. Yellow underwear

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

Intact, stained with blood handed over to HC 412 on duty

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 HC 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

0. Condition of body-

~~Whether~~ well-nourished, thin or emaciated, warm or cold.

Moderately Built
Cold

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1. Rigor Mortis - Well marked, slight or absent; whether present in the whole body or part only.

Present and generalized

12. Extent and signs of decomposition, 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 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 : Injured
Eyes : Closed
Cornea : Hazy
Mouth : Partially Opened
Tongue : Inside the mouth
blood oozing from left ear. Yellowish fluid oozing from mouth & nostrils.

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

stained with blood at places

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.

Both limbs extended

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

- 2 Multiple abrasions over dorsum of right hand of size ranging from 2x1 cm to 5x2 cm, irregularly placed, reddish
- 3 Fracture of bone of left radius & ulna bone at lower 1/3rd, margins irregular, blood infiltrated
- 4 Fracture of bone of left humerus at upper 1/3rd, margins irregular & blood infiltrated
- 5 Fracture of bone of right side of mandible, obliquely placed, margins irregular, blood infiltrated

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.

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-

(i) Injuries under the scalp, their nature.

Underscalp haematoma present over left fronto-parieto-occipital region of size 15 x 10 cm , reddish colour.

(ii) Skull- Vault and base- describe the fractures, their sites, dimensions, directions, etc.

1) Displaced fracture of skull bone along sagittal suture (Sutural fracture)

(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).

Meninges - torn along skull fracture Subdural haematoma present over over both parieto-temporal region & base of brain , about 120 cc , blood and blood clots present , reddish in colour. Subarchanoid haemorrhage present as a thin film of blood both cerebral hemispheres. Multiple hemorrhagic contusions over left temporal & parietal lobe.

20. Thorax-

(a) Walls, ribs, cartilages

Intact.

(b) Pleura

Intact. No free fluid.

(c) Larynx, Trachea and Bronchi.

Intact

(d) Right Lung

Both lungs-edematous

(e) Left Lung

(f) Pericardium

Intact

(g) Heart with weight

Intact, coronaries & valves-patent

(h) Large vessels

Intact

(i) Additional remarks.

Nil

21. Abdomen-

Walls	Intact.
Peritoneum	Intact
Cavity	No free fluid.
Buccal Cavity, teeth, tongue and Pharynx.	Intact.
Oesophagus	Intact
Stomach and its contents	contains 300gms semi digested food material, mucosa-normal, no abnormal sn perceived
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
Pancreas and Suprarenals	Intact
Spleen with weight	Intact
Kidneys with weight	Intact
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.

***Spine and Spinal Cord-**

Intact.
No injury to spine or paraspinal muscle.

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

Yes

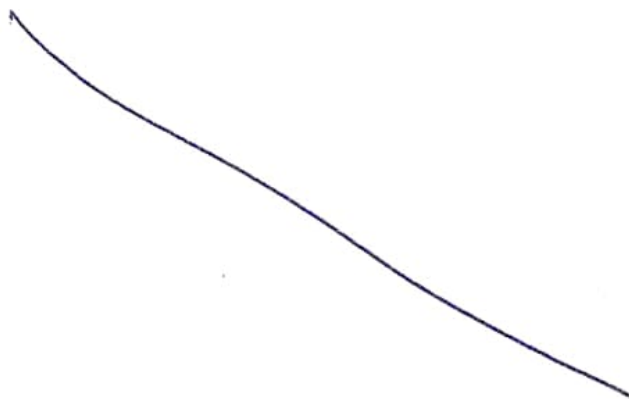
(b) If yes, which of the injuries were individually sufficient in the ordinary course of nature to cause death.

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



Dr. L. S. Rao,
Asst. Prof.
Deptt. Of Forensic Medicine
Govt. Medical College, NAGPUR
(Signature)

15/05/2018

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. VPB/1087/2018
15/05/2018

Place Dispensary
Civil Hospital

Government Medical College and Hospital, Nagpur

Forwarded to the Police Sub-Inspector

Control Room of Nagpur Rural, Nagpur PS

for information with reference to his No.

AD 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. V.P. Bhalariao
Asst. Prof.

LECTURER
Deptt. Of Forensic Medicine
Govt. Medical College, 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

ने पो. वृ. नागपुर
दि १५/५/१८

प्रती,

श्रीमान स्व. लम जे. मातेव

मेडी वळों नागपुर शाखा रावर,

पोलीस ठाणे CR0112 जिल्हा नागपुर

मर्ग / अप.क्र. ००/१८ कलम १७४ ना. जो

मृतक नामे ~~मंगेश नागाजी कीरामे वय ३० वर्ष रा मेढेपार~~
~~पो. वळे. भीली जि. चवंगपुर~~

- नाव पंच १) ~~रुपेश रामदास नेदावे वय ३५ वर्ष रा मेढेपार~~
~~पो. वळे. भीली पो. वळे. चवंगपुर~~
२) ~~मधिन कीरामे खेडकार वय ३३ वर्ष रा मेढेपार~~
~~पो. वळे. भीली जि. चवंगपुर~~
३)

नी ~~म. डी. लवण पदसफार~~ वन १३५८ ने पो. वृ. थ
नी मर्ग/अप. क्र. ००/१८ कलम १७४ ना. जो या पो. वृ. CR0112

येथे दाखल झाल्याने प्रेत असलेल्या ठिकाणी ~~मेडी वळों मरुथुरी~~ येथे गेलो व
तेथे हजार असलेल्या वरील प्रतिष्ठीत पंचांना कलम १७५ या फौ. प्रमाणे समन्स तामील करून पंच

समक्ष मृत्युच्या सकृतदर्शनी कारणांचा तपास केला या प्रतिवृत्तावर उक्त व्यक्तीच्या सह्या आहेत.

प्रेताची पाहणी करून मृतकाचा ~~त्रायाडि रामभाऊ डोगाजी सायसकिड वय ५३ वर्ष~~
यांनी चेतना पाहून मृतकीत की प्रेत मृतक ~~मंगेश नागाजी कीरामे वय ३० वर्ष~~

~~मेढेपार पो. वळे. भीली जि. चवंगपुर~~

प्रेताची ओळख घटल्याने प्रेताची स्थिती खालील प्रमाणे होती ती समूह रावर

~~सह्य मृतकास्य~~
~~प्रेत मेडी वळों मरुथुरी नध्ये एका कोयंबडी मल्लकार~~
~~म्वित आयलत डेवाळ मसुन पाय मुक्क प डोड पगिमेल~~
~~आह सह्य मृतकाच्या आंगवर पाहण्या वेळाची वेडीविर~~
~~शकलण मसुन ह्यावर एक उय करपीडूळ लागली म्वित~~
~~आह उय करपीडूळ पेवा कमळ लागला वडव बुड~~
~~म्विल हडपून पाहणा कण असता आंगात आकाशी वेगत्या~~
~~पुढ असल्यानी करि हातण मसुन द्यावया पोहया~~
~~वेगस्या मोंजो बनीयान हातण म्वित नाह~~

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