

विभाग बंधकी
C.P. No. 2008-5, 0000 Bks./4 lvs -PA4*
G.F. G.D. No. 73333, dated 1-6-41 and
G.R. H. and L.G.D. No. 73333, dated 11-12-47,
vide Surgeon General with the Govt. of Maharashtra, Bombay's
Letter No. FRM/1462/1935/1, dated 4-7-62.]

Memorandum of a post-mortem examination held at Government Medical College and Hospital, Nagpur Dispensary Hospital
on the dead body of Hemlata Gurudeo Mohatkar of Village Savner
Taluka Savner, District Nagpur, City Savner
, by Dr. R.D. Manwar

परीक्षा स्थान सावनेर
जिल्हा क्र. 252195
दिनांक 23/12/15
MLPM No. RDM/110/18
17/01/2018
C M. 67 e

I. General Particulars-

- 1. (a) By whom was the corpse sent? P.S. Medical Police Booth, Nagpur
- (b) Name of place from which sent. Ward No. Step down 1 trauma, Govt. Medical College, Nagpur.
- (c) Distance of place from which sent. 00 km

2. By whom was the corpse brought? HC Sanjay, B. No. 153, P.S. Medical Police Booth, Nagpur

3. By whom identified?

4. The, date, hour and minute of its receipt. 03:00 PM

PS मायके The, date, hour and minute of beginning post-mortem examination. 03:10 PM → 17/01/2018

(b) The, date, hour and minute of ending post-mortem examination. 04:15 PM

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 17/01/2018 at 12:55 PM
H/O - Road Traffic Accident on 15/01/18 at 02.00 pm. primarily treated at Savner, then referred to GMCH Nagpur,

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.

II. External Examination-

7. Sex, apparent age, race or caste.

Male
Aged about 27 Years, caste-Baudha

Description of clothes and of ornaments on the body.

Body wrapped in Bluish design bedsheet
yellowish gown chest leads red thread around the waist.

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

Dry

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

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

Moderately 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 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.

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, right black eye present
Cornea : Hazy
Mouth : Partially Opened
Tongue : Inside the mouth
No 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.

Dry and pale scalp shaved,

16. Injuries to external genitalia
Indication of swelling

No injury to external genitalia
No swelling

18. Position of limbs -
Flexibility of arms and
of fingers is suspected
showing the appearance or
absence of sand or earth
within the nails or on the
skin of hands and feet.

Upper limbs flexed. Lower limbs extended

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

1. Grace abrasion of size 20x6 cm present over left thigh, upper 1/2, anterolateral aspect. vertically oblique downwards and laterally directed, reddish brown.
2. Grace abrasion of size 5x3 cm present over left infrascapular region, vertically oblique downwards and laterally directed, reddish brown.
3. Grace abrasion of size 5x2 cm present over left iliac crest, transversely oblique downwards and laterally directed, reddish brown.
4. Stitched wound with 6 stitches and of length 5 cms. present over occipital region, vertically placed. After opening the stitches lacerated wound of size 2 cm X 1 cm X bone deep. margins irregular.
5. Therapeutic puncture wound present over left cubital fossa and dorsum of right hand. (intravenous infusion mark)

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

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PM No. REAM 110118 Dated: 1/01/2018

III. Internal Examination.

19. Head

(i) Injuries under the scalp,
their nature

Under scalp haematoma present over occipital region of size 10x8 cm, reddish
colour

(ii) Skull - Vant and base-
describe the fractures,
their sites, dimen-
sions, directions, etc.

1) Fractured bone of base of skull involving middle cranial fossa of size 8
cm across middle

(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 - Intact Subdural haematoma present over whole of the cerebrum
about 120 cc blood and blood clots present, reddish in colour. Subcutaneous
haemorrhage present as a thin film of blood whole of the cerebrum. Brain-
Congested and Oedematous.

20. Thorax-

(a) Walls, ribs, cartilages

Intact

(b) Pleura

Intact. No free fluid.

(c) Larynx, Trachea and
Bronchi.

Mucosa-Pale

(d) Right Lung

Intact, congested and oedematous

(e) Left Lung

→

(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

24. Abdomen-

Walls	Intact
Peritoneum	Intact
Cavity	No free fluid.
Buccal Cavity, teeth, tongue and Pharynx.	Mucosa - Pale
Oesophagus	Mucosa - Pale
Stomach and its contents	100 cc brownish fluid, No peculiar odour., mucosa-pale.
Small intestine and its contents.	Gases and faeces present
Large intestine and its contents.	
Liver (with weight) and gall bladder.	Congested
Pancreas and Suprarenals	Congested
Spleen with weight	Congested
Kidneys with weight	Congested
Bladder	Empty
Organs of generations	Pale
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.

22. Spine and Spinal Cord.

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

17/01/2018
Dated

Dr. R D Manwar
Resident Doctor
(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.

No. RDM/110/18
17/01/2018

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.

00/2018

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. R.D. Manwar
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