



# KARNATAKA HOSPITAL

Patient Sticker

Serial No. **120**

Medico Legal Report Form 10

KH/MR/DMLC/102

MEDICO LEGAL REPORT NUMBER **1472**

DATED **04/04/18**

Consent for medico-legal examination (in case of accused, consent is not required u/s 53C/PC)

I, Dr. **S. Srinivastava** Designation **Director** KUNAL HOSPITAL

examined Sh/Srmt/Miss/First Name) **Mr. Krishna** (Last Name) **Ram Prapsya**

S/o, Da/6, W/o, **Ram Prapsya** (Age) **24 Yr** Sex **Male** Occupation **-**

Address: **QTR NO 914, PS Saonek, Dist. Nagpur.**

as per particulars given below:

(A) Date & Time of arrival **12/03/2018 at 12:30 AM**

(B) Date & Time of examination **12/03/2018 at 12:30 AM**

(C) Place of examination Casualty/Ward/OPD/Dept. **Casualty**

(D) Police request Number & Date (if brought by police) **-**

(E) Brought by Police Official Slip No. **1472** Date **12/03/2018** Time **12:30 AM**

PS **-** Dist. **-** No. **-**

Accompanied by Name: **Mr. Manoj Kobragade** Relation **Friend**

Address **Saonek, Nagpur.**

Name and Address of the female attendant (in case of Female Patient) **-**

Identification marks of the patient (1) **Black Mole on Rt Eye** (2) **black Mole Rthand Middle Finger**

UHID No. **KHRC00019397** Referred to **-** Date **12/03/2018** Ward **ICU**

If admitted (I) I.P. No. **IP00011916** Date **12/03/2018** Ward **ICU**

(j) Date of Discharge **21/03/2018**

(ii) Where Dying Declaration is necessary, indicate steps taken. **NO**

(a) Whether the Magistrate was informed for recording Dying Declaration **-**

(b) Name & Add. of The Magistrate **-**

(c) Time at which the magistrate arrived on the spot **-**

(k) Magistrate not available, details of witness in whose presence the Dying declaration was recorded **2.**

Declaration handed over to Police official Name **-**

District **-**

and handed over to police for chemical analysis etc. (write complete details)

1. Gist of Incident as stated by the injured/accusing person.

2. General condition of the person clothing etc.

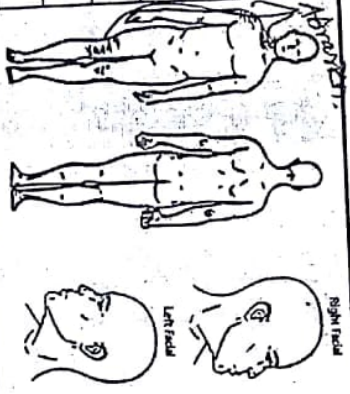
3. Particulars of injuries viz. type, dimension, shape, location, nature, duration etc and kind of weapon used:

**1) RTA caused by four wheelers 11/03/18 at 8:30 PM at Saonek**

**Deep Abrasion on Right Side Neck 2" x 2"**

**Abrasion on Left Shoulder & Right Arm each 2" x 1"**

SCALED THE PICTORIAL DIAGRAM AS UNDER	
ABRASION	
BRUISE	
LACERATED WOUND	
INCISED WOUND	
BURNS	
FRACTURE	



### GUIDELINES:

As per section 201 PC, Any report falling under following clauses is spurious:

1. Fabrication
2. Permanent perforation of the right or left eye
3. Permanent perforation of the hearing of either ear
4. Perforation of permanent fingering of the process of any member or joint
5. Destruction or permanent loss of the power of any member or joint
6. Permanent disfiguration of the head or face
7. Fracture of disfiguration of the bone or tooth
8. Any hurt (i) which endangers life or (ii) which causes the sufferer to be during the space of 30 days. (iii) in severe by (iv) or (v) Unable to follow the ordinary pursuits. At the end in column No. 7 give whether multiple injuries, individually simple, are collected by dangerous to life.

1. Nature of injuries **Simple**

(Simple, Grievous, Dangerous or pending for observation)

2. Probable duration of injuries **-**

3. Kind of weapon used (Sharp, Blunt, Firearm, Fire, Position etc. **-**)

Signature of the Examining Medical Officer **Dr. S. Srinivastava**

Name (In Capital Letters) **F.I.C.A. (USA)**

Consulting Physician, Internist & Anaesthetist Regd No. 54548