

Memorandum of a post-mortem exam

eld at Rural Hospital Umred, Dispensary Hospital
Nagpur

on the dead body of Sunyabhan
Bapuro Roge

Village of Alagardi
City

Taluka Nagpur, District Nagpur, by Dr. S. V. Tadlas, M.S. P.H. Umred

I. General Particulars—

1. (a) By whom was the corpse sent?

P.S. Umred, Nagpur

(b) Name of place from which sent.

Gangapur, Umred Nagpur

(c) Distance of place from which sent.

About 2 km

2. By whom was the corpse brought?

NPC Anil Vadhive, B.No 1902, P.S. Umred

3. By whom identified?

P.C. on duty of the panchas

4. The date, hour and minute of its receipt.

26.9.2017 at 5.30 pm.

(a) The date, hour and minute of beginning post-mortem examination.

26.9.2017 at 5.45 pm.

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

26.9.2017 at 7.00 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 informant a panchanama death is due to Road traffic accident

6. If not examined at Dispensary or Hospital—

Done at R.H. Umrool

(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.

} Not applicable

II. External Examination—

7. Sex, apparent age, race or caste.

About 40 yrs Indian male.

Description of clothes and of ornaments on the body.

- A white full sleeved shirt
- A white banyan (kuraji)
- A white Dhota
- A black sacred thread around waist

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

Clothes soiled with blood

9. Special marks on the skin such as scars, tattooing etc., any malformations peculiarities, or other marks of identification. State of the teeth.

Nil

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.

10. **Condition of body**—Whether well-nourished, thin or emaciated, warm or cold.

well nourished, Pale, warm

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

Absent

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
No pm. lividity

13. **Features**—Whether natural or swollen, state of eyes, position of tongue; nature of fluid (if any) oozing from mouth, nostrils or ears.

Natural,
eyes partially open
tongue inside mouth
No oozing

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

Berly skin soiled with blood & earth

15. Injuries to external genitals.
Indication of purging.

External genital intact.
F10 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.

Upper limbs straight
Both lower limbs - highly mutilated,
crushed & tangled together
Blood & earth present

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 Both lower limbs compound fractured,
crushed, highly mutilated & below
hips/waist
- ② Abrasion: left elbow 5x5 cm
- ③ Abrasion: left hand dorsally 3x2 cm
- ④ Abrasion: chin 2x1 cm
- ⑤ Abrasion: nose, left side, 2x1 cm
- ⑥ Abrasion: left eyelid: 1x1 cm

If bruises be present what is
the condition of the
subcutaneous tissues?

Subcutaneous tissues show contusion/bowling

(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.

NIL

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

Yes

III. Internal Examination—

19. Head—

(i) Injuries under the scalp, their nature.

Tact

Nil

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

Nil

(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).

Tact, pale

20. Thorax—

(a) Walls, ribs, cartilages

Tact

(b) Pleura

pale

(c) Larynx, Trachea and Bronchi.

Nil

(d) Right Lung

(e) Left Lung

pale, no black spots laterally, bilater

(f) Pericardium

pale

(g) Heart with weight

empty, pale.

(h) Large vessels

empty

(i) Additional remarks.

—

21. Abdomen—

Walls

Peritoneum

Cavity

} intact

Buccal Cavity, teeth, tongue and Pharynx.

teeth intact, tongue inside mouth

Esophagus

Nil

Stomach and its contents

semidigested material present, intact, pale

Small intestine and its contents.

} pale.

Large intestine and its contents.

Liver (with weight) and gall bladder.

pale, intact

Pancreas and Suprarenals

Nil

Spleen with weight

Kidneys with weight

} intact, pale

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.

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State which viscera (if any) have been retained for chemical examination and also quote the numbers on the bottles containing the same.

viscera not preserved

26/3/18

590.15

279.32

खल अस

45


7

22 Spine and Spinal Cord —

Intact, not opened.

Opinion as to the cause probable cause of death.

Death due to shock due to Hypovolemia due to multiple crush injuries to both lower limbs causing severe hemorrhage.


Dr. S. V. Tacla

Medical Superintendent,
District Hospital, Guntur
Dist. AP

Dated 26/03/2007.

(Signature)

*The Spinal Cord need not be examined unless there are any indications of disease, Strychnia poisoning or injury.
Note—The report must be written and signed immediately after the examination. Medical Officers will at once dispatch a duplicate copy to the Civil Surgeon of their district for record in his office.
Great care should be taken not to cut the viscera before they have been inspected *in situ*.

No. 7/51 of 20026/9/2017


Place Dispensary
Civil Hospital

Rural Hospital Umred
200

Forwarded to the Police Sub-Inspector PS Umred

for information with reference to his No. 590/17, 279, 304(A) of 20026/9/2017
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.

viscera not preserved


26/9/2017

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,

200

on

Remarks of the Civil Surgeon,

(if any)

Civil Surgeon