

पोलीस स्टेशन, उमरुड  
क्रमांक / पत्रांक नं. 2088  
दिनांक 29/10/17

CJPN (O-12/1-9-2008-5,00,000 BRS) vs.-PA4\*  
G.R., G.D., No. 733/33, dated 16-6-64 and  
G.R., H. and G.D., No. 733/33, dated 11-12-47,  
vide Surgeon General with the Govt. of Maharashtra, Bombay's  
Letter No. HRM/1462/19357/1, dated 1-7-62.]

MLPM No. SAH/2200/17  
19/10/2017

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 Shudodhan Prahlad Meshram of Village Heviti  
Taluka Nagpur, District Nagpur City, by Dr. Sarah Al Hinnawi  
Dr. D.S. Akarte

**I. General Particulars-**

1. (a) By whom was the corpse sent? P.S. Medical Police Booth, Nagpur
- (b) Name of place from which sent. Surgery Casualty, Govt. Medical College, Nagpur
- (c) Distance of place from which sent. -
2. By whom was the corpse brought? ASI Baban, B. No. 1357, P.S. Medical Police Booth, Nagpur
3. By whom identified? -
4. The, date, hour and minute of its receipt. 12:45 PM  
(a) The, date, hour and minute of beginning post-mortem examination. 12:50 PM → 19/10/2017  
(b) The, date, hour and minute of ending post-mortem examination. 02:00 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 inquest and requisition.  
Date and time of death is 19/10/2017 at 12:50 AM  
H/O - Accident on 17/10/2017

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.

→ Patient was admitted in Surgery Casualty, Govt. Medical College, Nagpur on 18/10/2017 and died on 19/10/2017 at 12:50 am

II. External Examination-

7. Sex, apparent age, race or caste.

Male  
Aged about 45 Years

Description of clothes and of ornaments on the body.

Body wrapped in red checked bedsheet  
grey shirt, brown underwear

8. Condition of the clothes- Whether wet with water, stained with blood or soiled with vomit or foecal 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 ASI on duty  
Teeth-Intact

P  
F  
GF

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



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

Average Built  
Cold

Mortis - Well marked,  
or absent; whether  
present in the whole body or  
locally.

Present and generalized

and signs of decom-  
position, presence post-  
mortem lividity of buttocks,  
back and thighs or any  
part. Whether bullae  
are present and the nature of  
fluid contained in  
bullae of the cuticle.

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

- Whether natural  
or artificial, state of eyes,  
color of tongue: nature  
(any) oozing from  
nostrils or ears.

Feature : Natural  
Eyes : Closed  
Cornea : Hazy  
Mouth : Closed  
Tongue : Inside the mouth  
No oozing from the mouth, nostrils and ears.

Condition of skin - Marks  
etc. In suspected  
the presence or  
absence of cutis anserina

Dry and pale.

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 semi flexed

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 Lacerated wound of size 3 cm X 1 cm X bone deep present over forehead, transversely oblique underlying bone fractured.
- 2 Lacerated wound of size 6 cm X 4 cm X muscle deep present over transverse.
- 3 Lacerated wound of size 10 cm X 6 cm X muscle deep present lateral aspect of right thigh, vertically oblique.
- 4 Lacerated wound of size 10 cm X 8 cm X muscle deep present medial aspect of right thigh, vertically oblique.
- 5 Lacerated wound of size 6 cm X 1 cm X muscle deep present aspect of right foot, transverse.
- 6 Therapeutic intravenous mark present over right hand dorsum

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



**External Examination-**

Injuries under the scalp, their nature.

Underscalp haematoma present over right frontoparietal region of size 8 cm x 6 cm , reddish colour.

**Skull-** Vault and base- describe the fractures, their sites, dimensions, directions, etc.

1) Communitted fracture present over right frontal region over an area about 3 cm x 2 cm

**Brain -** The appearance its coverings, size, weight and general condition of the organ itself and any abnormality found in its examination to be carefully noted ( weight 13 grams F. 2.75 cms).

Meninges - Intact Subdural haematoma present over right fronto-parieto-temporal region , about 100 cc , blood and blood clots present , reddish in colour. Subarchanoid haemorrhage present as a thin film of blood bilateral cerebral hemisphere Brain-Congested and Oedematous.

ix-

balls, ribs, cartilages

Intact.

pleura

Intact. No free fluid.

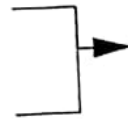
larynx, Trachea and bronchi.

Mucosa-Pale

Right Lung

Intact, congested and oedematous

Left Lung



cardium

Intact

stomach with weight

Intact

blood vessels

Intact

Additional remarks.

Nil

## 21. Abdomen-

Walls	Intact
Peritoneum	Intact
Cavity	No free fluid.
Buccal Cavity, teeth, tongue and Pharynx.	Mucosa - Pale.
Oesophagus	Mucosa - Pale.
Stomach and its contents	200 cc yellowish 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	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.



and Spinal Cord-

Intact. Not opened.

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

Yes

Yes, which of the injuries were individually sufficient in the ordinary course of nature to cause death.

Injury no. 1 mentioned under column no. 17 along with its corresponding internal injury mentioned under column no. 19

Which of the injuries collectively are sufficient in the ordinary course of nature to cause death.

Head Injury

Conclusion as to the cause of death.

*D.S. Kote*  
Dr. D.S. KOTE  
Dept. Of Forensic Medicine  
Govt. Medical College, NAGPUR

*Sunnawi*  
Dr. Sarah Al Hinawi  
Resident Doctor  
Dept. of Forensic Medicine  
GMC, Nagpur.

2017

Spinal Cord need not be examined unless there are any indications of disease, Strychnine poisoning or

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. SAH/2200/17  
19/10/2017

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.

00/17 U/S 174 Cr.P.C

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.

*D.S. Akarte*

Dr. D.S. Akarte  
LECTURER  
Dept. Of Forensic Medicine  
Govt. Medical College, NAGPUR

*Sarah Al Hinnawi*

Dr. Sarah Al Hinnawi  
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