



C-127)-9-2008-5,00,000/16-PA4
G.D., No. 733/33, dated 16-04-1962
H. and L.G.D., No. 733/33, dated 11-12-49
Surgeon General with the Govt. of Maharashtra, Bombay's
Letter No. FRM/1462/19357/1, dated 4-7-62.]

421118
1915/18



C. M. 67 e.

Memorandum of a post-mortem examination held at Indira Gandhi Government Medical College and Hospital, Nagpur
on the dead body of **MANDABAI SHALIK DONGRE**

Dispensary Hospital

of Village Jatmajhari
City

Taluka Katol, District Nagpur, by Dr. C.V. TINGNE

I. General Particulars-

- 1. (a) By whom was the corpse sent? P.S. Mayo Police Booth, Nagpur
- (b) Name of place from which sent. Casualty, IGGMC, Nagpur
- (c) Distance of place from which sent. -
- 2. By whom was the corpse brought? → HC Manohar , B. No. 1692, P.S. Mayo Police Booth, Nagpur
- 3. By whom identified? →
- 4. The, date, hour and minute of its receipt. 11:30 AM
- (a) The, date, hour and minute of beginning post-mortem examination. 11:35 AM → 30/04/2018
- (b) The, date, hour and minute of ending post-mortem examination. 12:35 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 29/04/2018 before 14:42 Hrs
H/O - Road Traffic Accident

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1. Condition of
Whether
emaciated

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.

Body brought dead to casualty, Indira Gandhi Govt. Medical College and Hospital, Nagpur.

1. R
C

II. External Examination-

7. Sex, apparent age, race or caste.

Female
Aged about 50 Years, caste-Hindu

Description of clothes and of ornaments on the body.

1. one green saree 2. one green blouse 3. one green petticoat 4. one green underwear

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

Dried blood stains present over the clothes at places

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

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8
10/11/2017
11:12

Vertical lines on the right margin



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

Average 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. Fixed.

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

Features : Natural
Eyes : Opened
Cornea : Hazy
Mouth : Closed
Tongue : Inside the mouth
Blood oozing out from the nostrils, ears & mouth .

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

Dry and pale.

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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.

Straight

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

Refer added pages to CVT/567/2018, dated 30/04/2018 for column no. 17.

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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Internal Examination- Head

- (i) Injuries under the scalp, their nature.
- (ii) Skull- Vault and base- describe the fractures, their sites, dimensions, directions, etc.
- (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).

Under scalp haematoma present over left fronto-temporo-parietal region, about 80 cc, blood and blood clots present red colour.

1) Fracture of base of skull involving middle cranial fossa of size 09 cm.

Meninges - Intact
 Subdural haematoma present over left temporo-parietal region, about 60 cc, blood and blood clots present, red in colour. Subdural haematoma present over right parietal region, about 40 cc, blood and blood clots present, red in colour. Diffuse sub arachnoid hemorrhage present, red color.
 Brain Matter - Contusion present over left temporal region, of size 04x03 cm, red color.

20. Thorax-

- (a) Walls, ribs, cartilages
- (b) Pleura
- (c) Larynx, Trachea and Bronchi
- (d) Right Lung
- (e) Left Lung
- (f) Pericardium
- (g) Heart with weight
- (h) Large vessels
- (i) Additional remarks.

Intact. 3rd to 8th ribs fractured anteriorly on right side in midclavicular li extravasation of blood present in surrounding tissues

Intact. No free fluid.

Intact. Mucosa-Congested.

Intact, congested and oedematous

Intact, congested and oedematous

Intact

Intact. Coronaries and valve patent. Blood and blood clots present.

Intact. Blood and blood clots present.

Nil

C.V. Tingone
 DR. C.V. TINGONE

21. Abdomen-	
Walls	Intact.
Peritoneum	Intact.
Cavity	about 800 cc of blood & blood clots present in cavity.
Buccal Cavity, teeth, tongue and Pharynx.	Intact, Mucosa - Congested, No foreign body.
Oesophagus	Intact, Mucosa - Congested.
Stomach and its contents	Intact, 50 CC Yellowish fluid, No peculiar smell, mucosa-congested.
Small intestine and its contents.	Gases and faeces present
Large intestine and its contents.	Gases and faeces present
Liver (with weight) and gall bladder.	Laceration present over anterior aspect of right lobe of size 09cmx02cm01cm.
Pancreas and Suprarenals	Intact, Congested
Spleen with weight	Intact, Congested
Kidneys with weight	Intact, Congested
Bladder	Intact, empty
Organs of generations	Intact, Congested.
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.



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Spinal Cord

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.

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

Injuries no. 1, 2, 3, 4, 6 and 7 mentioned under column no. 17 along with its corresponding internal injury mentioned under column no. 19 and 21

Opinion as to the cause probable cause of death.

INJURIES TO VITAL ORGANS

Handwritten signature

Dr.C.V. TINGNE

(Signature)

Dist. ...
Munira College

20/04/2018
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.

Great care should be taken not to cut the viscera before they have been inspected in situ.

Handwritten signature

DR. C.V. TINGNE

No. CVT/567/2018
30/04/2018

Place Dispensary
Civil Hospital

Forwarded to the Police Sub-Inspector

for information with reference to his No.

Indira Gandhi Government Medical College and Hospital, Nagpur

Mayo Police Booth, Nagpur PS

ADR no. 00/18 U/S 174 CrPC of dated 29/04/2018

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.C.V. TINGNE

Assistant Professor
Dept. of Forensic Pathology
Indira Gandhi Government Medical College,
Nagpur-465 001
Civil Surgeon or M.M.S. Officer

Copy forwarded with compliments to the Civil Surgeon, for information.

Total number of pages in this Postmortem Report are (9)

Seen and examined by the Civil Surgeon, on

M.M.S. Officer

Remarks of the Civil Surgeon,

NIL
Submitted to concerned clerk, LMJ office.

Civil Surgeon

(अभिजित शं. देरकर)

फॉरेन्सिक अप-निरीक्षक

पो.स्टे

DR. C.V. TINGNE

Assistant Professor
Dept. of Forensic Pathology