

1953/18

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9/7/18

C. M. 67 e.

MLPM No. AKJ/739/18
05/04/2018

2008-5, 01-20, Bks./4 lvs.--PA4*
3/33, dated 16-6-41 and
No. 34/73, dated 11-12-47,
General Order Govt. of Maharashtra, Bombay's
FRM/1462/9357/1, dated 4-7-62.]

andum of a post-mortem examination held at
the dead body of Shekhar Ramaji Bode
, District Nagpur

Government Medical College and Hospital, Nagpur
of Village Ungli, Nagpur
City , by Dr. A.K.Jaiswani

Dispensary
Hospital

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I. General Particulars-

- 1. (a) By whom was the corpse sent?
- (b) Name of place from which sent.
- (c) Distance of place from which sent.

P.S. Medical Police Booth, Nagpur
Ward No. Trauma Casualty ,Govt. Medical College, Nagpur.

- 2. By whom was the corpse brought?
- 3. By whom identified?

NPC Pravin , B. No. 1797, P.S. Medical Police Booth, Nagpur

- 4. The, date, hour and minute of its receipt.
 - (a) The, date, hour and minute of beginning post-mortem examination.
 - (b) The, date, hour and minute of ending post-mortem examination.

10:35 Hrs
10:40 Hrs
11:55 Hrs

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- 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 05/04/2018 at 02:20 Hrs
H/O - Alleged history of Road Traffic Accident on 02/04/18.

MVA

6. If not examined at Dispensary or Hospital -

(a) Name of police 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 Trauma casualty Govt Medical College 03/04/18 and died on 05/04/18 at 02:20 AM Registration no. 17200

7. External Examination-

7. Sex, age, race, height or caste.

Description of clothes and of ornaments on the body.

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

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

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

Dead body identified by NPC on duty Teeth-Intact Identified by NPC on duty

Male Aged about 35 years, caste-Hindu.

Body wrapped in cream coloured bedsheet Shy blue with white colour boxer brown bandage over abdomen.

Intact

of body - Well nourished, thin and warm or cold.

Moist - Well marked, moist in the whole body or only.

stent and signs of decomposition, lividity of buttocks, abdomen, lividity of limbs of arms, back and thighs of bulge of spine, back. Whether fluid, clear and the nature of fluid contained.

Features - Whether natural or swollen, state of nature of fluid (if any) coating from mouth, nostrils or ears.

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

Refer to column no. 17.

Feature : Injunct Partially Opened Eyes : Clear Cornea : Closed Mouth : Inside the mouth, nostrils and ears. Tongue : No coating from the mouth.

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

Average Build Cold

Present and generalized

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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.

Both limbs extended

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 Abrasion of size 4cm x 3cm present over left frontal region, reddish brown scab
- 2 Abrasion of size 4cm x 1cm present horizontally over right frontal region, reddish brown scab
- 3 Abrasion of size 1cm x 0.5cm present over bridge of nose, reddish brown scab
- 4 Abrasion of size 1cm x 0.5cm present over right ala of nose, reddish brown scab
- 5 Abrasion of size 7cm x 2cm present over dorsum of right forearm, reddish brown scab
- 6 Graze abrasion of size 6cm x 4cm present over ventral aspect of left forearm, reddish brown scab
- 7 Surgical intervention seen as stitched wound with 16 stitches insitu, 5cm from midline of abdomen, no oozing. (Exploratory Laparotomy)
- 8 Surgical intervention seen as colostomy wound present over left abdomen, 5cm from midline.
- 9 Surgical intervention seen as 2 drain wounds each of size 0.5cm x 0.5cm deep present over right side of abdomen. (Drainage wound)
- 10 Abrasion of size 6cm x 1cm present over anterior aspect of left thigh, reddish brown scab.

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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External Examination-

Head - No injuries under the scalp.
No injuries under the scalp.
No injuries under the scalp.
Vault and base of skull intact

Jaws - Vault and base-
describe the fractures,
ir sites, dimen-
sions, directions, etc.

Brain - The appearance
of its coverings, size,
weight and general
condition of the organ
self and any
abnormality found in its
examination to be
carefully noted (weight
M. 3 grams F. 2.75
grams).

Thorax -
Walls, ribs, cartilages

Pleura

Larynx, Trachea and
Bronchi.

(d) Right Lung

(e) Left Lung

(f) Pericardium

(g) Heart with weight

(h) Large vessels

(i) Additional remarks.

No injuries under the scalp.

Vault and base of skull intact

Meninges - Intact Brain-Congested and Oedematous.

Refer added pages to AKJ/739/18, dated 05/04/2018 for column no. 20(a).

Contains about 180cc straw coloured fluid.

Intact, no foreign body.

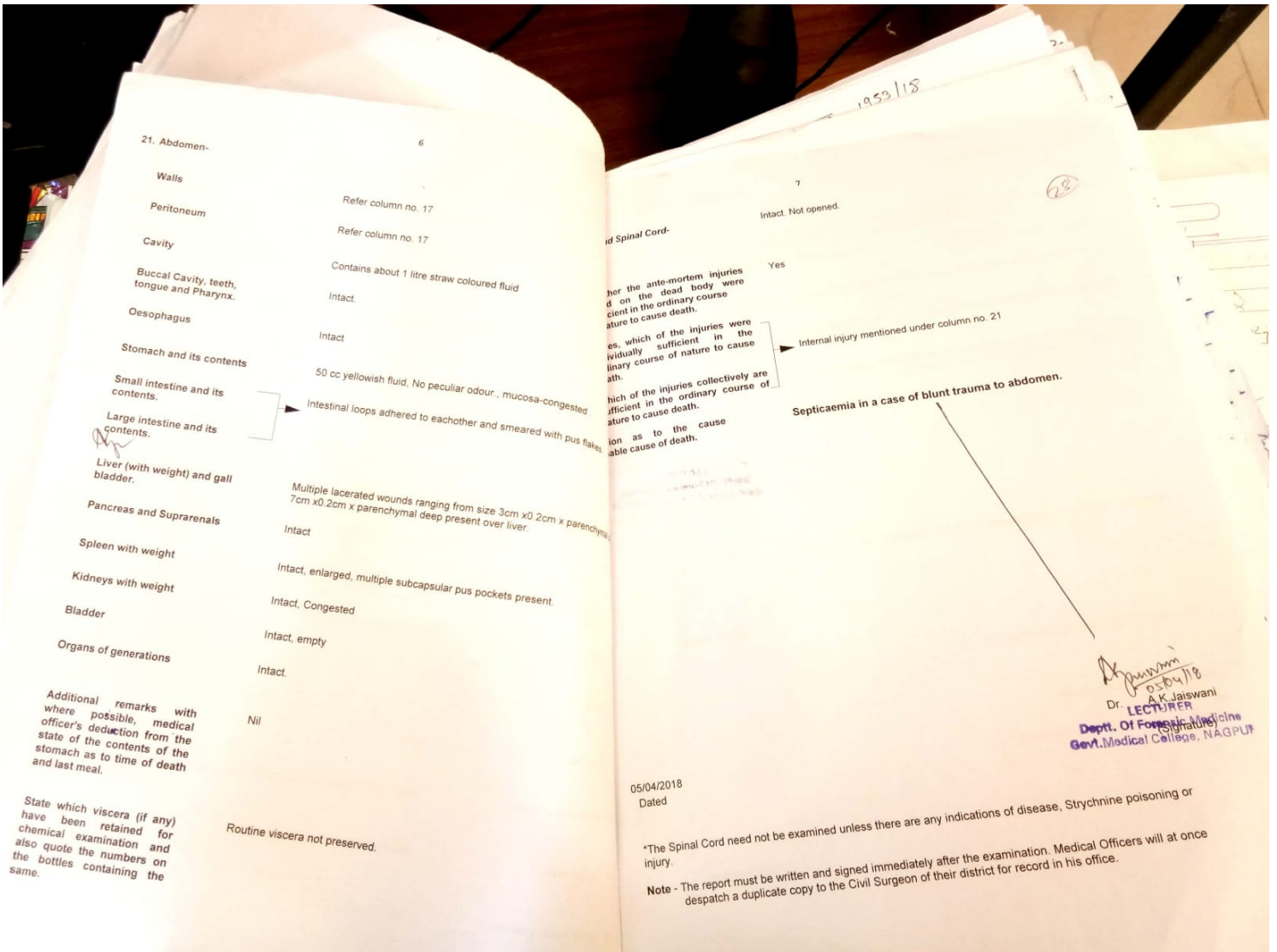
Intact, congested, oedematous.

Intact

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

Intact. Blood and blood clots present.

Nil



21. Abdomen-

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Walls

Refer column no. 17

Peritoneum

Refer column no. 17

Cavity

Contains about 1 litre straw coloured fluid

Buccal Cavity, teeth, tongue and Pharynx.

Intact.

Oesophagus

Intact

Stomach and its contents

50 cc yellowish fluid, No peculiar odour., mucosa-congested

Small intestine and its contents.

Intestinal loops adhered to eachother and smeared with pus flakes

Large intestine and its contents.

Liver (with weight) and gall bladder.

Multiple lacerated wounds ranging from size 3cm x0.2cm x parenchymal deep present over liver.

Pancreas and Suprarenals

Intact

Spleen with weight

Intact, enlarged, multiple subcapsular pus pockets present.

Kidneys with weight

Intact, Congested

Bladder

Intact, 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.

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Spinal Cord-

Intact. Not opened.

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

Yes

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

Internal injury mentioned under column no. 21

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

Septicaemia in a case of blunt trauma to abdomen.

Dr. A.K. Jaiswani
05/04/18
LECTURER
Deptt. of Forensic Medicine
Govt. Medical College, NAGPUR

05/04/2018
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.

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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.

A.D. no. 00/18 u/s CrPC 174

2. Viscera has been preserved. It may please be stated immediately whether examination by the Chemist/Analysers is necessary or it is to be destroyed.

Dr. [Signature]
LECTURER
Deptt. Of Forensic Medicine
Govt. Medical College, NAGPUR
Civil Surgeon or M.M.S.

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

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

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(a) With fracture along anterior axillary line, with extravasation of blood in surrounding intercostal muscles. Left 7th rib fracture along anterior axillary line, with extravasation of blood in surrounding intercostal muscles.

[Signature]
LECTURER
Deptt. Of Forensic Medicine
Govt. Medical College, NAGPUR