

Investigating Office
 Police Station

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Reference : Your Letter No. 1497/17 Dated 28/8/17

Sir,

I am forwarding herewith the report of the injuries sustained by

Mr. ~~Shri~~ Vaishali M. Ghodse done by me on 16/7/17 at After careful personal examination

Consents :

Signature / Left Hand thumb impression
 of the injured

Identification marks

1)

2)

Observations :

Nature of injury	Location on body	Type	Kind of weapon used or mode Of injury	Age of Injury	Remarks
Blunt	Left Hip (R) Shoulder	Simple	-	Relly	Confusion (P) H cont (R) Shoulder ? # alcohol (R)

Date : 06/9/17

Place : Saoner :

Signature and designation of doctor

Dr. AJAY Seal MONDHE

M.B.B.S. D.ORTHO (MUMBAI)
 Consultant Orthopaedic Surgeon

Note :- Not for medicolegal purpose