



(27)-932008-5,00,000/4 lvs.--PA4*
No. 733/33, dated 11-12-47, and
L.G.D., No. 733/33, dated 11-12-47,
Section General with the approval of Maharashtra, Bombay's
Order No. FRM/1462/1933, dated 4-7-62.]

MLPM No. DSA/2291/17
30/10/2017

C. M. 57 e

Memorandum of a post-mortem examination held at Government Medical College and Hospital, Nagpur Dispensary Hospital
on the dead body of Visheshwar Vasudev Gawande
Taluka kamtee of Village Kondali
District nagpur City
by Dr. Dr D S. Akarte

I. General Particulars-

- 1. (a) By whom was the corpse sent? P S. Imamwada
- (b) Name of place from which sent. Centre point Hospital Nagpur, and brought death in GMC, Nagpur
- (c) Distance of place from which sent.
- 2. By whom was the corpse brought? NPC Madhukar, B. No. 776, P.S. Imamwada.
- 3. By whom identified?
- 4. The, date, hour and minute of its receipt. 05:15 PM
- 5. The, date, hour and minute or beginning post-mortem examination. 05:20 PM 30/10/2017
- 6. The, date, hour and minute of ending post-mortem examination. 06:20 PM
- 7. 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 30/10/2017 at 02:00 PM H/O - h/o dash by four wheelar on dated 26/10/17

E. If not examined at Dispensary or Hospital -

(a) Name of place where examined.

(b) Distance from Dispensary or Hospital-

Not applicable.

(c) Reason why the body was not sent to the Dispensary or Hospital.

II. External Examination-

7. Sex, apparent age, race or caste.

Male
Aged about 30 Years

Description of clothes and of ornaments on the body.

White bed sheet, White chadar;

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 NPC on duty
Teeth-Intact

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

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

Partially present over face and upper limbs.

12. Extent and signs of decom-
position, 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.

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

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

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

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.

Upper limbs flexed, Lower 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 over right side of face 2 cm lateral from lateral canthus of right eye
2 cm in size dark brown in colour.
- 2 Abrasion over left side lower one third of back 4x3 cm in size dark brown
colour.
- 3 Lacerated wound over lower lip middle one third 2x1 cm x muscle deep.
- 4 2 Abrasion over right knee with size 3x2 to 2x2 cm respectively, dark brown
in colour.
- 5 Abrasion over dorsum of right hand 3x2 cm in size dark brownish in colour.
- 6 Abrasion over upper half anterior aspect of right leg 6x4 cm dark brownish
colour.
- 7 Multiple abrasion present over dorsal aspect of right foot with size varying
2x1 cm to 1x1 in size dark brownish in colour.
- 8 Punctured lacerated wound present over right leg upper one third 5 cm b
the right knee 2x1 cm in size x bone deep.
- 9 Fracture of right patella

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.

Refer to column no. 17

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

Yes, Antemortem

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).

Underscalp haematoma present over left frontal region 5x5 cm in size dark reddish in colour.
 Underscalp haematoma present over both occipital region 10x8 cm in size dark reddish in colour.
 Linear fracture present over left temporal region obliquely placed 8 cm in length. Subdural haematoma present over right cerebral hemisphere 100 cc dark reddish in colour. Subarachnoid haemorrhage present all over brain.
 Brain-oedematous and congested.

20. Thorax-

(a) Walls, ribs, cartilages

Intact.

(b) Pleura

Intact. No free fluid.

(c) Larynx, Trachea and Bronchi.

Mucosa-Congested Thyroid Cartilage-Intact. Hyoid Bone-Intact.

(d) Right Lung

Intact, congested and oedematous

(e) Left Lung

Intact, congested and oedematous

(f) Pericardium

Intact

(g) Heart with weight

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

(h) Large vessels

Intact. Blood and blood clots present.

(i) Additional remarks.

Nil

11. Abdomen-

| | |
|--|---|
| Walls | Intact. |
| Peritoneum | Intact. |
| Cavity | No free fluid. |
| Buccal Cavity, teeth, tongue and Pharynx. | Mucosa - Congested Intact. |
| Oesophagus | Intact, Mucosa - Congested. |
| Stomach and its contents | 200 cc greenish fluid, No peculiar odour 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. | Intact, Congested |
| Pancreas and Suprarenals | Intact, Congested |
| Spleen with weight | Congested. |
| Kidneys with weight | Intact, Congested |
| Bladder | Empty |
| Organs of generations | Intact. |

Nil

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.

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.

3(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.

Internal injury mentioned under column no. 19

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

Opinion as to the cause probable cause of death.

HEAD INJURY

BAKORIT

Dr. **LECTURER** arte
Deptt. Of Forensic Medicine
Govt. Medical College, NAGPUR

30/10/2017
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.

No. DSA/2291/17
30/10/2017

Place Dispensary
Civil Hospital

Government Medical College and Hospital, Nagpur

Forwarded to the Police Sub-Inspector

Imamwada PS

for information with reference to his No.

00/17 CRPC 174

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. Dr D.S. Akaria
LECTURER
Deptt. Of Forensic Medicine
Govt. Medical College, 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