

पोलीस स्टेशन, उमरेड  
आवक/जाक क्र 2008/17  
दिनांक 17/11/17

Old P.N. (O. 127) 9-2008-5,00,000 BRS /4 Ivs. --PA4\*  
G.R., G.D., No. 733/33, dated 16-6-41 and  
G.R., H. and L.G.D., No. 733/33, dated 11-12-47,  
vide Surgeon General with the Govt. of Maharashtra, Bombay's  
Letter No. FRM/1462/19357/1, dated 4-7-62.]

MLPM No. SAH/2198/17 /  
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 Kisan Rajaram Salote of Village Umred  
Taluka Nagpur, District Nagpur, City, by Dr. Sarah Al Hinnawi

I. General Particulars-

- 1. (a) By whom was the corpse sent? P.S. Medical Police Booth, Nagpur
- (b) Name of place from which sent. Casualty, Govt. Medical College, Nagpur
- (c) Distance of place from which sent. -
- 2. By whom was the corpse brought? ASI Baban, B. No. 1358, P.S. Medical Police Booth, Nagpur
- 3. By whom identified?
- 4. The, date, hour and minute of its receipt. 11:35 AM
- (a) The, date, hour and minute of beginning post-mortem examination. 11:40 AM → 19/10/2017
- (b) The, date, hour and minute of ending post-mortem examination. 01:00 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 18/10/2017 at 10:00 PM  
H/O - Accident on 18/10/2017

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.

Body brought dead to casualty, Govt. Medical College, Nagpur.

II. External Examination-

7. Sex, apparent age, race or caste.

Male  
Aged about 55 Years

Description of clothes and of ornaments on the body.

Body wrapped in brown bedsheet checked shirt, white banyan, jeans, brown underwear, red thread around neck, bandage around right leg

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

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

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 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 : Partially Opened  
Cornea : Hazy  
Mouth : Partially Opened  
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.

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 8 cm X 3 cm X bone deep present over right side face, transversely oblique.
- 2 Lacerated wound of size 12 cm X 6 cm X bone deep present over middle third of right leg, vertical underlying bone fractured.
- 3 Crush injury of size 8 cm X 6 cm X bone deep present over right foot underlying bone, muscles, vessels, soft structures crushed.

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.

Fracture of shaft of right femur, Fracture of both bones of right leg, Fracture of both bones of right foot

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

Yes, Antemortem

iii. Internal Examination-

9. Head-

(i) Injuries under the scalp, their nature.

Underscalp haematoma present over right fronto-temporal region of size 6 cm x 4 cm , reddish colour.

(ii) Skull- Vault and base- describe the fractures, their sites, dimensions, directions, etc.

Vault and base of skull intact

(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).

Meninges - Intact Brain-Congested and Oedematous.

20. Thorax-

(a) Walls, ribs, cartilages

Fracture of right clavicle at lateral one

(b) Pleura

Intact. No free fluid.

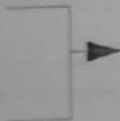
(c) Larynx, Trachea and Bronchi.

Mucosa-Pale

(d) Right Lung

Intact, congested and oedematous

(e) Left Lung



(f) Pericardium

Intact

(g) Heart with weight

Intact


(h) Large vessels

Intact

(i) 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.	Intact
Pancreas and Suprarenals	Intact
Spleen with weight	Intact
Kidneys with weight	Intact
Bladder	Intact
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.

\*Spine and Spinal Cord-

Intact. Not opened.

(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.

Injury no. 2,3 mentioned under column no. 17 with injuries mentioned in Column No 18

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

Injury to right lower limb

Opinion as to the cause probable cause of death.

*[Handwritten signature]*

LECTURER  
Deptt. Of Forensic Medicine  
Govt. Medical College. NAGPUR

*[Handwritten signature]*

Dr. Sarah Al Hinnawi  
Resident Doctor  
Dept. of Forensic Medicine  
(Signature)  
GMC, Nagpur.

19/10/2017  
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.

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16  
वित्त  
माग  
मेर



No. SAH/2198/17  
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.

*Prakash*

LECTURER  
Dept. Of Forensic Medicine  
Govt. Medical College, NAGPUR

*Sunnawi*

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