

CJPM (C-12) 9-2008-5,08,000 Bis JA Ins. - PA4  
 G.R. G.D. No. 733/33, dated 16-6-41 and  
 G.R. Ft and L.G.D., No. 733/33, dated 11-12-47,  
 vide Surgeon General with the Govt. of Maharashtra, Bombay's  
 Letter No. FRM/2157/1935/33, dated 4-7-62.]

MLPW No. YBG/584/18 C. No. 57 a  
18/03/2018

Memorandum of a post-mortem examination held at  
 on the dead body of Ravindra Santosh Sawasikade  
 Taluka Bhivapur , District Nagpur

Government Medical College and Hospital, Nagpur  
 Dispensary Hospital  
 of Village Mokhada  
 City  
 by Dr. Y B Gawande

**I. General Particulars-**

- 1. (a) By whom was the corpse sent? P.S. Medical Police Booth, Nagpur
- (b) Name of place from which sent. Ward No. Trauma SICU, Govt. Medical College, Nagpur.
- (c) Distance of place from which sent.
- 2. By whom was the corpse brought? NPC Praveen, B. No. 1797, P.S. Medical Police Booth, Nagpur
- 3. By whom identified?

- 4. The, date, hour and minute of its receipt.
    - (a) The, date, hour and minute of beginning post-mortem examination. 11:30 AM
    - (b) The, date, hour and minute of ending post-mortem examination. 11:35 AM
- 18/03/2018
- 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 18/03/2018 at 1:00 AM  
 H/O - Road Traffic Accident on 11/3/18

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.

Patient was firstly admitted to PHC Umred. From there he was referred to Nagpur on 12/3/18 where patient was died on 18/3/18 at 1.00 am.

## II. External Examination-

7. Sex, apparent age, race or caste.

Male  
Aged about 26 Years, caste-Hindu

Description of clothes and of ornaments on the body.

Body wrapped in White - Blue Chadder  
Whit Bandage over right hand and forearm , 4 chest lid , Blue-Whit

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

Dried blood and mud 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 NPC on duty  
Teeth-16/16

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 -  
Well-nourished, thin,  
maculated, warm or cold.

Average Built  
Cold

of Marks - Well marked,  
present or absent; whether  
present in the whole body or  
locally.

Present and generalized

Signs of decomposition,  
presence post-mortem  
lividity of buttocks,  
thighs, back and thighs or any  
part. Whether bullae  
present and the nature of  
fluid contained.  
Condition of the cuticle.

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

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

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

Condition of skin - Marks  
blood etc. In suspected  
swelling the presence or  
absence of cutis anserina  
is 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.

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).

- 1 Surgical intervention seen as stapled wound 24 stapled pins present  
fronto-parieto-temporal region extending to anterior  
region. (Craniotomy)
- 2 Surgical intervention seen as wound of tracheostomy present  
aspect of neck.
- 3 Graze abrasion of size 7x5 cm present over left side of back  
vertically oblique, brownish scab.
- 4 Graze abrasion of size 9x4 cm present over right back upper  
oblique, brownish scab.
- 5 Graze abrasion of size 7x2 cm present over right shoulder , trans  
brownish scab.
- 6 Graze abrasion of size 15x 7 cm present over left forearm, anterior  
, vertically oblique, brownish scab.
- 7 Multiple Linear Abrasion of size 3x0.5 to 12x 0.5 cm present over  
right thigh lower 1/3 , transversely oblique, brownish scab.
- 8 Contused abrasion of size 5x2 cm present over right thigh low  
medial aspect , vertically oblique, brownish scab.
- 9 Contused abrasion of size 4x2 cm present over left knee  
vertically oblique, brownish scab.
- 10 Surgical intervention seen as stapled wound with 17 Stapled  
over right thigh lateral aspect . After opening the stitches incised  
1.5 cm X .5 cm X muscle deep , margins irregular. bone of craniot

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

**Internal Examination-**

**Injuries under the scalp, their nature.**

Underscalp haematoma present over left fronto-parieto-temporal region of size 17x 9 cm , brownish colour.

**Skull- Vault and base- describe the fractures, their sites, dimensions, directions, etc.**

1) Surgical intervention seen as part of bone of left fronto-parieto-temporal region Oval shaped of size about 12X7 cm removed surgically about. It is present as injury no. 1 of column no. 17. Base of skull-Intact.

**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 Subdural haematoma present over left fronto-parieto-temporal region , about 100 cc , blood and blood clots present , brown in colour. Subarchanoid haemorrhage present as a thin film of blood both cerebral hemisphere, red in colour. Brain-Congested and Oedematous.

**Thorax-**

(a) Walls, ribs, cartilages

Intact.

(b) Pleura

Intact.

(c) Larynx, Trachea and Bronchi.

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

(d) Right Lung

congested and oedematous Both lungs adherent to pleura, non crepitant. Lungs, firm, gritty to cut, cut surface red, shiny, granular with blood tinged pus oozes out on cut section.

(e) Left Lung

(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

## 21. Abdomen-

Walls	Intact.
Peritoneum	Intact.
Cavity	No free fluid.
Buccal Cavity, teeth, tongue and Pharynx.	Intact.
Oesophagus	Intact, Mucosa - Congested.
Stomach and its contents	110 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, Congested
Pancreas and Suprarenals	Intact, Congested
Spleen with weight	Intact, Congested
Kidneys with weight	Intact, Congested
Bladder	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.

Spine and Spinal Cord-

Intact. Not opened.

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

Yes

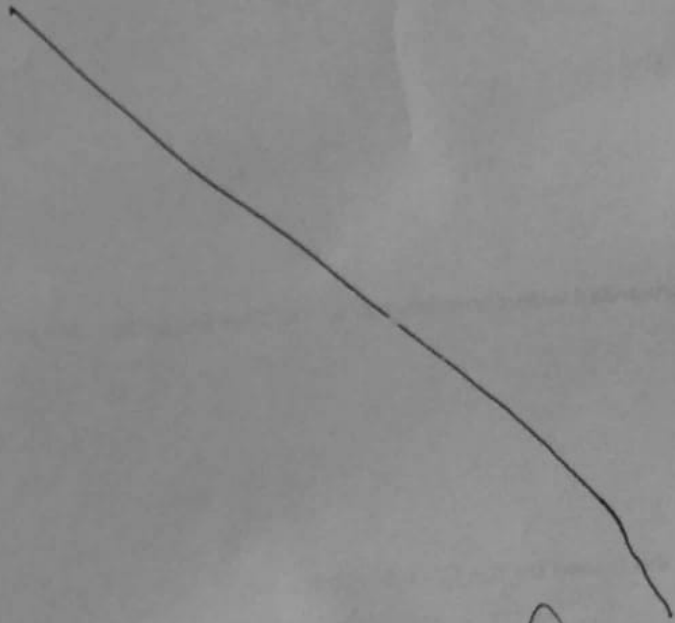
If yes, which of the injuries were individually sufficient in the ordinary course of nature to cause death.

Internal injury mentioned under column no. 19

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

Opinion as to the probable cause of death.

head injury .



Dr. Y B Gawande

(Signature)

Resident Doctor  
Dept. of Forensic Medicine  
GMC, Nagpur.

18/03/2018  
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.

No. YBG/594/18  
18/03/2018

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.

00/18 u/s 174 CrPC

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. Y B Gawande

Civil Surgeon or M.M.S. Officer  
**Resident Doctor**  
Dept. of Forensic Medicine  
GMC, Nagpur.

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