

CJPN/10/1/2018 - 03 800 Bks. 4 lvs - PA4*
GR No. 33/33 dated 16.8.41 and
GR No. 733/33 dated 11.12.47
[Agreement with the Govt. of Maharashtra, Bombay's
Letter No. HM 1462/1935 dated 4.7.62]

MLPM No. SAH/353/18
15/02/2018

C. M. 67 e

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Memorandum of a post-mortem examination held at Government Medical College and Hospital Nagpur Dispensary Hospital
on the dead body of Sanjay Tarachand Madavi of Village Koradi
Taluka Nagpur, District Nagpur, City Nagpur, by Dr. Sarah Al Hinnawi
Dr. A. K. Jaiswani

I. General Particulars-

1. (a) By whom was the corpse sent? P. S. Medical Police Booth, Nagpur
- (b) Name of place from which sent. Trauma, 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. 03:30 PM
- (a) The date, hour and minute of beginning post-mortem examination. 03:35 PM 15/02/2018
- (b) The date, hour and minute of ending post-mortem examination. 04:45 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 15/02/2018 at 11:50 AM. H/O - Accident on 09/02/2018

Seen
Jm

6. If not examined at Dispensary or Hospital -

(a) Name of place where examined.

(b) Distance from Dispensary or Hospital-

▶ Patient was admitted in Trauma SICU Govt Medical College Nagpur on 09/02/2018 and died on 15/02/2018 at 11:50 am

(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 42 Years

Description of clothes and of ornaments on the body.

Body wrapped in bedsheet
Bandage present over head and right thigh

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

(2)

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, not appreciated over lower 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.

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. Surgical intervention seen as stapled wound 42 staples present on frontoparietotemporal region extending to 2 cm in front of region (Cranotomy)
2. Stitched wound with 4 stitches present over lateral aspect of left thigh half of length 8 cm vertical
3. Stitched wound with 4 stitches present over anterior aspect of left thigh half of length 5 cm transverse
4. Multiple punctured wound of size 5cm X 5cm X muscle deep each present lateral aspect of left thigh 4cm away from each other suggestive of surgical intervention
5. Surgical intervention seen as stapled wound with 9 staples present over lateral aspect of right thigh of length 10 cm (for bone of cranotomy)
6. Therapeutic intervention seen as intravenous mark over dorsum of right hand

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 left femur closed

(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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Internal Examination-

Injuries under the scalp, their nature.

Underscalp haematoma present over left frontotemporal region of size 6 cm x 4 cm reddish brown colour with overlying scalp confused

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

1) Surgical intervention seen as part of bone of left temporal region, oval shaped of size about 6 cm x 4 cm removed surgically about It is present as injury no. 1 of column no. 17

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).

Refer added pages to SAH/353/18, dated 15/02/2018 for column no. 19(iii) Brain

20. Thorax-

(a) Walls, ribs, cartilages

Intact.

(b) Pleura

Intact No free fluid

(c) Larynx, Trachea and Bronchi.

Mucosa-Pale

(d) Right Lung

Lungs congested, oedematous, firm, gnty 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

(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.	Congested
Pancreas and Suprarenals	Congested
Spleen with weight	Congested
Kidneys with weight	Congested
Bladder	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



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

► Injury no 2 3 mentioned under column no. 17 alongwith internal injury mentioned under column no 18,19

Opinion as to the cause probable cause of death.

Head Injury with Injury to Left lower limb

Dr A.K. Jaiswani

Res. Sah. A. B. Bhatnagar
Dept. of Forensic Medicine
GM(Signature)

15/02/2018
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. SAH/353/18
15/02/2018

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 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

Dr A.K. Jaiswani

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

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No 19(iii) Brain

meningoplasty Subdural haematoma present over left temporoparietal region , about 50 cc , blood and blood clots
it reddish brown in colour. Subarchanoid haemorrhage present as a thin film of blood bilateral cerebral hemisphere
Congested and Oedematous. Contusion necrosis present over left temporal region , of size 2 cm x 1 cm.



Shirnaur
Resident Doctor
Dept. of Forensic Medicine
GMC, Nagpur.