

500,000 Bks./4 Ivs.—PA4\*  
1933, dated 16-6-41 and  
No. 733/33, dated 11-12-47,  
General with the Govt. of Maharashtra, Bombay's  
M/1462/19357/1, dated 4-7-62.]

013/18  
MLPM No. RDM/107/18  
17/01/2018

C. M. 67 e.

Form of a post-mortem examination held at Government Medical College and Hospital, Nagpur Dispensary Hospital  
Body of Chetan Manikchand Bopche of Village Kalmeshwar  
City Kalmeshwar  
Kalameshwar, District Nagpur, by Dr. R.D.Manwar

**General Particulars-**

- (a) By whom was the corpse sent? P.S. Medical Police Booth, Nagpur
- (b) Name of place from which sent. Ward No. Trauma step down 2, Govt. Medical College, Nagpur.
- (c) Distance of place from which sent. 00 km

2. By whom was the corpse brought? HC Sanjay, B. No. 943, P.S. Medical Police Booth, Nagpur

3. By whom identified?

4. The date, hour and minute of its receipt. 01:45 PM

(a) The date, hour and minute of beginning post-mortem examination. 01:50 PM → 17/01/2018

(b) The date, hour and minute of ending post-mortem examination. 02:50 PM

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 17/01/2018 at 10:55 AM  
H/O - Road Traffic Accident on 08/01/18 at 06.00 am. primarily treated at Excess hospital, Nagpur then referred to GMCH Nagpur.

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 admitted in ward trauma step down 2, Govt. Medical Co. on 09/01/18 and died on 17/01/18 at 10.55 AM.

II. External Examination-

7. Sex, apparent age, race or caste.

Male  
Aged about 46 Years, caste-Hindu

Description of clothes and of ornaments on the body.

Body wrapped in Blackish Solapuri with golden design brownish bermuda,diaper,adhesive over left side of head.

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 HC 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

Moderately Built  
Cold

Condition of body-  
Well-nourished, thin  
Pallid, warm or cold.

Mortis - Well marked,  
or absent; whether  
present in the whole body or  
only.

Well developed face and upper limbs, slight over rest of the body.

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

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

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

Reddish froth oozing out from the mouth and nostrils and tracheostomy wound.

Dry and pale. Scalp shaved

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

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.

17. Surface wounds and injuries - Their nature, position, 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).

18. Other injuries discovered by external examination or palpation as fractures etc.

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

Upper limbs flexed, Lower limbs extended

Internal Examination-

- 1 Surgical intervention seen as stitched wound of left fronto-parieto-temporal region of size 8x6 cm.
- 2 Multiple Abrasions of size ranging from 1x1 cm to 0.5x0.5 cm on right wrist, dorsally, transversely oblique, irregularly placed.
- 3 Multiple Abrasions of size ranging from 0.5 x 0.5 cm on right wrist, dorsally, transversely oblique, irregularly placed.

Examine the scalp, hair nature.

(i). Vault and base - Describe the fractures, their sites, dimensions, directions, etc.

(ii). 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 3 grams F. 2.75 grams).

Underscalp haematoma present over left fronto-parieto-temporal region of size 8x6 cm, brownish colour.

1) Surgical intervention seen as part of bone of left fronto-parieto-temporal region of diameter 8x6 cm removed surgically. It is present as injury no. 1 of column no. 17.

Refer added pages to RDM/107/18, dated 17/01/2018 for column no. 19(iii) Brain.

Trachea -

Walls, ribs, cartilages

Pleura

Larynx, Trachea and Bronchi.

Right Lung

Left Lung

Pericardium

g) Heart with weight

h) Large vessels

(i) Additional remarks.

Intact.

Intact. No free fluid.

Mucosa-Pale. Tracheostomy present.

Intact, congested and oedematous

Intact

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

Intact. Blood and blood clots present.

Nil

None

Yes, Antemortem

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 100 cc greenish 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 Pale.

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.

Spinal Cord-

7  
Intact. Not opened.

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


Which of the injuries were individually sufficient in the ordinary course of nature to cause death.

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

As to the cause of death.

Internal injury mentioned under column no. 19

Head Injury

Dr.   
R.D.N.  
(Sir)

7/01/2018  
Dated

\*The Spinal Cord need not be examined unless there are any indications of disease, Strychnine poisoning injury.

Note - The report must be written and signed immediately after the examination. Medical Officers will despatch a duplicate copy to the Civil Surgeon of their district for record in his office.

No. RDM/107/18  
17/01/2018

Place Dispensary  
Civil Hospital

Forwarded to the Police Sub-Inspector

for information with reference to his No.

2. Viscera has been preserved. It may please be stated immediately whether examination by the  
Analyser is necessary or it is to be destroyed.

Routine viscera not preserved.

Copy forwarded with compliments to the Civil Surgeon, for information.

Seen and examined by the Civil Surgeon, on

Remarks of the Civil Surgeon,

NIL.

Submitted to concerned clerk, LMJ office.

Civil Surgeon

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

M.M.S. Officer

RDM/107/18, dated : 17/01/2018

PM No. :RDM/107/18 Dated : 17/01/2018

19(iii) Brain

meningoplasty Extradural haematoma present over left temporal region , about 20 cc blood and blood clots present  
in colour. Subdural haematoma present over left fronto-temporal region 80 cc and right temporal region 30 cc blood  
clots present , brownish in colour. Subarchanoid haemorrhage present as a thin film of blood whole of the rebrum.  
distended and Oedematous. Haemorrhagic contusion present over both frontal lobes , of size 2x2 cm.surrounding brain  
thinned and necrosed.

Resident Doctor  
Dept. of Forensic Medicine  
GMC, Nagpur.