

- Wound Certificate
- PM Report
- Age Estimation (x-ray, Dentition)
- Skeletal Remains
- MCCD
- Weapon Examination
- Rape - accused
- Rape - victim
- Drunkenness certificate
- Preservation of evidentiary materials in living & dead

WOUND CERTIFICATE

Wound Certificate:

ISHITA
KANODIA

Ward no:

Hospital no:

Certified that I, Dr. have examined (Name)
(S/o or D/o) (Age) (Sex) residing at
(Address) on (date) at (time)

Identification marks:

i)
ii)

The following injuries were found on the body:

S. No.	Type of injury	Site	Size	Stage of healing	Type of force/ weapon	Remarks (simple/ grievous)

Opinion: I am of the opinion that injuries no. are simple & injuries no. are grievous. The examination findings are consistent / inconsistent with alleged history stated.

Date:

Place:

Signature, Designation

Registration no.

Grievous Hurt: (s. 320 IPC) \Rightarrow s. 116 BNS

ISHITA
KANODIA

i) Emasculation

- ii) Permanent privation of sight of either eye
- iii) Permanent privation of hearing of either ear
- iv) Privation of any member or joint
- v) Destruction or permanent impairing of powers of any member or joint
- vi) Permanent disfigurement of head or face
- vii) Fracture or dislocation of a bone or tooth
- viii) Any hurt which -
 - endangers life
 - causes the sufferer to be in severe bodily pain for 15 days
 - causes the sufferer to be unable to follow his ordinary pursuits.

For Incision: size \Rightarrow length \times width \times skin/muscle/bone deep.

PM REPORT

PM Report:

ISHITA
KANODIA

Body Identified by PC/NC No. _____

Date: _____

PM no.: _____

NAME	SEX	AGE	CASTE	Police Station/ U.D.R No.	DATE & HOUR	
					RECEIPT	EXAMINATION

Information furnished by Police / Executive Magistrate.

Body: Kept / Not Kept in Cold Storage

Deceased: Treated / Not treated.

1) Condition of subject Stout, Emaciated, Decomposed, etc.	2) Wounds: Position, size, character	3) Fractures, dislocations etc.	4) Mark of ligature on neck
--	---	------------------------------------	--------------------------------

.....

.....

.....

.....

(II) CRANUM & SPINAL CORD

ISHITA
KANODIA

Scalp, Skull, Vertebrae	Membrane	Brain & Spinal cord

(III) THORAX

Chest Wall, Ribs & Cartilages	Pleurae	Larynx & Trachea	LUNGS	Pericardium, Heart, Large Blood Vessels

(IV) ABDOMEN

Wall	Peritoneum	Mouth, Pharynx & Oesophagus	Stomach & its Contents	Small Intestine & its contents	Large Intestine & its contents	Liver	Spleen

GENITO-URINARY ORGANS

ISHITA
KANODIA

Kidneys	Bladder	Organs of generation, external & internal

Fractures, Dislocations / More detailed description of injury & disease.

Opinion as to Cause of Death:

Date:

Place:

Signature, Designation
Registration no.

AGE

ESTIMATION

& SKELETAL

REMAINS

Age Estimation:

ISHITA
KANODIA

Requisition from The Judicial Magistrate of / Inspector of _____
with letter/crime no. _____ dated _____.

Name:

Sex:

Parent's/Guardian's name:

Residential address:

Occupation:

Marital Status:

Age as alleged by:

— individual to be examined:

— Person/police accompanying:

Time, date of examination:

Place of examination:

Consent of individual for examination: (signature / thumb impression)

Identification marks:

i)

ii)

Physical Examination:

Height: Weight:

Chest circumference (at level of nipples):

Abdominal circumference (at level of umbilicus):

General built & nourishment:

Voice: (Infantile/Bracken/Adult)

Teeth (dental chart):

Age from dental examination:

Hair:

- scalp:
- beard:
- mustache:
- axillary:
- pubic:

Mammary development:

Development of external genitalia:

Date of menarche & regularity of cycle:

Radiological examination:Age from radiological examination:Age Certificate:

From the physical, Dental & Radiological Examination of

(s/o or D/o) resident of bearing the
following identification marks:

i)

ii)

I am of the opinion that the individual is aged above
or below

Place:

Signature, Designation

Register no.

Date:

Charting of Teeth: (Dental Notations)

ISHITA
KANODIA

1] Szigmendy Notation: temporary teeth \Rightarrow Roman numerals
Permanent teeth \Rightarrow Arabic numerals

Permanent:

R	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	L
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	

Temporary:

V	IV	III	II	I	I	II	III	IV	V
V	IV	III	II	I	I	II	III	IV	V

2] Cunningham (Universal) Notation:

Permanent

RU								LU								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
RL								LL								

Temporary

A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K

3] Navy Notation: the digits & letters start from the right side of each jaw.

Permanent

RU								Navy notation								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	
RL								LL								

Temporary

A	B	C	D	E	F	G	H	I	J
K	L	M	N	O	P	Q	R	S	T

4] Palmer Notation:

Permanent

Palmer notation																	
R	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	

Temporary

<u>5</u> E	<u>4</u> D	<u>3</u> C	<u>2</u> B	<u>1</u> A	A <u>1</u>	B <u>2</u>	C <u>3</u>	D <u>4</u>	E <u>5</u>
5E	4D	3C	2B	1A	A1	B2	C3	D4	E5

4] FDI (Federation of Dentistry International):

Permanent

RU										1	2	LU						
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28			
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38			
RL								4	3							LL		

Temporary

55	54	53	52	51	61	62	63	64	65
85	84	83	82	81	71	72	73	74	75

aka double digitsystem:

- 1st digit = quadrant
- 2nd digit = tooth

Modified FD1:

2	1
3	4

5] Haderup System: similar to Palmer's notation except that it uses a + sign to designate upper teeth & a - sign for lower teeth.

	Temporary Teeth	Permanent teeth
Size	Smaller, lighter, narrower (except: temporary molars \Rightarrow longer than permanent)	Heavier, stronger, broader (except: permanent premolars replacing temporary molars are smaller)
Direction	Anterior teeth are vertical	Anterior teeth are usually inclined a little forwards.
Crown	China-white colour	Ivory-white colour
Neck	More constricted	Less constricted
Root	Roots of molar are smaller & more divergent	Roots of molars are larger & less divergent
Ridge	Ridge at the junction of the crown with fangs is present	No ridge
Number	20 (4I, 2C, 4M in each jaw)	32 (4I, 2C, 4PM, 6M in each jaw)

Gustafson's method: age estimation of adult > 21 years depends on the following physiological changes in dental tissues: AP SRTC

i) **Attrition**: due to wear & tear from mastication \Rightarrow occlusal (upper) surface of the teeth is destroyed gradually.

ii) **Periodontosis**: regression of the gums & periodontal tissues surrounding the teeth occurs in advancing age \Rightarrow teeth become loose & fall off.

iii) **Secondary dentin**: may develop from the walls within the pulp cavity \Rightarrow decrease in size of cavity (occurs due to ageing).

iv) **Cementum apposition**: cementum \uparrow in thickness (due to changes in tooth position)
 \rightarrow Secondary cementum is slowly & continuously deposited throughout life in the form of incremental lines \Rightarrow age can be calculated by counting these.

v) **Root resorption**: involves both cementum & dentin

vi) Transparency of root: not seen until 30 years of age.

→ Canals in the dentin are gradually filled by mineral → they become translucent ∴ dentine becomes transparent due to rarefaction.

→ Transparency of root occurs from below upwards in lower jaw & from above downwards in upper jaw.

Eruption of deciduous teeth:

<u>Central incisor</u>	• Lower	6-8 months
	• Upper	7-9 months
<u>Lateral incisor</u>	• Upper	7-9 months
	• Lower	10-12 months
<u>First molar</u>		12-14 months
<u>Canine</u>		17-18 months
<u>Second molar</u>		20-30 months

Eruption of permanent teeth:

1st molar	6-7 years
Central incisor	6-8 years
Lateral incisor	7-9 years
1st premolar	9-11 years
2nd premolar	10-12 years
Canine	11-12 years
2nd molar	12-14 years
3rd molar	17-25 years

Boyde's Method: cross-striations develop in the enamel of teeth till the complete formation of enamel \Rightarrow represent daily incremental lines.
 → age of an individual can be calculated in terms of days by counting the number of lines from the neonatal line onwards.

Stack's Method: estimation of age of infants from the weight & height of the erupting teeth of child.

Waist Joint:

Ossification Centre	Age of Appearance	Age of fusion
Lower end of radius	2 years	18-19 years
Lower end of ulna	6 years	17-18 years
Carpal bones		
C	• Capitate 2nd month	-
H	• Hamate 3rd month	-
T	• Triquetrum 3rd year	-
L	• Lunate 4th year	-
S	• Scaphoid 5th year	-
T	• Trapezium 5th year	-
T	• Trapezoid 6th year	-
P	• Pisiform 10-12 years	-
Base of 1st metacarpal	3rd year	15-17 years
Phalanges	5-7 years	16-18 years

Pelvis:

ISHITA
KANODIA

Ossification Centres	Age of Appearance	Age of fusion
Upper end of femur • Head • Greater trochanter • Lesser trochanter	6 months - 1 year 4 years 12 - 14 years	17 - 18 years
Ischio-pubic ramus	-	Union: 6 - 7 years
Tri-radiate cartilage ossification	Commences at 13 years	Completes at 15 years
Iliac crest	14 - 16 years	20 years
Ischial tuberosity	16 - 18 years	21 years

Pelvimetry:

$$1) \text{Sciatic index} = \frac{\text{Width of sciatic notch}}{\text{Depth of sciatic notch}} \quad \begin{cases} \text{Male: } 4-5 \\ \text{Female: } 5-6 \end{cases}$$

$$2) \text{Ischiopubic index} = \frac{\text{Length of pubis}}{\text{Length of ischium}} \quad \begin{cases} \text{Male: } < 90 \\ \text{Female: } > 94 \end{cases}$$

$$3) \text{Sacral index} = \frac{\text{Breadth of sacrum}}{\text{Anterior length of sacrum}} \quad \begin{cases} \text{Male: } < 122 \\ \text{Female: } > 116. \end{cases}$$

From femur:

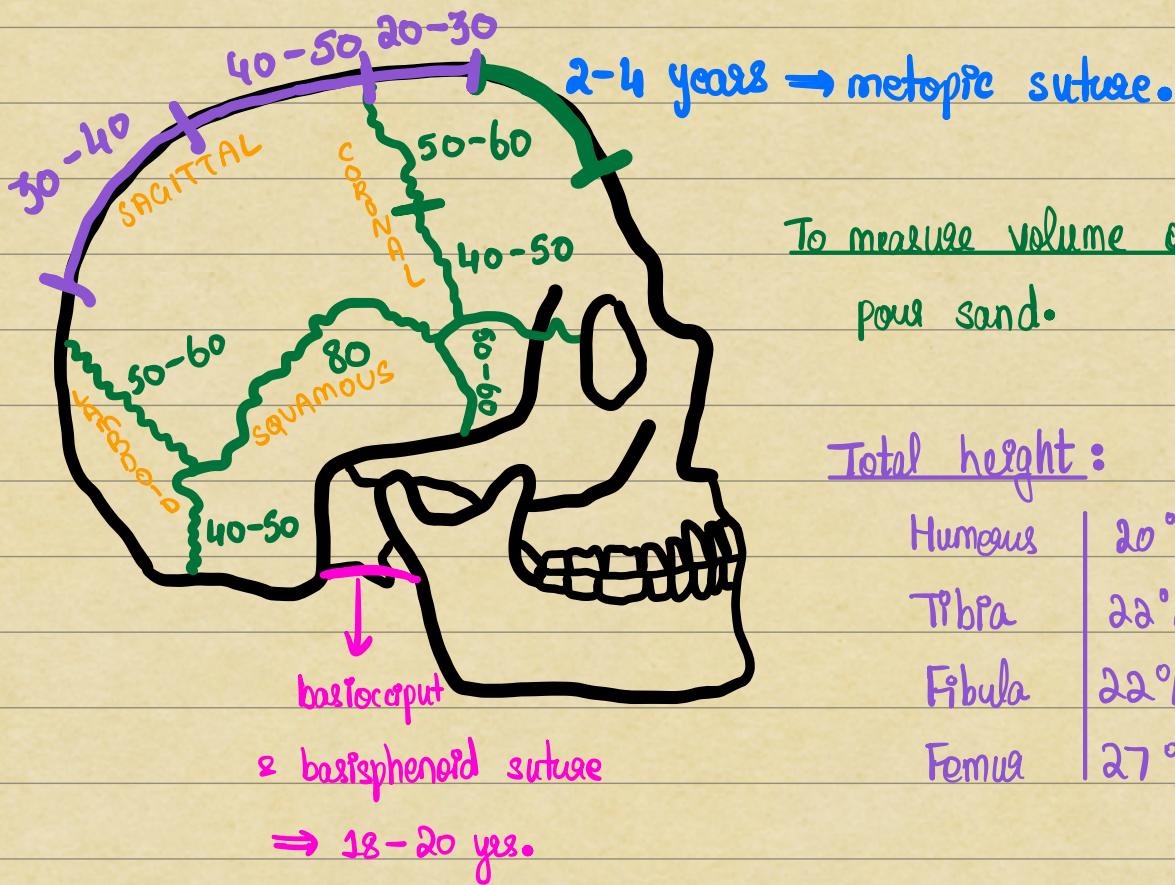
$$\text{Height} = \text{total length of femur} \times 3.5 + \underline{2.5}$$

for soft tissue attachments.

Ossification Centres	Age of Appearance	Age of fusion
Lower end of femur	9 months IUL	—
Upper end of tibia	At birth	16 - 18 years
Upper end of fibula	4th year	

Humerus:

Ossification Centres	Age of Appearance	Age of fusion
Head	1st year	
Greater tubercle	2nd year	16 - 18 years
Lesser tubercle	5th year	
Acromion	14 - 16 years	18 years
Coracoid Process	3 years	16 - 18 years



Total height:

Humerus	20 %
Tibia	22 %
Fibula	22 %
Femur	27 %.

→ if outer sutures are not fused \Rightarrow check inner sutures. ISHITA KANODIA

→ Inner sutures: not fused < 25 years
fused > 25 years.

→ Infant skull: closure of - posterior fontanelle = 6-8 months
- anterior fontanelle = 18 months.

Sacrum

$$\text{Corpororeal index} = \frac{\text{Breadth of body}}{\text{Breadth of base}} \quad \begin{cases} \text{Male: } > 45 \\ \text{Female: } < 40 \end{cases}$$

Medicolegal Importance of Age:

I] 1 year: Infanticide

II] 5 years: According to Sec. 6(a) of the Hindu Minority & Guardianship Act 1956, a minor who has not completed the age of 5 years shall ordinarily be in the custody of the mother.

III] 7 years: According to s. 82 IPC, child < 7 years is not capable of committing a crime \Rightarrow because child cannot be guilty (not attained Mens rea).

IV] 12 Years:

→ s. 83 IPC: crime committed by a child between 7-12 years of age is not an offence, if he hasn't attained sufficient maturity of understanding.

→ s. 89 IPC: age of consent for general physical examination.

→ Unsworn evidence of a child < 12 years is admissible if the court thinks he does not understand the nature of an oath.

→ According to Child Labour Act, a child under 12 years of age should not be engaged as a servant in shop.

VI] 14 Years:

→ According to Indian Factory Act, a person < 14 years of age should not be employed in any factory / mine.

VII] 16 Years:

→ Age of consent for sexual intercourse in females has been raised from 16 years to 18 years of age.

→ Statutory Rape: (s. 375 IPC) sexual intercourse with a girl below 16 years of age even with her consent amounts to rape.

→ According to the Indian Arms Act, a person < 16 years of age cannot keep any firearm or ammunition in his possession.

→ Age for Juvenile (under Juvenile Justice Act) has been lowered from 18 to 16 years.

VIII] 18 Years:

→ According to the Juvenile Justice Act 2000 \Rightarrow any person between 12 & 18 years of age, who has committed an offence, is criminally responsible but is not to be treated as an adult person & should be dealt under Juvenile Legislation.

→ According to s. 300 IPC under exception 5 \Rightarrow culpable homicide is not murder, when the person whose death is caused, being > 18 years of age, suffers death or takes the risk of death with his own consent.

→ According to s. 305 IPC \Rightarrow if any person under 18 years of age (insane) debauched / idiot / intoxicated) commits suicide, whoever abets the commission of such suicide, shall be punished with death / imprisonment for life / imprisonment for a term not exceeding 10 years.

→ Age of voting in India.

- Age of consent for sexual intercourse in females.
- Age of marriage for girls.
- Age of consent for surgery / any diagnostic or therapeutic procedures which may have inherent risks of causing death / grievous hurt.
- According to MTP Act 1971, a pregnant woman < 18 years cannot give consent for termination of pregnancy \therefore husband / guardian must give written consent for the same.
- Person of age 18 years & above only can make a valid will.
- According to Section 2(F) of the Transplantation of Human Organs Act 1994 \Rightarrow a person > 18 years only can donate one of his paired organs for transplantation.

VIII] 25 Years:

- minimum age eligibility to contest for membership of Parliament & membership of Legislative Assembly of State.

IX] 30 Years:

- minimum age to consent for membership of Rajya Sabha & State Legislative Council.

X] 35 Years:

- minimum age for contesting in the elections for the post of Vice President & President of India & Governor of any state.

Age of Foetus:

ISHITA
KANODIA

- Developing ovum = first 7-10 days after conception.
- Embryo = 1st week - 8th week
- Foetus = 8th week - birth.

Rule of Haeze: length of foetus is measured from the crown to heel in cm.

→ In the first 5 months of pregnancy \Rightarrow square root of length = age of foetus in months.

→ Haeze's modification of Morison's Law: During the last 5 months \Rightarrow
 $\frac{\text{length (cm)}}{5}$ = age in foetus in months.

Cephalic index (C.I.)

$$\text{Cephalic index (C.I.)} = \frac{\text{Maximum breadth of skull}}{\text{Maximum length of skull}} \times 100$$

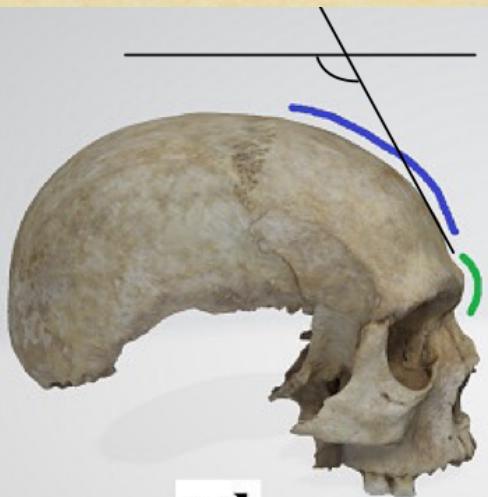
between both parietal eminences
between glabella & external occipital protuberance.

- Dolicocephalic (long-headed) \Rightarrow CI: 70-75 \Rightarrow Negroid
- Mesaticephalic (medium-headed) \Rightarrow CI: 75-80 \Rightarrow Caucasoid
- Brachycephalic (short-headed) \Rightarrow CI: 80-85 \Rightarrow Mongoloid.

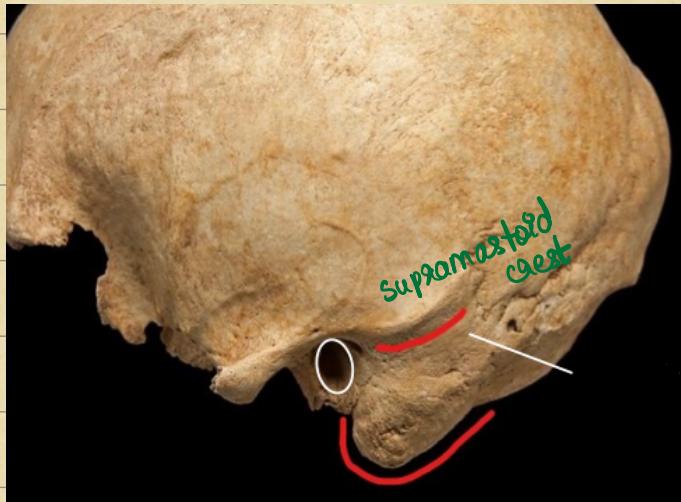
Sex Identification from Skull:

ISHITA
KANODIA

MALE (♂)



- i) Retreating forehead
- ii) Prominent glabella

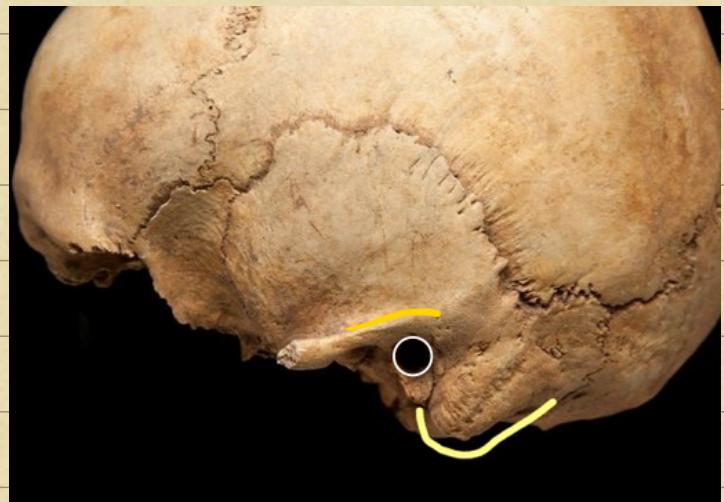


- iii) Mastoid more prominent
- iv) Supramastoid crest beyond EAC

FEMALE (♀)

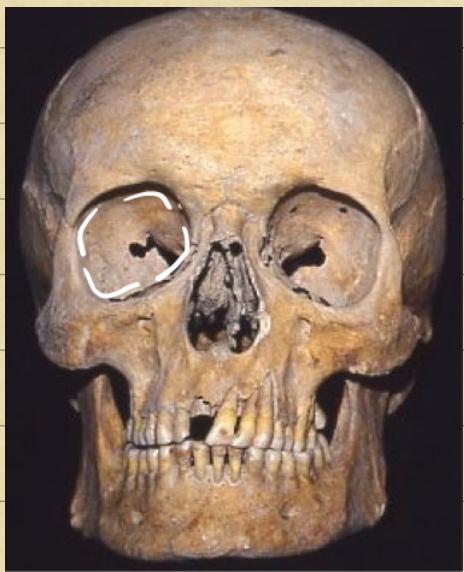


- i) Vertical forehead
- ii) Less prominent glabella

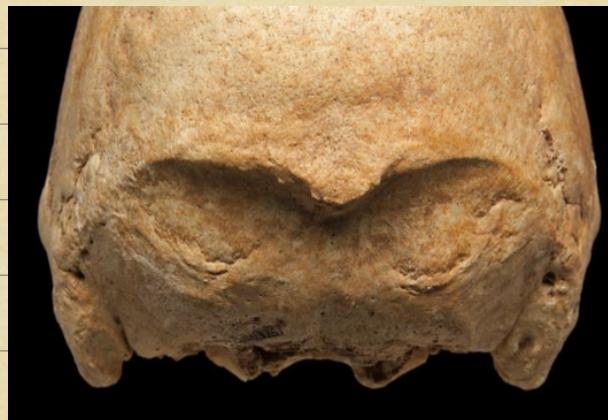


- i) Mastoid is less prominent
- ii) Supramastoid crest begins before EAC.

MALE (♂)



v) Orbita
are
square.



vi) Prominent nuchal ridges

vii) Foramen magnum is large
& elongated

FEMALE (♀)



v) Orbita are
rounded.



vi) Less prominent nuchal ridges

vii) Foramen magnum is small & rounded.

Mandible:

ISHITA
KANODIA

MALE (♂)



FEMALE (♀)



i) Less obtuse



ii) Angle is squarish

iii) Mental tubercle is prominent.

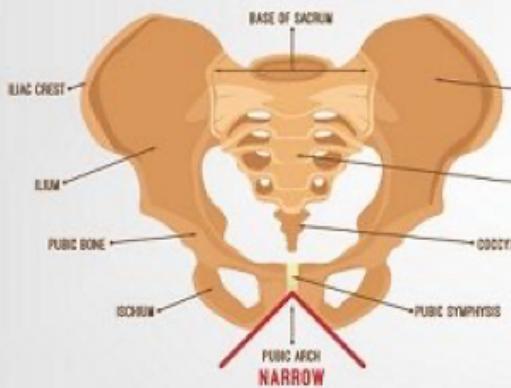
i) More obtuse



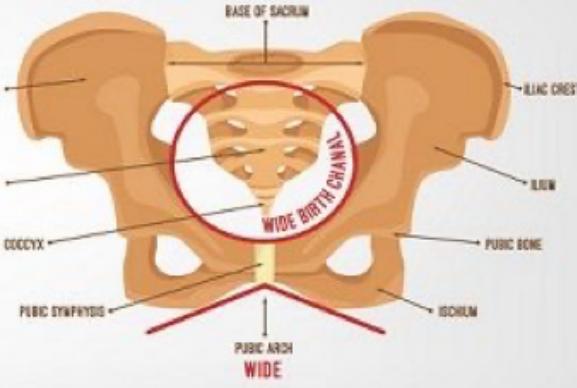
ii) V-shaped & narrow angle

iii) Less prominent mental tubercle.

MALE VS FEMALE PELVIS



MALE PELVIC GIRDLE



FEMALE PELVIC GIRDLE

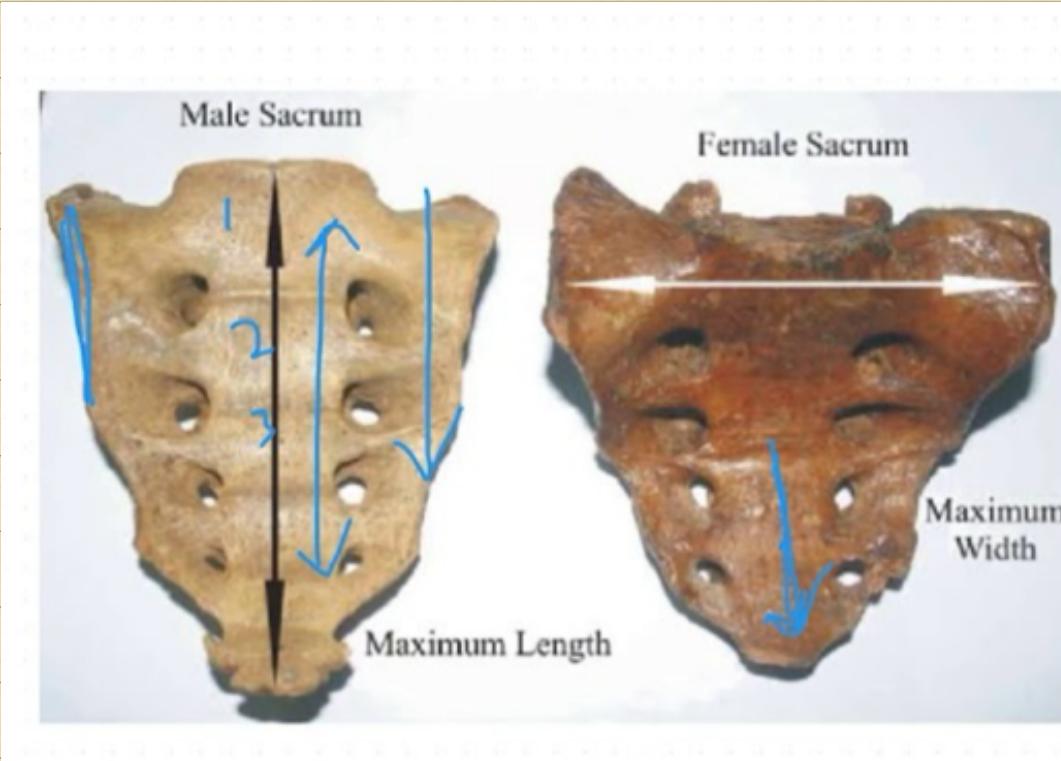
- i) Deep funnel
- ii) Narrow arch
- iii) Shallow sciatic notch

- i) Wide bowl
- ii) Wide arch
- iii) wide sciatic notch.



Sacrum:

ISHITA
KANODIA



<ul style="list-style-type: none">i) Length is the longest dimension.ii) Sacral index = 112 (B/L)iii) Width of ala is less than 1st vertebra	<ul style="list-style-type: none">i) Width is the longest dimension.ii) Sacral index = 116 (B/L)iii) Width of ala is more than 1st vertebra.
--	--

Femur:

Male (♂)	Female (♀)
<ul style="list-style-type: none">i) Head: Larger \Rightarrow 2/3 of a sphere (diameter = 47 mm)	<ul style="list-style-type: none">i) Head: Smaller \Rightarrow forms $< 2/3$ of a sphere (diameter < 45 mm).
<ul style="list-style-type: none">ii) Neck forms obtuse angle with shaft ($\sim 125^\circ$)	<ul style="list-style-type: none">ii) Neck forms less obtuse angle with shaft
<ul style="list-style-type: none">iii) Bicondylar width = 74-89 mm	<ul style="list-style-type: none">iii) Bicondylar width = 67-76 mm



No carpal bones

∴ < 2 years



2 carpals ✓ (∴ > 2 months)

Head of metacarpals ✓ (∴ 1.5 - 2.5 years)

Base of 1st metacarpal ✗ (2-3 years)

∴ 1.5 years - 3 years.



2 carpals ✓ (∴ > 2 months)

Head of metacarpal ✗ (1.5 - 2.5 years)

∴ 2 months - 2.5 years.



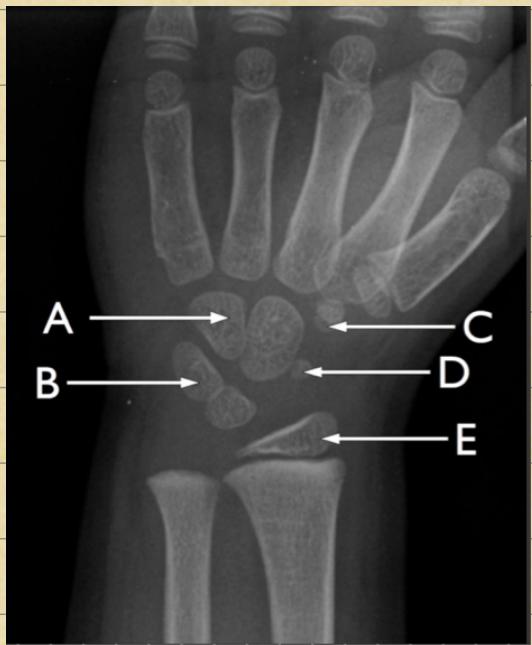
3 carpals ✓ ($\therefore > 3$ years)
 (capitate, hamate, triquetrum)
 Lower end of radius ✓ ($\therefore > 2$ years)
 Lunate \times ($\therefore < 4$ years)

\therefore 3-4 years.



4 carpals ✓ ($\therefore > 4$ years)
 Lower end of radius ✓ ($\therefore > 2$ years)
 Base of 1st metacarpal ✓ ($\therefore > 2$ years)
 Scaphoid \times ($\therefore < 5$ years)

\therefore 4-5 years.



Till trapezium, 6 carpals ✓ (∴ > 5 years)
 Ulnar head ✗ (5-6 years)
 ∴ 5 - 6 years.



Pisiform ✓ (∴ > 10 years)
 Base of 1st metacarpal is
 not fused ✗ (15-17 years)
 ∴ 10 - 17 years.



Head of femur ✓ (6 months - 1 year)
greater trochanter ✗ (∴ < 4 years)

∴ 6 months - 4 years.



Head of femur ✓ (∴ > 6 months)
greater trochanter ?? (4 years)
Ischiopubic ramus fused ✓
(∴ > 6 years)
Lesser trochanter ✗ (∴ < 14 years)

∴ 6 - 14 years.



greater trochanter ✓ (∴ > 4 years)
Ischiopubic ramus fused (∴ > 6 years)
Lesser trochanter ✗ (∴ < 14 years)

∴ 6 - 14 years.



ISHITA
KANODIA

Iliac crest fusion x (20-21 y)

All fused (17-18 y)

∴ 17 - 21 years.



Femur fused (∴ > 17 years)
Iliac crest fused (∴ > 20 years)

∴ > 20 years.

Skeletal Remains:

- Origin: (human/not human)
- Belonging to one individual
- Sex: _____
- Age at death: _____
- Height at death (stature): _____
- Race: _____
- Time since death: _____
- Cause of death: _____
- Manner of separation: _____

Opinion: From the examination of the above bone, I am of the opinion that it is a human (skull/femur/mandible/pelvis) bone belonging to one individual who is a (male/female) & was aged _____ years at the time of death, belonging to _____ (race) of height _____. The time since death, cause of death & manner of separation are not known.

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Medical Certificate of Cause of Death:

ISHITA
KANODIA

Name of the hospital: _____

I hereby certify that the person whose particulars are given below died in the hospital in
Ward no. _____ on (date) _____ at (time) _____ AM/PM.

Name of the deceased: _____

Sex: _____

Age at death: _____

Cause of Death:

Immediate cause

(a) _____

(disease/injury/complication,
not the mode of death)

Antecedent cause

(b) _____

(morbid conditions)

(c) _____

Other significant conditions contributing
to the death but not related to the
disease/ conditions causing it

Manner of death: Natural / Accidental / Suicide / Homicide / Pending investigation

→ If the deceased was a female, was the death associated with pregnancy? (Yes/No)

→ If yes, was there a delivery? (Yes/No).

Medical Practitioners certifying the cause of death: _____ (Name, Signature)

Date of Certification: _____

(To be detached & handed over
to the relative of the deceased)

Certified that _____ s/o or d/o or w/o _____
resident of _____ was admitted to the
hospital on _____ & expired on _____ at _____ Am/Pm.

WEAPON EXAMINATION

Weapon Examination:

ISHITA
KANODIA

To:

The Investigating Officer,

Police station.

Sub: Examination of the weapon - ref.

Ref: i) Letter no. _____ dated _____
ii) _____ P.S., G. No. _____ u/s _____
iii) Wound / Pm report no. _____ of _____ Hospital / Institution.

With reference to the above, received a sealed article on _____ (date) from
Ma/ Ms _____ P.C. No. _____ of _____ P.S.

The article was examined on _____ (date) at _____ am / pm,
the details of which are given below:

1) Name of weapon: _____

2) Type of weapon: _____

3) Weight: _____

4) Description of weapon: (material / edges / hilt / magazine, etc.)

5) Dimensions: (length x breadth x thickness) _____

6) Stains / foreign body: (if any) _____

Opinion: I am of the opinion that external injury no. _____ mentioned in
the wound / Pm report could / could not be caused by the type of the
above examined weapon.

After examination, the weapon was marked/signed, packed, sealed & handed over to PC No. _____ Ma/Ms. _____ of _____ police station.

Place: _____

Date & Time: _____

Receipt of weapon & report: _____

Signature & Name of Doctor
Official Seal

RAPE - ACCUSED EXAMINATION

Name of the Hospital: _____

Date: _____

Time: _____

Received requisition from (sub-inspector/Inspector) of _____ P.S. on
(date) to examine the accused (name) for
age _____. Cr. No. _____ u/s _____.

The individual is accompanied by P.C. _____.

Name of Individual: _____

Alleged age: _____

Address: _____

Sex: _____

Consent of individual: (left thumb impression/signature)

Informed consent for: — medical examination & treatment
(or refusal) — medicolegal examination
— sample collection for clinical & forensic examination.

Name & signature of female attendant (if present): _____

Identification marks: 1) _____

2) _____

Date, time & place of examination: _____

History:

- in the words of the accused: _____
- no. of episodes: _____
- Drug / alcohol intoxication: _____
- Penetration by penis / body part / object: _____
- Ejaculation (into victim's orifice): _____

- Post-incident change of clothes/cleaning/washing/urination/defecation: _____
- Condom/lubricant use: _____

Relevant Medical History:

- Recent (last 60 days) anal-genital injuries, surgeries, consumption of drugs/medicines
- Contraception use: Yes/No Method of contraception: _____
- Tetanus, Hep. B vaccine status: _____

General Physical Examination:

- Pulse: _____
- BP: _____
- Resp. rate: _____
- Temp: _____
- Weight: _____
- Height: _____
- Bust & nutrition: _____
- Chest circumference (at level of nipples): _____
- Abdominal girth (at level of umbilicus): _____
- Development of hair:
 - Beard & moustache: _____
 - Axillary: _____
 - Pubic: _____
- Development of teeth: _____

Local Examination:

- Development of external genitalia: _____
- Pubic hair: _____
- Stains on inner thighs: _____

- Length of penis (in flaccid state): (7.5-10 cm)
- Circumference of penis: (3-5 cm)
- Scrotum, testes: (normal)
- Urethral meatus, vestibule: (normal)
- Smegma (on glans penis & corona glandis): _____
- Frenulum of penis: (intact / torn)
- Discharge/stain: _____

Systemic Examination: _____

Samples collected: _____

Opinion: From the examination of _____, there is nothing to suggest that the person is capable / incapable of performing sexual intercourse.

Date & time: _____

Signature & Name of Doctor

Place: _____

Seal

RAPE -

VICTIM

EXAMINATION

Name of the Hospital: _____

Date: _____

Time: _____

Received requisition from (sub-inspector/Inspector) of _____ P.S. on
(date) to examine the accused (name) for
age _____. Cr. No. _____ u/s _____.

The individual is accompanied by P.C. _____.

Name of Individual: _____

Alleged age: _____

Address: _____

Sex: _____

Consent of individual: (left thumb impression/signature)

Informed consent for: — medical examination & treatment
(or refusal) — medicolegal examination
— sample collection for clinical & forensic examination.

Name & signature of female attendant (if present): _____

Identification marks: 1) _____

2) _____

Date, time & place of examination: _____

Relevant medical/surgical history:

Menarche (age of onset): _____

Cycle length & duration: _____ LMP: _____

Menstruation at time of incident: (Yes/No)

Menstruation at time of examination: (Yes/No)

Vaccination status — Hep. B, tetanus: _____

History related to sexual violence:

Date, time, location of incident: _____

Number of assailants: _____

Description in the words of the survivor: _____

Type of physical violence used (if any): _____

Emotional abuse/violence: _____

Drug/alcohol intoxication: _____

If survivor has left any marks on assailant: _____

- no. of episodes: _____
- Penetration by penis / body part / object: _____
- Ejaculation (into victim's orifice): _____
- Oral sex by assailant: _____
- Forced masturbation: _____
- Post-incident change of clothes / cleaning / washing / urination / defecation: _____
- Condom / lubricant use: _____
- Vaginal / anal / oral bleeding / discharge prior to incident: _____
- Painful urination / painful defecation / fissure / abdominal pain / pain in genitalia since incident: _____

General Physical Examination:

- Pulse: _____
- BP: _____
- Resp. rate: _____
- Temp: _____
- Weight: _____
- Height: _____
- Built & nutrition: _____

Examination of injuries: _____

Local Examination:

- Urethral meatus & vestibule:
- Labia majora & Labia minora:
- Fourchette & introitus:
- Hymen:
- Perineum:

- Per vaginum / per speculum: (should not be done unless required for detection of injuries for medical treatment)
- Anus & rectum: (bleeding / discharge / oedema / tenderness)
- Oral cavity: (bleeding / discharge / tear / oedema / tenderness)

Systemic Examination: _____

Samples collected: _____

- i) Blood (HIV, VDRL, HbsAg)
- ii) Urine test for pregnancy
- iii) USG for pregnancy / internal injury
- iv) X-ray for injury
- v) Clothing

Genital & anal evidence:

- i) Matted pubic hair
- ii) Pubic hair combings
- iii) 2 vulval, 2 vaginal, 2 anal swabs
- iv) Vaginal swab
- v) 1 urethral swab

Provisional Medical Opinion: Kept pending awaiting laboratory report.

Final Opinion: From the examination of _____, I am of the opinion that:

- i) there are signs suggestive of vaginal/anal/oral intercourse with/without force.
- ii) there are signs suggestive of vaginal/anal/oral intercourse under the influence of alcohol/drugs.
- iii) there are no signs suggestive of vaginal/anal/oral intercourse, but there is evidence of physical/genital assault.
- iv) there are no signs suggestive of vaginal/anal/oral penetration.

Date & time: _____

Place: _____

Signature & Name of Doctor

Seal

DRUNKENNESS CERTIFICATE

OPD/IPD No.: _____

MLC No.: _____

Age: _____

Sex: _____

Address: _____

Brought by: _____

Consent: (left thumb impression/signature)

Identification marks: i) _____
ii) _____

Brief history: _____

General Physical Examination:

Built: _____

Nourishment: _____

Height: _____

Weight: _____

Pulse: _____

BP: _____

Respiratory rate: _____

Orientation: _____

Smell of alcohol from mouth: _____

Smell of alcohol from breath: _____

State of clothing: _____

Speech: _____

Eyes: _____

Examination of Neuro-muscular coordination:

ISHITA
KANODIA

i) Finger - nose test: _____

ii) Picking a pencil from the floor: _____

iii) Gait (walking in a straight line): _____

iv) Reaction time: _____

v) Romberg's test: _____

Injuries (if any): _____

Systemic Examination:

CVS: _____

RS: _____

CNS: _____

P/A: _____

Collection of materials for analysis:

i) Blood

ii) Urine

Final Opinion: From the examination of _____, I am of the opinion that:

i) There is nothing to suggest that the person has consumed alcohol.

ii) The person has consumed alcohol but not under the influence of alcohol.

iii) The person has consumed alcohol & is under the influence of alcohol.

Place: _____

Signature of Doctor: _____

Date & time: _____

Name, Designation, Reg. no.: _____

Drunkenness: condition produced in a person, who has taken alcohol in a quantity sufficient to cause him to lose control of his faculties to such an extent, that he is unable to execute safely, the occupation in which he was engaged at the particular time.

→ Methods for determining Blood Alcohol Concentration (BAC):

- Kozelka & Hine test (macro-method)
- Cavett test (micro-method).

Widmark formula: $a = p \cdot c$

a = weight of alcohol (in g.) in the body
 p = body weight (in kg.)
 r = constant (men: 0.68 ; women: 0.55)
 c = blood alcohol concentration (in mg/kg)

For wine: $a = \frac{3}{4} \text{ pg.}$

→ Collection of Blood: alcohol (spirit) must not be used to clean the skin ⇒ use mercuric chloride or soap & water.

- Preserve 10 mL of blood with 100 mg sodium fluoride & 30 mg potassium oxalate.

< 10 mg %	Sober
10-80 mg %	Drinking
80-150 mg %	Under the influence
150-300 mg %	Drunk or intoxicated
300-400 mg %	Stupor
$\geq 400 \text{ mg } \%$	Coma, death

PRESERVING

EVIDENTIARY MATERIALS

Preserving Evidentiary Materials in Poisoning Cases:

To: The Deputy Director,
Regional Forensic Science Laboratory, _____ (place)

PM No. / OPD No. / IP No. : _____

Name of the deceased / patient : _____

Age: _____

Sex: _____

Crime / VDR No.: _____

P.S.: _____

Sir / Madam,

I am herewith sending the following evidentiary materials collected from the above mentioned case for the purpose of analysis.

Bottle 1: Stomach & contents + 30 cm of proximal small intestine with contents

Bottle 2: Liver (500 gm) with gall bladder + half of each kidney

Bottle 3: Blood 10-20 ml

Bottle 4: Urine 30-50 ml

Bottle 5: Sample preservative 50 ml.

Place: _____

Date: _____

signature of doctor

Name, Designation, Reg. no.

→ In children \Rightarrow both kidneys should be preserved fully.

ISHITA
KANODIA

→ Preservatives used:

- Bottle 1, 2, 5: Saturated solution of NaCl

- Bottle 3: For 10 ml blood \Rightarrow 100 mg Sodium fluoride + 30 mg Potassium oxalate
prevents glycolysis & bacterial growth

- Bottle 4: 1ml conc. HCl or thymol crystals.

Labels for Evidentiary Materials in Poisoning Cases:

Name of Hospital: _____

Bottle 1: Stomach & contents + 30 cm proximal small intestine
with contents

Name: _____

Age: _____

Sex: _____

PM No.: _____

Date: _____

Doctor's signature & seal

Preserving Evidentiary Materials in DNA Analysis:

To: The Deputy Director,
Regional Forensic Science Laboratory, _____ (place)

PM No. / OPD No. / IP No.: _____

Name of the deceased / patient: _____

Age: _____

Sex: _____

Crime / VDR No.: _____

P.S.: _____

Sir / Madam,

I am herewith sending the following evidentiary materials collected from the above mentioned case for the purpose of analysis.

- i) Hair (scalp)
- ii) Nail
- iii) Blood
- iv) Skin (forearm)
- v) Blood (from crime scene)

Type of analysis requested: DNA analysis of one sample to match DNA of deceased with DNA from crime scene.

Place: _____

Date: _____

Signature of doctor
Name, Designation, Reg. no.

