IN THE COURT OF THE IV ADDL. DISTRICT AND SESSIONS JUDGE, MYSURU

S.C. 119/2022

DEPOSITION OF	:	Dr. Dayanand		DULY SWORN ON
FATHERS NAME	:	S. Rudrappa		06.12.2024
AGE	:	39 YEARS:		
PROFESSION	:	**Associate Professor, Mysuru Medical College**	P.W. :	39
RESIDENCE	:	Mysuru	C.W. :	52

EXAMINATION IN CHIEF BY PUBLIC PROSECUTOR :

Since 2013 till now, I am working in Mysore Medical College is different positions. From the year 2017 I am working as Associate Professor.

On 22/10/2021, I received requisition from PSI, Mysore South Police station in Crime No: 310/2021, U/S:302, 307 IPC to conduct postmortem of deceased Shivaprakash.S and conducted postmortem on same day between 8am to 9am

While conducting Post Mortem examination following clothes were found on Dead body

1. Blue jeans pant.
2. Black belt.
3. Blood stained full sleeve shirt with white and black color stripes.

4. One white baniyan, blood stained.
5. One black and white underwear.

After examination said clothes were handed over to the concerned police in a sealed manner along with sample seal.

Dead body that of a male aged about 58years, measuring 168cm in length, moderately built and nourished. Eyes partially open, pupils dilated and fixed. Post mortem staining present over the back of the body faintly. Rigor mortis appreciated all over the body, Dried blood stain present over face and both hands.

Following external injuries were found:

1. Multiple chop wounds merging together measuring 23cm x 4cm x bone deep present over the back of the neck, edges are clean cut, margins are abraded, underlying skin, subcutaneous tissue, muscles, vessels, nerves clean cut. Underlying bones are fractured. It also extends to the left side of face.
2. Chop wounds 15cm x 1cm bone deep present over the back of neck.

3. Chop wound 12cm x 1cm x bone deep present over the back of the neck.
4. Chop wound 7cm x 1cm x muscle deep present over the back of the neck, obliquely placed
5. 2 chop wounds measuring 8 x 2cm x bone deep, 9 x 2 cm x muscle deep present over the left side of neck, underlying muscle, vessels, nerves are clean cut.
6. Superficial incised wound 8 x 0.5 cm x subcutaneous tissue deep present over the left side of face.
7. 2 linear abrasion 4cm x 0.5 cm, 2 x 0.5cm respectively present over the left cheek both are subcutaneous tissue deep.
8. Chop wounds 8 x 2 cm x bone deep present over the right palm, obliquely placed.
9. Incised wound 7 x 1 x bone deep present over the dorsal aspect of right index finger.
10. Chop wound 4 x 2 cm x bone deep present over the right thumb, underlying bones fractured.
11. 2 chop wounds 9 x 2 cm x muscle deep and 10 x 2 cm x muscle deep present over the right shoulder.
12. 2 incised wounds 3 x 1 cm x muscle deep 2 x 0.5 cm x muscle deep present over the left shoulder.
13. Incised wound 4 x 2 cm x muscle deep with tailing in its lateral aspect present over the lateral aspect of left arm.
14. Chop wound 2 x 0.5 cm x muscle deep present over the lower one third of left arm.
15. Multiple incised wounds of various sizes, subcutaneous tissue deep present over the right

scapular and supra scapular area over an area of 10 x 10cm.
16. Incised wounds with beveling 10 x 5cm present over the left shoulder.
17. Multiple chop wounds 3 x 1 cm x bone deep to 1 x 1cm x bone deep present over the left 1st – 4th fingers, underlying bones are fractured.
18. Superficial incised wound 3 x 0.5cm subcutaneous tissue deep present over the left scapular area.

On dissection following injuries are found

Scalp: Extravasation over the right side.

Skull: intact.

Membranes intact.

Brain and spinal cord: subdural and sub arachnoid hemorrhage present over the occipital region.

III THORAX

Chest walls, Ribs & Sternum was described.

Pleura and Cavity is intact.

Larynx and trachea were intact.

Lungs are pale.

Pericardium, heart and large vessels were intact.

IV ABDOMEN

Abdominal wall was intact.

Peritoneum was intact.

Mouth, pharynx and esophagus were pale.
Stomach contains 100ml of partially digested food particles, Mucosa pale and no unusual smell.

Small and Large Intestines- contains gas and its contents.

Liver and spleen were pale.

V GENITO URINARY SYSTEM

Kidneys were pale.

bladder was empty.

Organs of generation, external and internal were intact.

Fracture Dislocation/more detailed description of injury or disease

1. All injuries are antemortem in nature
2. Blood effused around fracture sites.
3. Blood and viscera sent to RFSL for chemical analysis.
4. Blood soaked gauze sent to RFSL as per IO request.

Opinion was reserved pending for want of chemical analysis report.

After receipt of the RFSL Report I gave final opinion of the death. In perusal of autopsy findings and chemical analysis report, I am of the opinion that death is due to multiple chop injuries sustained. The document now shown to me is the P.M.Report given by me and the signature in the report is mine. The P.M. Report is marked as Ex.P-67 and signature is marked as Ex.P-67(a).

the Clothes marked as M.O.7 and 8 and other items now shown to me were found on the Dead body of the Shivaprakash. The remaining items are marked as M.O. 16 to 18. the Gauze now shown to me was the blood soaked gauze sent to RFSL, same is marked as M.O. 19.

On the same day as per the request of I.O. of Latha aged about 49 years, concerned to Cr.No.310/2021, said dead body was measuring about 5 feet 6 inches in length, moderately built and

nourished. Pupils dilated and fixed. Postmortem staining present over the back of the body faintly. Rigor mortis appreciated all over the body. Dried blood stains present over face and both hands.

While post motem examination following injuries were found on the dead body

1. Multiple chop wounds merging together measuring 35cm x 3 cm x bone deep present over the left side of face and back of head. Edges are clean cut, margins are abraded underlying skin, subcutaneous tissue, muscles, vessels, nerves are clean cut, underlying bones are fractured.
2. Chop wound 5 x 1 cm x bone deep present over the right cheek, underlying bone shows cut fracture.
3. Chop wound 3 x 1 cm x muscle deep present lateral to the right angle of mouth.
4. Chop wound 11 x 1 cm x bone deep present over the right cheek.
5. Chop wound 8 x 1 cm x bone deep present over the left parotid region.
6. Incised wound 3 x 1 cm x bone deep present over the left temporal region.

7. Chop wound 16 x 8 cm x bone deep present over the 4th digital space of right hand and palm, the distal part is attached to the proximal part by a tag of skin, underlying bones are showing cut fracture.

8. Chop wound 8 x 1 cm x bone deep present over the occipital region.

9. Chop wound 15 x 1 cm x bone deep present over the occipital region obliquely placed.

10. 2 incised wounds 4 x 0.5 cm x bone deep and 2 x 0.5 cm x bone deep present over chin.

11. Incised wound 4 x 0.5cm x muscle deep present below the chin.

12. Incised wound 3 x 0.5 cm x muscle deep present over the left clavicle.

13. Multiple incised wound merging together 9 x 8 cm x muscle deep area present over the left shoulder.

14. Incised wound 6x 1 cm x muscle deep present over left shoulder below injury 13.

15. Incised wound 3 x 0.5 cm x muscle deep present over upper 1/3rd of left arm.

16. Chop wound 3 x 0.5cm x bone deep present over dorsal aspect of left little and ring finger, underlying bones are fractured.

17. Incised wound 8 x 1.5 cm x muscle deep present over lower 1/3rd of right arm and upper 1/3rd of forearm on its medial aspect.

18. Chop wound 19 x 3cm x muscle deep present over right upper back.

19. Incised wound 6 x 0.5 cm x bone deep present over the occipital region.

20. Incised wound 8x 1cm x muscle deep present over the upper back below injury no. 18.

Following clothes were found on the dead body

1. One Brown, blue, white, flower design nightie.
2. Light grey colour petticoat.
3. Light brown bra.
4. Pink colour panty.

After examination the said clothes were handed over to the concerned police in a sealed manner along with sample seal.

On internal examination following injuries were found

10. Cranium and Spinal Cord

Scalp: Extravasation present over right temporo-occipital region.

Skull: Fissure fracture 5cm present over the left temporal bone chop wounds corresponding to bones shows cut fracture.

Membranes: Laceration corresponding to the fracture sites.

Brain and Spinal Cord: Diffuse subdural and subarachnoid haemorrhage present over both cerebral hemispheres.

11. THORAX

Chest walls, Ribs and Sternum intact.

Pleura and chest cavity were pale.

Larynx and trachea were pale.

Lungs were pale.

Pericardium, heart and large vessels were intact.

12. ABDOMEN

Abdomen and wall were intact.

Peritoneum was pale.

Mouth, pharynx and oesophagus were pale.

Stomach contains 100 ml of partially digested food particles, mucosa pale and no unusual smell.

Small and Large intestines – contains gas and its contents

Liver and Spleen were pale.

13. GENITOURINARY SYSTEM

Kidneys were pale.

Bladder was empty.

Organs of generation, external and internal were intact.

Uterus with tubectomy band noted, cavity empty.

Fractures Dislocation/ More detailed description of injury or Disease.

I. All injuries are antemortem in nature.
II. Blood effused around fracture sites.
III. Blood and viscera sent to RFSL for chemical analysis.
IV. Dried blood soaked gauze piece sent to RFSL as per IO request.

Opinion was reserved pending for want of chemical analysis report.

On 22/12/21, I received a requisition letter from Mysore south Police station along with RFSL Report to issue final opinion. On perusal of autopsy findings and chemical analysis report I am of the opinion that death is due to multiple chop injuries sustained. The document now shown to me is the P.M.Report given by me and the signature in the report is mine. The P.M. Report is marked as Ex.P-68 and signature is marked as Ex.P-68(a).

The Clothes marked as M.O.9 and 10 and other items now shown to me were found on the Dead body of the Latha. The remaining items are marked as M.O. 20 to 22. the Gauze now shown to me was the blood soaked gauze sent to RFSL, same is marked as M.O. 23.

On 22.12.2021 I received a requisition letter from mysore south police station for examination of weapon and furnishing of opinion. Along with said request I received a white clothed packet with intact seal “RFSL

MYS" without sample seal said to contain a machete. It was labelled Pf 306/21.

On opening the packet it was found that it contains a machete measuring 42 cm in total length. It has a wooden handle measuring 14.5cm and circumference of 13cm, It has a blade measuring 27.5 cm and a breadth of 6.5cm. It is curving to a pointed tip. Reddish brown stains at places seen.

After examination it was repacked, labelled, sealed and handed over to the concerned police in a sealed manner along with the sample seal.

I am of the opinion that the injuries mentioned in PM reports of Both Shivaprakash and Latha could be caused by the weapon similar to the one examined. The document now shown to me is the my opinion regarding the weapon given by me and the signature in the report is mine. Said Report is marked as Ex.P-69 and signature is marked as Ex.P-69(a). The sample seal now shown to me was sent along with weapon. Said sample seal marked as Ex.P-69(b). The weapon

marked as M.O.11 now shown to me was the weapon examined by me.

CROSS EXAMINATION BY C.P ADVOCATE FOR ACCUSED :

I have not seen Inquest report submitted by I.O. I am aware about the inquest report. It is true to suggest that after conducting the inquest to know about the exact reason for death Police will send the dead body for P.M. examination. I do not know whether Police have conducted the inquest Mahazar of dead body of Shivaprakash and Latha. It is not true to suggest that in all the cases it is necessary to see the inquest report before conducting the P.M. Examination. Witness voluntarily says that usually I.O. send summary report whenever required we ask for inquest report. I do no know whether summary report will be prepared after inquest report. Between 12-24 hours rigor mortis will develop fully. Theory of Dozen means appreciation of rigor mortis comes in 12 hours, stays for 12 hours and disappears in 12 hours. Witness voluntarily says that in the month of October due to winter season appreciation and disappearance

of rigor mortis may delays. I do not know in Mysore winter commences in middle of November only. It is true to suggest that in dead bodies of Shivapraksh and Latha rigor morties were fully developed.

Chop wounds are usually caused by heavy sharp cutting weapons usually they have abraded margins. Incised wounds are caused by any sharp weapons. It is not true to suggest that incised wounds can be caused only by knifes, razor blades or glass. Witness voluntarily says that even if heavy sharp cutting weapons are used with lighter force or tangential way they can also cause incised wounds.

It is true to suggest that injury No.12 and 13 found in the dead body of the Shivaprakash are muscle deep in nature. It is true to suggest that injury No.6 and 19 found on the dead body of the Latha are bone deep injuries. It is true to suggest that while assaulting if more force is used then only it causes bone deep injuries. It may be true to suggest that if same weapon is used for assaulting 2-3 persons blood of all the persons may be found on the weapon.

It is true to suggest that if blood of 3 persons is found in a single weapon it can be identified separately. At the time of verifying weapon I found Reddish brown stains on the weapon but I can not say said stains were of blood. It is not true to suggest that if a person is assaulted with a weapon I examined injuries found on the dead body of Shivaprakash and Latha can not be caused. It is not true to suggest that I have not conduted any Postmortem of Shivaprakash and Latha and I have issued P.M.Reports as per the convenience of the Police

Re examination: Nil

TYPED TO MY DICTATION IN THE OPEN COURT.

R. O. I. & A. C.,

06.12.2024
IV ADDL. DISTRICT AND SESSIONS JUDGE,
MYSURU.