

**IN THE COURT OF II ADDL. DISTRICT AND SESSIONS  
JUDGE, UDUPI****CASE No: S.C.15/2020****PW: 19****Addl.Witness  
No.4**

**Name of the Witness : Dr. Anitha S.**  
**Husband Name : Dr. Chethan K.**  
**Age : 39 years**  
**Occupation : Associate Professor**  
**Address : Department of Forensic Medicine &  
Toxicology, KMC, Manipal**

**(THROUGH VIDEO CONFERENCING)****Witness is called out and duly sworn on: 27-11-2024.****Chief examination : By Public Prosecutor.**

I worked as an Associate Professor, Department of Forensic Medicine & Toxicology, KMC, Manipal from 2013 to 2021. On 07-07-2020 as per the requisition filed by Malpe Police I conducted postmortem of deceased Mr. Yogish with the history of gang attack with sharp weapons on his abdomen and murdered him.

On examination I found the following external injuries.

Dead body was covered in a blue coloured hospital cloth.

Removal of the hospital cloth revealed the following apparels and articles present over the body;

1) Light blue coloured half sleeved collared T-shirt with pocket on left side, torn and blood stained at sever places. Following defects were present;

a) Horizontally placed linear defect/tear measuring 43 cm, was present involving the front aspect of the t shirt starting at a point 16 cm below the base of left collar, extending towards right side to involve the front of right sleeve.

b) Obliquely placed defect measuring 35 x 1 cm, was present involving the lower part of front of t-shirt on right side, with its upper end situated at a point 4 cm above and 4 cm inner to right bottom corner (Corresponding to External Injury No.6)

c) Horizontally placed defect measuring 29 x 1 cm, was present involving the back side of the t-shirt starting from the base of collar on left side, extending towards right side.

d) Obliquely placed defect measuring 2.5 x 0.7 cm, was present involving the back of t-shirt on right side, with upper end situated at a point 29 cm above and 1.5 cm inner from right bottom corner.

e) Horizontally placed defect measuring 5.3 x 1.5 cm, was present involving the back of t-shirt on right side situated at a point 23 cm above and 9.5 cm inner to right bottom corner (Corresponding to External injury No 8).

f) Vertically placed defect measuring 3.5 x 1 cm, was present involving the back of t-shirt, with its upper end situated at a point 20 cm above and 22 cm inner to right bottom corner (Corresponding to external injury No.11)

g) Obliquely placed defect measuring 3.5 x 1 cm, was present involving the back of t-shirt on left side with its upper end situated at a point 15 cm above and 9.24 cm inner to left bottom corner. (Corresponding to External injury No 12)

h) Vertically placed defect measuring 2.5 X 1.5 cm, was present involving the back of t-shirt on left side, with its upper end situated at a point 21 cm above and 14cm inner to left bottom corner.(Corresponding to External Injury No. 13)

2) Black coloured pant with pockets on both sides, blood stained at several places.

3) Maroon coloured underwear with UNO inscribed in its waist band, blood stained at several places.

- 4) Orange coloured towel was present tied around his chest, blood stained at several places.
- 5) 2 pieces of white and light orange coloured towel, blood stained at several places.
- 6) Orange coloured sacred thread was present around right wrist.

The aforementioned apparels No.1-5 were removed, examined, air dried in room temperature, packed, sealed labelled and handed over to the investigating officer along with the postmortem report.

Removal of the apparels revealed the body to be of an adult male, wheatish in complexion, moderately built and nourished, measuring 74 kg in weight and 169 cm in length.

Body was cold and stiff all over (Preserved in mortuary cold chamber)  
Postmortem lividity was faintly present over the back and was not fixed.

Conjunctivae of both the eyes were pale.

Dried blood stains were present over both nostrils, mouth, back of abdomen and over both the feet.

All other external body orifices were intact and unremarkable.

The following external injuries were present over the body.

- 1) Abraded contusion, reddish in colour, measuring 2 x 1 cm, was present over forehead in midline, situated at a point 3 cm above glabella.
- 2) Abraded contusion, reddish in colour, measuring 3 x 2.5 cm, was present over the forehead on right side situated at a point 2cm above and 4 cm away from glabella.
- 3) Abrasion, reddish in colour, measuring 0.5 x 0.5 cm, was present over outer aspect of lower lip, situated at a point 2 cm inner to angle of mouth on right side.
- 4) Contusion, reddish in colour, measuring 5 x 2 cm, was present over right side of face, starting from outer canthus of right eye.
- 5) Obliquely placed multiple linear abrasions, reddish in colour, over an area of 20 x 6 cm, were present over the front of right shoulder and front of chest on right side, directed outwards to inwards, starting at a

point 2 cm below right shoulder tip and ending at a point 1 cm above right nipple.

6) Vertically placed wedge shaped stab wound, with blunt end below, measuring 2.6 x 1.7 cm x abdominal cavity deep, and on approximation measured 4 x 0.3 cm x abdominal cavity deep, was present over front of abdomen on right side, with its lower end situated at a point 5 cm above right anterior superior iliac spine.

7) Abrasion, reddish in colour, measuring 0.5 x 0.2 cm, was present over the front of abdomen on right side situated 0.3 cm below External Injury No.6. (? Hilt mark)

8) Horizontally placed incised wound, measuring 11 x 2 cm x bone deep (ribs), with tailing of 1 cm directed medially, and on approximation measured 11.2 x 0.3 cm x bone deep(ribs), was present over the back of chest on right side, directed backwards and medially, situated at a point 7cm behind and 19 cm below right axillary fold. The incised wound had bevelled margin above and undermining margin below, with depth directed downwards measuring 3.5 cm. (examined with probe).

9) Obliquely placed incised wound, measuring 2 x 0.3 cm x subcutaneous tissue deep, with tailing of 02 cm directed upwards and anteriorly, was present over the back of chest on right side, situated at a point 3.5 cm behind and 20 cm below right axillary fold, and the lower end was situated 17 cm below and 1.5 cm away from External Injury No. 8.

10) Obliquely placed incised wound, measuring 2 x 0.5 cm x subcutaneous tissue deep, with tailing of 1 cm directed medially downwards, was present over the back of abdomen on right side, with its upper end situated at a point 29.5 cm below and 2 cm away from the spine of C7 vertebrae.

11) Vertically placed wedge shaped stab wound, with blunt end above, measuring 2.5 x 1.7 cm x muscle deep and on approximation measured 3 x 0.2 cm x muscle deep, was present over the back of abdomen on right side, with its upper end starting at a point 37 cm below and 6 cm away from spine of C7 vertebrae. The stab wound had bevelling margin on right side and undermining margin on left side, with depth directed upwards measuring 5 cm (examined with probe).

12) Obliquely placed wedge shaped stab wound, with blunt end above, measuring 4x1.5 cm x abdominal cavity deep, and on approximation measured 45x3 cm x abdominal cavity deep, was present over the back of abdomen on left side, with its upper end at a point 32 cm below and 6 cm away from spine of CT vertebrae. The stab wound had bevelling margin below and undermining margin above, directed upwards and outwards (examined with probe) [Further description under internal examination of chest and abdomen).

13) Vertically placed wedge shaped stab wound, with its blunt end above, measuring 3x1.5 cm x abdominal cavity deep, and on approximation measured 4x0.3 cm x abdominal cavity deep, was over the back of abdomen on left side, with its upper end situated at a point 29 cm below and 12 cm away from spine of C7 vertebrae, and lower end was situated 6 cm away from upper end of External Injury No.12. The stab wound had bevelling margin on left side and undermining margin on right side, directed medially and backwards (examined with probe).(Further description under internal examination of chest and abdomen].

14) Obliquely placed wedge shaped stab wound, with blunt end above, measuring 3.5x15x55 cm (muscle deep), and on approximation measured 4x0.3cm x muscle deep, was present over the back on right buttocks with its lower end situated at a point 33 cm above right knee joint.

All the aforementioned injuries are fresh and ante mortem in nature. External Injury No.1-5 and 7 are caused by blunt force trauma and External Injury No. 6 and 8-14 are caused by sharp force trauma.

Time since death cannot be estimated as the body was preserved in mortuary cold chamber.

TARGET ORGAN DISSECTION WAS DONE ACCORDING TO THE COVID 19 (PANDEMIC) GUIDELINES RECEIVED FROM STATE AUTHORITY.

(B) INTERNAL EXAMINATION:

1)Cranium: Skull and Vertebrae, Membranes, Brain and spinal cord.

(II) Spine and Neck:

(III) Thorax;

1) **Walls, ribs and cartilages:** External Injury No.13 continued inwards and medially, to penetrate the left 10th intercostal space,

between 10th and 11th rib (5cm away from lateral aspect of vertebral column).

Posterior surface of diaphragm and postero-lateral surface of left kidney. External injury No. 12 continued upwards and medially, to penetrate the 11th intercostal space, between 11th and 12th rib (2.5 cm away from lateral aspect of vertebral column) and postero-medial surface of left kidney.[Further description under internal examination-left kidney].

There was extravasation of blood into the diaphragm and intercostal muscle, surrounding the stab wound.

2) **Right Pleura:** Intact and unremarkable.

3) **Left Pleura:** Contained 400 ml of blood and 330 g of clot. (Approximately 1720 ml of blood) suggestive of entry through the defect mentioned in diaphragm.

4) **Larynx and trachea:--**

5) **Right lung:--**

6) **Left lung:--**

Both the lungs were soft and congested. Multiple bluish areas were seen on the surface of lungs, suggestive of contusion.(to be confirmed by histopathological examination) Blood stained fluid oozed out on cut section.

7) **Pericardium:--**

8) **Heart:--**

9) **Large vessels :** Aorta:Multiple fatty streaks were present over the aortic intima at places. Para aortic contusions were on thoracic part of aorta.

Inferior vena cava. Intact and unremarkable

#### **(IV) Abdomen and Gastrointestinal tract:**

1) **Walls :**Injury corresponding to External injury No. 6, 12 and 13.

2) **Peritoneum :** Injury corresponding to external injury No. 6. Blood clots were present in retroperitoneal region (corresponding to External injury No. 12 and 13).

3) **Mouth, Pharynx and Oesophagus:---**

**4) Stomach and its contents:** Weighed 360 g. Stomach contained 110 ml of scanty brownish mucoid fluid with no identifiable food particles with fruity odour Stomach mucosa was congested.

**5) Pancreas:--**

**6) Small intestine & its contents:--**

**7) Large intestine & its contents:--**

**8) Adrenals:--**

**9) Liver:** Weighed 1865 g, Liver was pale on cut section. Multiple reddish brown areas were seen on the surface of liver, varying in sizes from 3 x 2 cm to 1 x 1 cm, suggestive of contusion. (To be confirmed by histopathological examination).

**10) Spleen:** Weighed 110 g. Congested on cut section.

**(V) Genito-Urinary Organs:**

**1) Right Kidney :** Pale on cut section.

**2) Left Kidney :** Extensive blood clots were present involving the left peri renal space and left para-renal pad of fat.

External Injury No. 13 continued inwards and medially, to penetrate the left 10th intercostal muscle (5 cm away from lateral aspect of vertebral column), posterior surface of diaphragm and postero-lateral surface of left kidney, to produce an incised wound measuring 2 x 0.5 cm x parenchyma deep.

Incised wound, measuring 2 x 0.7 cm x parenchyma deep, was present involving the postero-superior surface of left kidney. (Causative injury can be either External Injury No. 12 or 13)

External injury No. 12 continued upwards and medially, to penetrate the 11th intercostal muscle (2.5 cm away from lateral aspect of vertebral column) and postero-medial hilar surface of left kidney, to produce an incised wound measuring 2 x 0.5 cm x parenchyma deep, associated with transection of renal vessels.

**3) Bladder:** Empty.

**4) Organs of generation, external and internal :** Intact and unremarkable.

**(C) INVESTIGATIONS:**

Blood group of the deceased as per Kasturba Hospital No. 156/2020 was. AB Positive.

Blood sent for serum ethanol estimation: 203 mg/dl

The following organs sent for histopathological examination revealed;

- 1) Liver-Features are consistent with tissue injury/ contusion (estimated time: <24 hours).
- 2) Lung-Features are consistent with tissue injury/contusion (estimated time <24 hours)
- 3) Diaphragm Features are consistent with tissue injury/contusion (estimated time: <24 hours)
- 4) Kidney Autolysis induced changes.

The following viscera and body fluids were sent to RFSL, Mangaluru in glass bottles for chemical analysis:

- 1) Entire stomach with its contents and proximal 30 cm of small intestine with its contents (Preserved saturated solution of common salt)
- 2) 500g of liver with gall bladder and half of each kidney. (Preserved in saturated solution of common salt)
- 3) 10 ml of blood. (Preserved in sodium fluoride).
- 4) Sample preservative. (Saturated solution of common salt).

**OPINION AS TO CAUSE OF DEATH:**

DECEASED DIED DUE TO STAB INJURIES SUSTAINED TO THE ABDOMEN, HOWEVER, VISCERA BEEN PRESERVED TO RULE OUT ASSOCIATED INTOXICATION OR POISONING.

**FINAL OPINION:**

The R.F.S.L. report from Mangalore bearing number RFSL/TS/1054/2020 dated 07/11/2020 and RFSL/BS/257/2020 dated 03/02/2021 received here on 11/03/2021, enclosed with letter from Circle Inspector of Police, Udupi Circle, Udupi District, dated 03/03/2021 in relation to post-mortem report of Mr. Yogish (P.M.No.156/2020 dated 07/07/2020 of Forensic Medicine

Department of Kasturba Medical College, Manipal under Cr.No.49/2020 of Malpe Police Station, U/s 143, 147, 148, 302 R/W 149 of IPC indicates that Colour tests and Gas chromatographic methods of analysis have responded for the presence of Ethyl alcohol in the viscera and blood send. Quantum of Ethyl alcohol=24.3 mg/100ml of blood.

Serology report:

The specimen cuttings/scrapings of the blood stained articles were subjected to serological analysis. The origin was determined by Gel diffusion method. Cross over electrophoresis and the blood grouping was determined by the Absorption Elution method. The results are furnished below;

- 1) Blood stains were detected in item Nos.1 J, K, L and M
- 2) Item Nos. I, J, K, L and M are stained with human blood.
- 3) Item Nos. I, J, K, L and M are stained with 'AB' group blood.

Final opinion as to the cause of death of Mr. Yogish from perusal of autopsy, biochemistry report, histopathology report and RFSL report remains unaltered. Signature of witness is marked as Ex.P68(b).

On 03-03-2021 investigating officer submitted requisition along with weapon and sought for final opinion as to cause of death and injuries mentioned in Postmortem report. I opined that all the injuries mentioned under external examination No.6 and 8 to 14(sharp force injuries) can be caused by the type of weapon examined or any other weapon of similar description. After examination I am of the opinion that such injuries can be caused by assaulting the deceased with that weapon. Accordingly, I issued report. It is marked as Ex.P69, signature is marked as Ex.P69(a). Now I see the said weapon which is already identified as MO.3. I can also identify the cloths of deceased, which are identified as MO.10 to 13.

**Cross-examination by: Sri. MSS Advocate for accused:**

In the requisition there was no information about the number of accused involved in the crime, their particulars, descriptions and their names. I cannot say how many number of weapons are used in the crime.

**Re-examination: NIL.**

(Dictated and typed in open court)

R.O.I. & A.C

II Addl. District & Sessions Judge,  
Udupi