Letter to all Home Secretaries regarding the revised instructions to be followed while sending post-mortem reports in cases of custodial deaths

N. Gopalaswami, IAS  
Secretary General

Dear

As you are aware, the Commission had issued general instructions in 1993 that intimation be given to the Commission of any custodial death within 24 hours of its occurrence. These intimations are to be followed with the post-mortem reports, Magisterial Inquest Report/Videography report of the post-mortem etc. However, it is found that there is a considerable delay in sending the post-mortem report along with the videography and the Magisterial Inquest Report.

This causes delay in the Commission in processing the cases of custodial deaths and the awarding of interim relief wherever prima facie there is reason to conclude that the custodial death was a result of custodial violence. In order to streamline the procedure, the following instructions are issued:

1. The post-mortem report along with the videograph and the Magisterial Enquiry report must be sent within 2 months of the incident.

2. The post-mortem reports have to be sent in the new proforma which was circulated vide letter No. NHRC/ID/PM/96/57 dated 27.03.1997. All concerned authorities may be instructed to use the new proforma. A copy of the new proforma* is enclosed for ready reference.

3. In every case of custodial death, Magisterial Enquiry has also to be done as directed by the Commission. It should be ensured that the Magisterial Enquiry is completed as soon as possible but in such a way that within 2 months deadline mentioned in Para 1.1 the Magisterial Enquiry report is also made available.

4. In some cases of custodial death, after post-mortem the viscera is sent for examination and viscera report is called for. However, the viscera report takes some time in coming and therefore, this is to clarify that the post mortem report and other documents should be sent to the Commission without waiting for the viscera report. The viscera report should be sent subsequently as soon as it is received.

* For the new proforma refer to page nos.12 to 25.
Instructions may kindly be issued to all concerned authorities to adhere to the above guidelines.

Thanking you and with Season’s Greetings,

Yours sincerely,

Sd/-

(N. Gopalaswami)

To

All Home Secretaries
MODEL POST-MORTEM REPORT FORM
(Read carefully the instructions at Appendix 'A')

NAME OF INSTITUTION ____________________________________________

Post-Mortem Report No. ____________________ Date ________________

Conducted by Dr. ________________________________________________

Date & Time of receipt of the body and Inquest papers for Autopsy __________________________

Date & Time of commencement of Autopsy ____________________________

Time of completion of Autopsy _____________________________________

Date & Time of examination of the dead body at Inquest (as per Inquest Report) _________________

Name & Address of the person video recording the Autopsy ________________

Note : The tape should be duly sealed, signed and dated and sent to the National Human Rights Commission, Sardar Patel Bhawan, Sansad Marg, New Delhi.

CASE PARTICULARS

1. (a) Name of deceased and as entered in the Jail or Police record ____________________________
(b) S/o, D/o, W/o ________________________________________________
(c) Address : ________________________________________________

2. Age (Approx.) : _________ yrs; Sex: Male/Female

3. Body brought by (Name and rank of Police officials)
   (i) _________________________________________________________
   (ii) _________________________________________________________
   of Police Station ____________________________________________

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4. Identified by (Name & addresses of relatives/persons acquainted)
   (i) ___________________________________________
   (ii) __________________________________________

IF HOSPITAL, DEAD BODIES - (particulars as per hospital records)

Date & Time of Admission in Hospital ___________________________
Date & Time of Death in Hospital ________________________________
Central Registration No. of Hospital _____________________________

SCHEDULE OF OBSERVATIONS

(A) GENERAL

(1) Height ________ cms. (2) Weight ________ Kgs.

(3) Physique - (a) lean / medium / obese
(b) Well built/average built/poor built/emaciated

(4) Identification features (if body is unidentified)
   (i) ___________________________________________
   (ii) __________________________________________

   (iii) Finger prints be taken on separate sheet and attached by the doctor.

(5) Description of clothes worn - important features:

(6) Post-mortem Changes:
   (a) As seen during inquest
       - Whether rigor mortis present __________________________
       - Temperature (Rectal) ________________________________
       - Others __________________________________________

   ____________________________
(b) As seen at Autopsy

(7)
(a) External general appearance

(b) State of eyes

(c) Natural orifices

(B) EXTERNAL INJURIES:
(Mention Type, Shape, Length x Breadth & Depth of each injury and its relation to important body landmark. Indicate which injuries are fresh and which are old and their duration.)

Instructions:

(i) Injuries be given serial number and mark similarly on the diagrams attached.
(ii) In stab injuries, mention angles, margins and direction inside body.
(iii) In fire arm injuries, mention about effects of fire also.
(C) INTERNAL EXAMINATION

1. HEAD
   (a) Scalp findings
   (b) Skull (Describe fractures here & show them on body diagram enclosed)
   (c) Meninges, meningeal spaces & Cerebral vessels
       (Haemorrhage & its locations, abnormal smell etc. be noted)
   (d) Brain findings & Wt. (Wt. __________________ gms.)
   (e) Orbital, nasal & aural cavities - findings.

2. NECK
   - Mouth, Tongue & Pharynx
   - Larynx & Vocal cords
   - Condition of neck tissues
   - Thyroid & other cartilage conditions
   - Trachea

3. CHEST
   - Ribs and Chest wall
   - Oesophagus
   - Trachea & Bronchial Tree
   - Pleural Cavities
     - R -
     - L -
   - Lungs findings & Wt.
     - Rt. __________ gms. & Lt. __________ gms.
- Pericardial Sac

- Heart findings & Wt. __________

- Large blood vessels

4. ABDOMEN

- Condition of abdominal wall

- Peritoneum & Peritoneal cavity

- Stomach (wall condition, contents & smell) (Weight __________ gms.)

- Small intestines including appendix

- Large intestines & Mesentric vessels

- Liver including
  - gall bladder (wt. _______________ gms.)

- Spleen (wt. ___________ gms.)

- Pancreas

- Kidneys finding & Wt. - Rt __________ gms. & Lt. __________ gms.

- Bladder & Urethra

- Pelvic cavity tissues

- Pelvic Bones

- Genital organs (Note the condition of vagina, scrotum, presence of foreign body, presence of foetus, semen or any other fluid, and contusion, abrasion in and around genital organs).
5. **SPINAL COLUMN & SPINAL CORD** (To be opened where indicated)

**OPINION**

i) Probable time since death (keep all factors including observations at inquest)

ii) Cause & manner of death - The cause of death to the best of my knowledge and belief is:-

   (a) Immediate cause -

   (b) Due to -

   (c) Which of the injuries are ante-mortem/post-mortem and duration if ante-mortem?

   (d) Manner of causation of injuries

   (e) Whether injuries (individually or collectively) are sufficient to cause death in ordinary course of nature or not?

iii) Any other

**SPECIMENS COLLECTED & HANDED OVER** (Please tick)

a) Viscera (Stomach with contents, small intestine with contents, sample of liver, kidney (one half of each), spleen, sample of blood on gauze piece (dried), any other viscera, preservative used)

b) Clothes

c) Photographs (Video cassettes in case of custody deaths, finger prints, etc.)

d) Foreign body (like bullet, ligature, etc.)

e) Sample of preservative in cases of poisoning
f) Sample of seal

g) Inquest papers (mention total number & initial them)

h) Slides from vagina, semen or any other material

PM report in original,____ inquest papers, dead body, clothings and other articles (mention there) duly sealed (Nos. ____ ) handed over to police official ________

No. __________________ of PS __________________ whose signatures are herewith.

Signature: ____________________________

Name of Medical Officer: ____________________________

(in block letters) ____________________________

Designation: ____________________________

SEAL
Full Body: Male - Anterior and Posterior Views (Ventral and Dorsal)

Name ___________________________ Case No. ___________________________

Date ___________________________
Full Body: Female - Anterior and Posterior Views

Name ___________________________ Case No. ___________________________

Date ___________________________
Head - Surface and Skeletal Anatomy: Lateral view
Inner View of Skull
APPENDIX - 'A'

Instructions to be Followed Carefully for Detention or Torture

<table>
<thead>
<tr>
<th>Torture technique</th>
<th>Physical findings</th>
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<tbody>
<tr>
<td><strong>Beating</strong></td>
<td></td>
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<tr>
<td>1. General</td>
<td>Scars, Bruises, Lacerations, Multiple fractures at different stages of healing, especially in unusual locations, which have not been medically treated.</td>
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<tr>
<td>2. To the soles of the feet, or fractures of the bones of the feet.</td>
<td>Haemorrhage in the soft tissues of the soles of the feet and ankles. Aseptic necrosis.</td>
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<tr>
<td>3. With the palms on both ears simultaneously.</td>
<td>Ruptured or scarred tympanic membranes. Injuries to external ear.</td>
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<tr>
<td>4. On the abdomen, while lying on a table with the upper half of the body unsupported (&quot;operating table&quot;).</td>
<td>Bruises on the abdomen. Back injuries. Ruptured abdominal viscera.</td>
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<tr>
<td>5. To the head.</td>
<td>Cerebral cortical atrophy, Scars, Skull fractures, Bruises, Haematomas.</td>
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<tr>
<td><strong>Suspension</strong></td>
<td></td>
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<tr>
<td>6. By the wrists.</td>
<td>Bruises or scars about the wrists. Joint injuries.</td>
</tr>
<tr>
<td>7. By the arms or neck.</td>
<td>Bruises or scars at the site of binding. Prominent lividity in the lower extremities.</td>
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<tr>
<td>8. By the ankles.</td>
<td>Bruises or scars about the ankles. Joint injuries.</td>
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<tr>
<td>9. Head down, from a horizontal pole placed under the knees with the wrists bound to the &quot;Jack&quot;.</td>
<td>Bruises or scars on the anterior forearms and backs of the knees. Marks on wrists and ankles.</td>
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<tr>
<td>Torture technique</td>
<td>Physical findings</td>
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<td>-----------------------------------------------------------------------------------</td>
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<tr>
<td><strong>Near Suffocation</strong></td>
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<td>10. Forced immersion of head in</td>
<td>Faecal material or other debris in the mouth, pharynx, trachea, oesophagus or</td>
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<td>often contaminated &quot;wet</td>
<td>lungs, Intra-thoracic petechiae.</td>
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<tr>
<td>submarine&quot;.</td>
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<tr>
<td>11. Tying of a plastic bag over</td>
<td>Intro-thoracic petechiae.</td>
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<tr>
<td>the head (&quot;dry submarine&quot;).</td>
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<tr>
<td><strong>Sexual abuse</strong></td>
<td></td>
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<tr>
<td>12. Sexual abuse</td>
<td>Sexually transmitted diseases, pregnancy, injuries to breasts, external genitalia,</td>
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<td></td>
<td>vagina, anus or rectum.</td>
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<tr>
<td><strong>Forced posture</strong></td>
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<tr>
<td>14. Forced straddling of a bar</td>
<td>Perineal or scrotal haematomas.</td>
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<td>(&quot;saw horse&quot;).</td>
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<td><strong>Electric shock</strong></td>
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<td>15. Cattle prod.</td>
<td>Burns: appearance depends on the age of the injury. Immediately: red spots, vesicles,</td>
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<td></td>
<td>and/or black exudate. Within a few weeks: circular, reddish, macular scars. At several</td>
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<td></td>
<td>months: small, white, reddish or brown spots resembling telangiectasias.</td>
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<td>16. Wires connected to a source</td>
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<td>of electricity.</td>
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<td>17. Heated metal skewer inserted</td>
<td>Peri-anal or rectal burns.</td>
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<td>into the anus.</td>
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<tr>
<td><strong>Miscellaneous</strong></td>
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<td>18. Dehydration</td>
<td>Vitreous humor electrolyte abnormalities.</td>
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<tr>
<td>19. Animal bites (spiders, insects,</td>
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<tr>
<td>rats, mice, dogs)</td>
<td>Bile marks.</td>
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Additional Inquest Procedure

In order to help in proper assessment of 'Time Since Death', determination of temperature changes and development of Rigor Mortis at the time of first examination at the scene is essential. This can be attained in the present system of inquest by examining the dead body at the scene scientifically for these two parameters either by a medical officer or a trained police officer.

**Essential requirement for determining Temperature Changes & Rigor Mortis:**

The procedure is simple and can be learnt by any police officer if he is trained properly at the Police Training institution by a medical officer. This procedure includes:

(i) Taking of 'Rectal Temperature' at the first examination of the body at the scene itself while conducting the inquest. A simple Rectal Thermometer can be inserted in the anus of the dead body. After waiting for 3 to 5 minutes temperature should be read. The temperature so read should be mentioned in the inquest report as also the time of its recording.

(ii) Similarly for determining 'Rigor Mortis', i.e., stiffening of the muscles, the police officer should bend the limbs and see whether there is any stiffness in them. The observations about stiffness be mentioned as also the time in the inquest report. These observations would be helpful to the doctors conducting post-mortem examination.