

४९-
पोलीस कोठडीतील मृत व कारागृह
कोठडीतील अनैसर्गिक मृत व्यक्तींचे
शवविच्छेदनासाठी आदर्श शव
विच्छेदन अहवालाचा फॉर्म तसेच
शवविच्छेदन करताना घेण्यात
येणा-या व्हिडीओ फिल्म काढण्या-
बाबतच्या मार्गदर्शक सूचना.

महाराष्ट्र शासन
गृह विभाग

परिपत्रक क्रमांक : एचआरसी-०५९७ / ६५ / पोल-१४,
मंत्रालय, मुंबई-४०० ०३२, दिनांक : १० सप्टेंबर १९९९.

- वाचा : १) शासन निर्णय, गृह विभाग, क्र. एचआरसी-०९९५ / ३४ / पोल-१४, दिनांक
१८-१-१९९९.
२) राष्ट्रीय मानवी हक्क आयोगाचे दिनांक ८ जून १९९९ चे पत्र.

परिपत्रक

शासन आदेश, गृह विभाग, क्रमांक एचआरसी-०९९५ / ३४ / पोल-१४, दिनांक
१८ जानेवारी १९९९ नुसार महाराष्ट्र राज्यात पोलीस कोठडीतील मृत व कारागृह कोठडीत झालेल्या
अनैसर्गिक मृत व्यक्तींचे शवविच्छेदन करताना व्हिडीओ फिल्म घेतली जाते व शव विच्छेदन
करणारे वैद्यकीय अधिकारी ती चित्रफित प्रमाणित केल्यावर त्या चित्रफितीची एक प्रत राष्ट्रीय
मानवी हक्क आयोगाकडे पाठविण्याबाबतचे आदेश देण्यात आले आहेत.

तथापि, आयोगाला प्राप्त झालेल्या व्हिडीओ टेप्समध्ये व्याप्रीक्षेत्र आणि गुणवत्ता
याबाबतीत आयोगास बरीच तफावत आढळून आल्यामुळे आयोगाने शवविच्छेदन तपासणीकरिता
आयोगाने आदर्श शव विच्छेदन अहवालाचा फॉर्म (विवरणपत्र-१ मध्ये) आणि सुधारित इन्क्वेस्ट
फॉर्म (विवरणपत्र-२ मध्ये) विहित केले आहे. तसेच शासन निर्णय, गृह विभाग,
क्र.सीआरए-०१९८ / ३४१४ (४७)/पोल-४, दिनांक ९ जुलै १९९९ अन्वये मुंबईमध्ये कार्यरत
असलेला कॉरोनर अँक्ट, १८७१ अन्वये रद्द करण्यात आला आहे आणि बृहन्मुंबईमध्ये फौजदारी
प्रक्रिया संहिता १९७३ मधील कलम १७४ / १७६ नुसार कार्यवाही करण्यासाठी एकूण ८
शवविच्छेदन केंद्रे निश्चित केली आहेत. तरी शासन निर्णय, दिनांक १८ जानेवारी १९९९ अन्वये
बृहन्मुंबईत पोलीस / कारागृह कोठडीतील मृत पावणा-या व्यक्तींचे शव विच्छेदन करताना
व्हिडीओ फिल्म घेण्याची जबाबदारी यापुढे शासन निर्णय, दिनांक ९ जुलै १९९९ अन्वये विहित
करण्यात आलेल्या ८ केंद्र / रुग्णालयांचे अधिष्ठाता यांची राहिल.

५०९०८
२८०५
जि. अधिकारी कार्यालय
रत्नागिरी,

20 SEP 1999

शायी
प्रति. नि. उ. जि. जिल्हाधिकारी

तरी संबंधित अधिष्ठातांनी रुग्णालयाच्या परिसरात उपलब्ध असलेल्या सचोटीच्या व प्रामाणिक व्हिडीओग्राफर्सची पोलीस विभागाकडून तपासणी करून एक पॅनल तयार करावा व त्यांच्याकडून शव विच्छेदनाची व्हिडीओ फिल्म घेण्यात यावी. साधारणपणे शव विच्छेदनाच्यावेळी व्हिडीओ फिल्म घेण्याचा दर रु.१,५००/- असावा.

तरी राष्ट्रीय मानवी हक्क आयोगाने विहित केलेल्या सुधारित शवविच्छेदन प्रपत्र व इन्क्वेस्ट प्रपत्र तसेच व्हिडीओ फिल्म काढण्यासंदर्भात दिलेल्या मार्गदर्शक सूचनांचे काटेकोरपणाने पालन करण्यात यावे.

महाराष्ट्राचे राज्यपाल यांच्या आदेशानुसार व नावाने,

(कु. के.एस. सय्यद)

सह सचिव, महसष्ट्र शासन, गृह विभाग.

प्रति,

सचिव, सार्वजनिक आरोग्य विभाग, मंत्रालय, मुंबई,
पोलीस महासंचालक, महाराष्ट्र राज्य, मुंबई,
पोलीस आयुक्त, बृहन्मुंबई,
कारागृह महानिरीक्षक, महाराष्ट्र राज्य, पुणे,
सर्व जिल्हादंडाधिकारी,
अधिष्ठाता, जे.जे.रुग्णालय, पोस्टमार्टम सेंटर, भायखळा, मुंबई,
अधिष्ठाता, राजावाडी रुग्णालय, पोस्टमार्टम सेंटर, घाटकोपर, मुंबई,
अधिष्ठाता, कुपर रुग्णालय, पोस्टमार्टम सेंटर, जुहू, मुंबई,
अधिष्ठाता, सेन्ट जॉर्जेस रुग्णालय, पोस्टमार्टम सेंटर, मुंबई,
अधिष्ठाता, जी.टी.रुग्णालय, पोस्टमार्टम सेंटर, मरीन लाईन्स, मुंबई,
अधिष्ठाता, के.ई.एम.रुग्णालय, पोस्टमार्टम सेंटर, परळ, मुंबई,
अधिष्ठाता, लोकमान्य टिळक रुग्णालय, पोस्टमार्टम सेंटर, सायन, मुंबई,
अधिष्ठाता, टी.एन.नायर रुग्णालय, पोस्टमार्टम सेंटर, मुंबई सेन्ट्रल, मुंबई

क्र.उपिशा-पोल-२-२८०५

जिल्हादंडाधिकारी कार्यालय राणागिरी

दि.

१२/१०/१९९९

प्रति,

पोलीस सुधीक्षक राणागिरी यांजकडे

२/- साक्षीपत्राणी व उचित कार्यवाहीसाठी स्वागत केले जाई.

दि.११/१०/९९ पाठविले

१२/१०/९९
जिल्हा दंडाधिकारी,
राणागिरी.

साक्षीपत्राणी



Mrs. Lakshmi Singh
Joint Secretary

Registered Post
HRC 0797/CS राष्ट्रीय मानव अधिकार आयोग
19/6/99 National Human Rights Commission

सरदार पटेल भवन, संसद मार्ग, नई दिल्ली-110001 भारत
फोन : (का) 011-3346243 (आ) 011-6111512 फैक्स : 91-011-3340016/3366537

Sardar Patel Bhawan, Sansad Marg, New Delhi-110001 India
Phone (O) 011-3346243 (R) 011-6111512 Fax : 91-011-3340016/3366537
E Mail : nhrc-del@x400.nicgw.nic.in

D.O.No.3/2/99-PRP&P

8 June, 1999

Dear Shri Srivastava,

The National Human Rights Commission was concerned at the increasing incidents of deaths in lock-ups and jails and consequently had written to all Chief Ministers of State Governments vide d.o letter dated 27 March, 1997 (Copy enclosed) and desired that the post-mortem examination in respect of deaths in police custody should be videotaped.

2. The Commission which has been receiving the videotapes has found that there is considerable variation in the coverage and quality of the video-filming and therefore formed a panel of forensic experts to prepare guidelines for videography.

3. Based on the panel's report, the National Human Rights Commission has prepared a set of guidelines for videography of post-mortem examination and a format for scrutiny of video cassettes of custodial deaths which are enclosed herewith. I have been directed by the Commission to request you kindly to pass suitable instructions to the concerned officers and direct them to follow the guidelines scrupulously.

Thanking you,

Yours sincerely,

[Lakshmi Singh]

Shri K.C. Srivastava,
Additional Chief Secretary (Home),
Govt. of Maharashtra,
Mantralaya,
Mumbai - 400032.



URGENT

17.6.99

Page 14

to me
9/6/99

No. NHRC/ID/PM/96/57

राष्ट्रीय मानव अधिकार आयोग

National Human Rights Commission

सरदार पटेल भवन, संसद मार्ग, नई दिल्ली-110 001 भारत

फोन : (का) 011-3340891 फैक्स : 91-011-3340016 (आ) 301808

Sardar Patel Bhawan, Sansad Marg, New Delhi-110 001 INDIA

Phone : (O) 011-3340891 Fax : 91-011-3340016 (R) 3018085

Telegraphic Address : HUMANRIGHT

E-mail : nhrc.del@x400.nicgw.nic.in

Justice M. M. Venkatachaliah
Chairperson

March 27, 1997

Dear Chief Minister,

May I invite your kind attention to a matter which NHRC considers of some moment in its steps to deal with custodial deaths? The Commission on the 14th December, 1993 had issued a general circular requiring all the District Magistrates and the Superintendents of Police to report to the Commission, incidents relating to custodial deaths and rapes within 24 hours of their occurrence. A number of instances have come to the Commission's notice where the post-mortem reports appear to be doctored due to influence/pressure to protect the interest of the Police/jail officials. In some cases it was found that the post-mortem examination was not carried out properly and in others, inordinate delays in their writing or collecting. As there is hardly any outside independent evidence in cases of custodial violence, the fate of the cases would depend entirely on the observations recorded and the opinion given by the doctor in the post-mortem report. If post-mortem examination is not thoroughly done or manipulated to suit vested interests, then the offender cannot be brought to book and this would result in travesty of justice and serious violation of human rights in custody would go on with impunity.

With a view to preventing such frauds, the Commission recommended to all the States to video-film the post-mortem examination and send the cassettes to the Commission.

It was felt that the Autopsy Report forms now in use in the various States, are not comprehensive and, therefore, do not serve the purpose and also give scope for doubt and manipulation. The Commission, therefore,

31/3/97
at 5 PM

decided to revise the autopsy-form to plug the loopholes and to make it more incisive and purposeful.

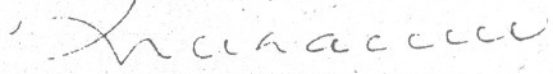
The Commission, after ascertaining the views of the States and discussing with the experts in the field and taking into consideration, though not entirely adopting, the U.N. Model Autopsy protocol, has prepared a Model Autopsy form enclosed as Annexure-I.

In this connection, it was felt that some incidental improvements are also called for in regard to the conduct of inquests. For proper assessment of "Time since death" or 'the time of death', determination of temperature changes and development of Rigor Mortis at the time of first examination at the scene is essential. This can conveniently be done by following some easily understandable and implementable procedure. The procedure to be followed by those in charge of inquest, is indicated in Annexure-II to this letter. This is a small but important addition to the inquest procedure.

The Commission recommends your Government to prescribe the Model Autopsy Form (Annexure-I) and the additional procedure for inquest as indicated in Annexure-II, to be followed in your State with immediate effect.

I shall look forward to your kind and favourable response.

Yours sincerely,


(M.N. Venkatachaliah)

Shri J.H. Patel
Chief Minister,
Government of Karnataka,
Bangalore.

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
videorecording 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 _____

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

Body brought by (Name and rank of Police officials)

(i) _____

(ii) _____

of Police Station _____

Identified by (Names & 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 seperate sheet and attached by the doctor.

(5) Description of clothes worn - important features.

(6) Postmortem Changes :

(a) As seen during inquest.

~~49~~
~~112~~
~~97~~

- 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 fetus, 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 antemortem/postmortem and duration if antemortem?

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 (wt _____gms)
gall bladder

51-
HS-
99-

(i) Injuries be given serial number and mark similarly on the body diagrams attached. (ii) In stab injuries, mention state angles, margins & 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
(Hemorrhage & 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

- 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 :-

~~101~~
~~53~~
929

(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

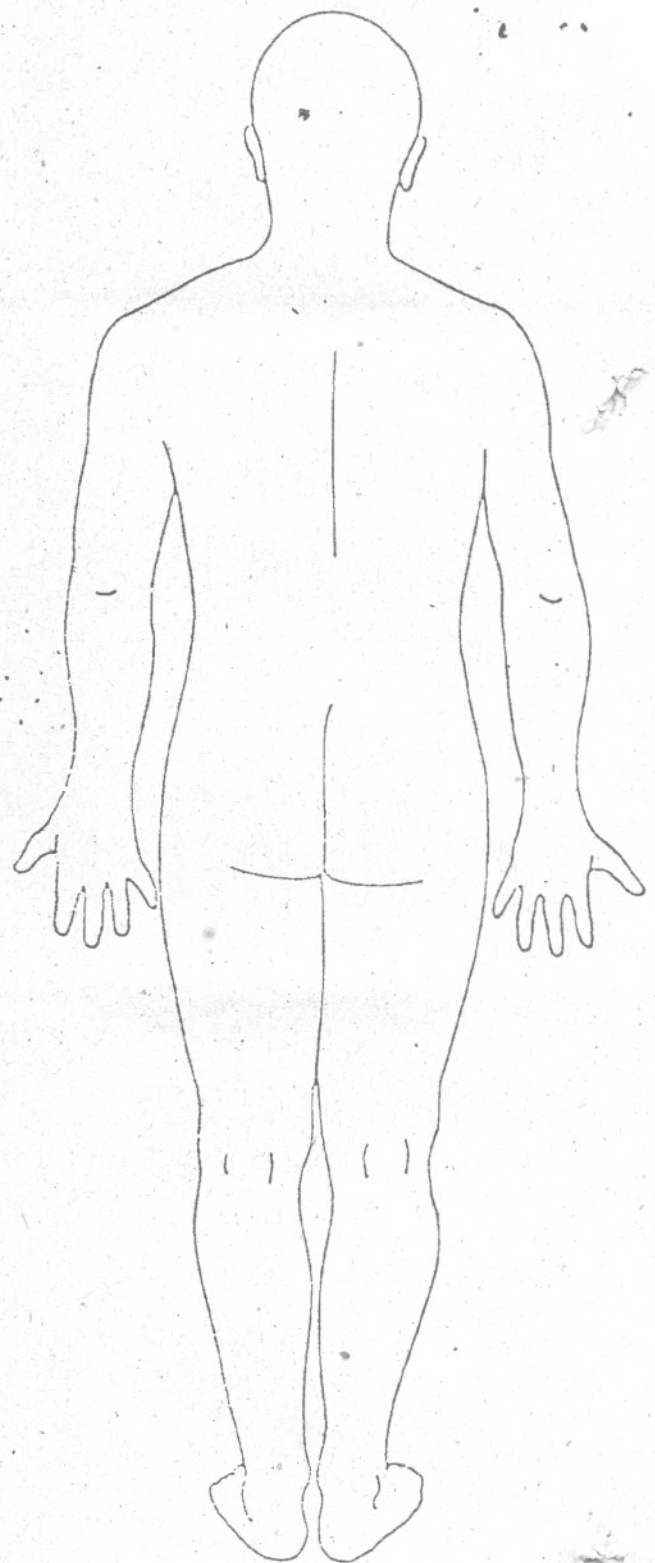
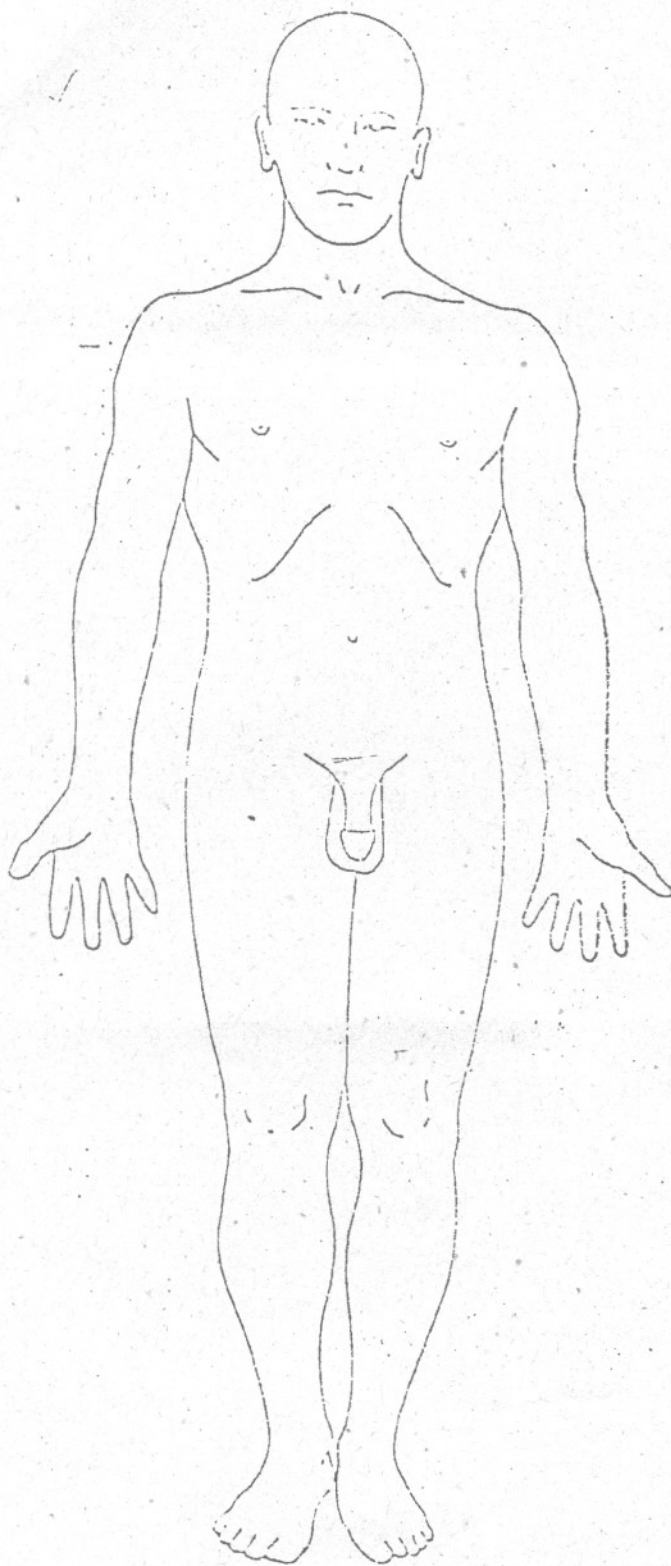
SPECIMENS COLLECTED & HANDED OVER (Please tick)

- (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 numbers & 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 _____

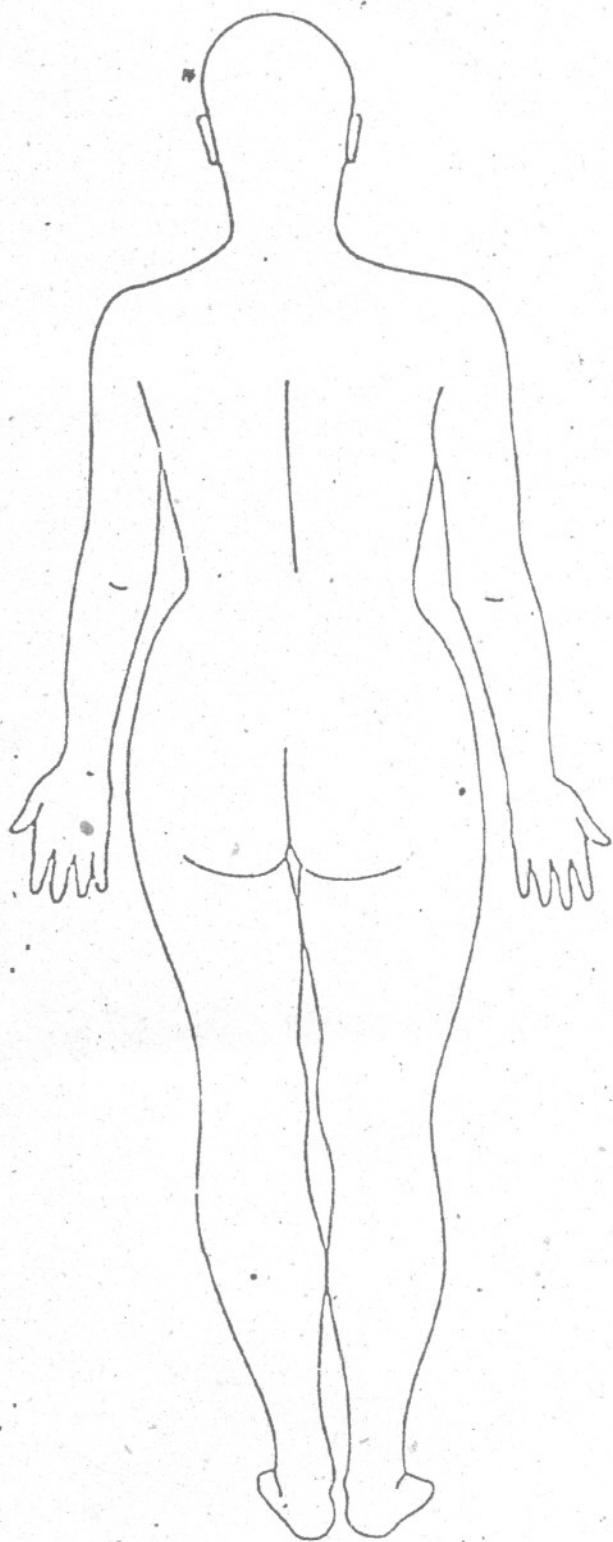
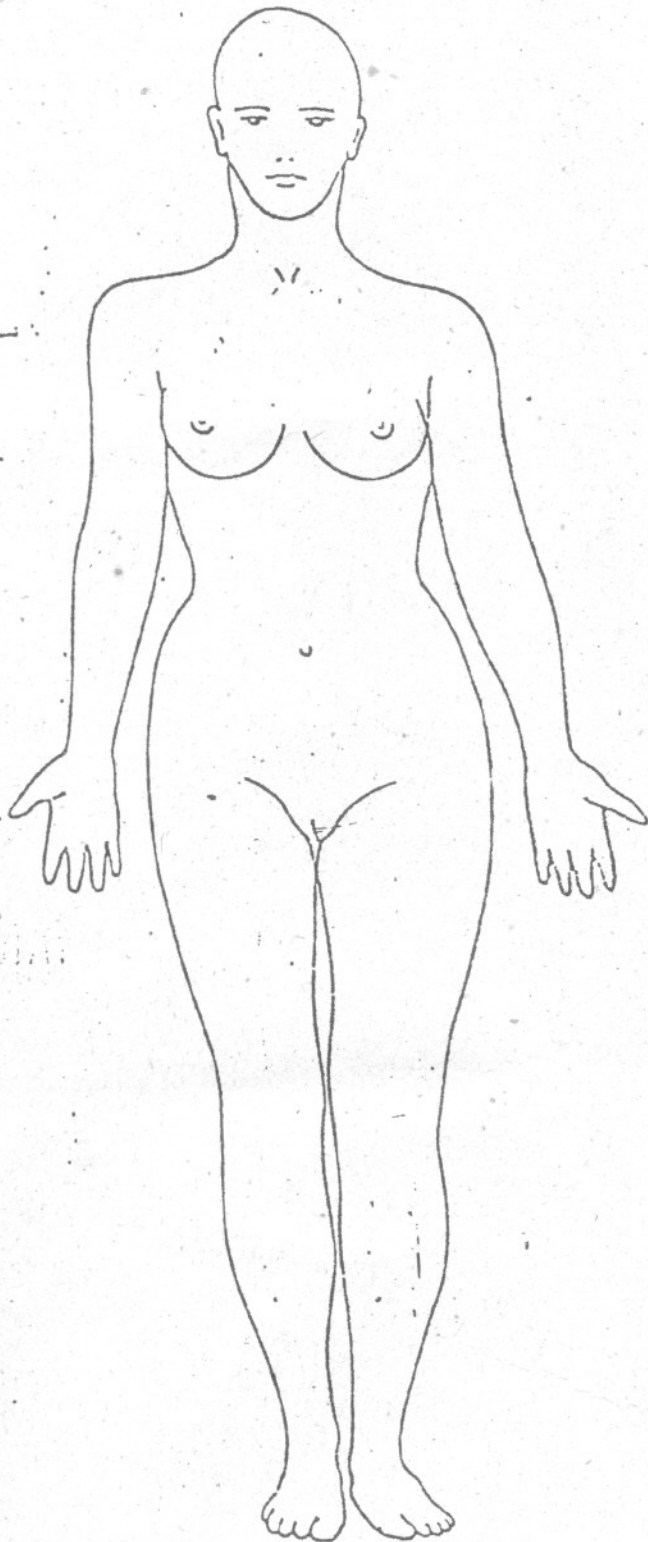
Case No. _____

Date _____

-55- 103-

- 9 -

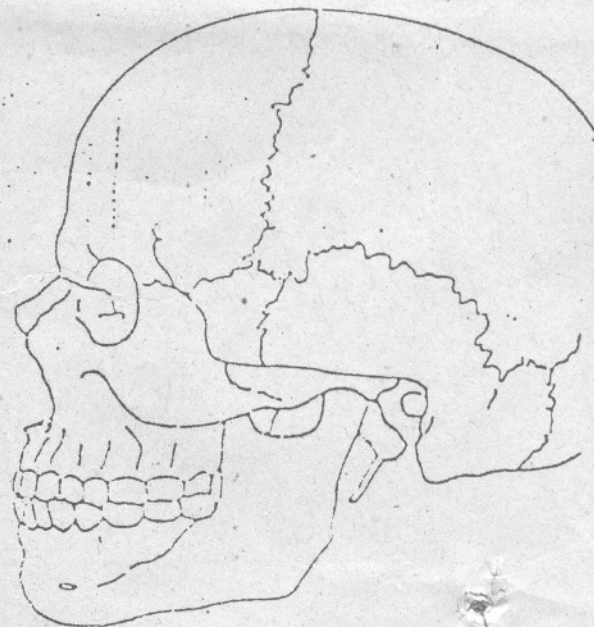
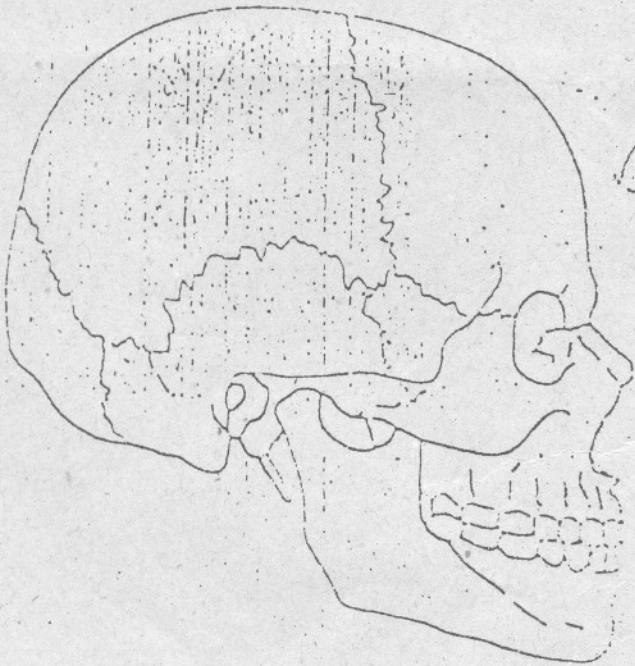
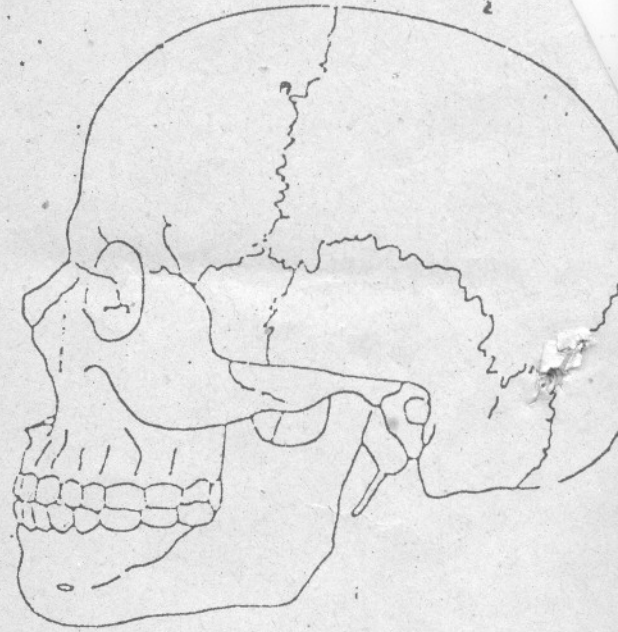
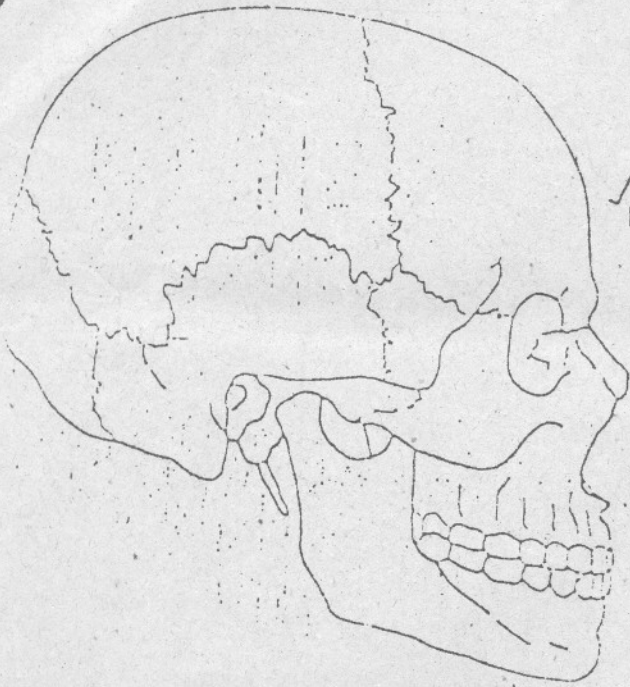
FULL BODY, FEMALE - ANTERIOR AND POSTERIOR VIEWS



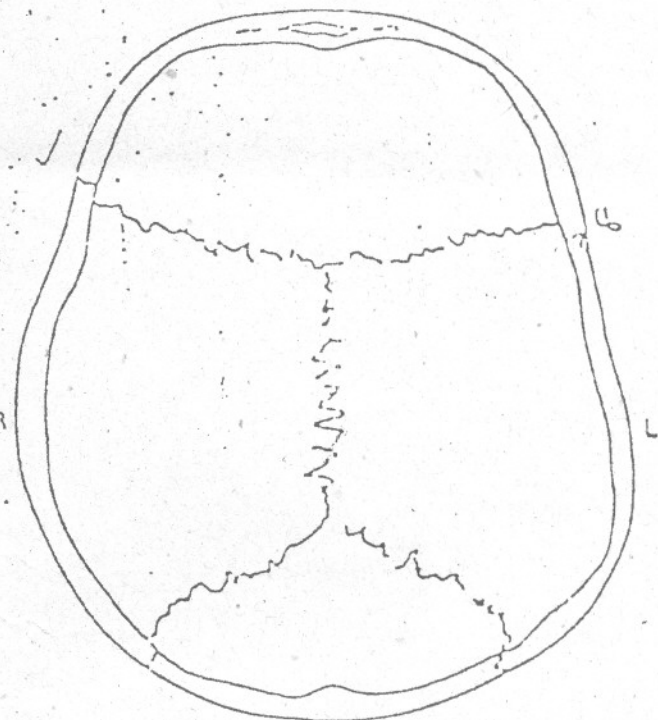
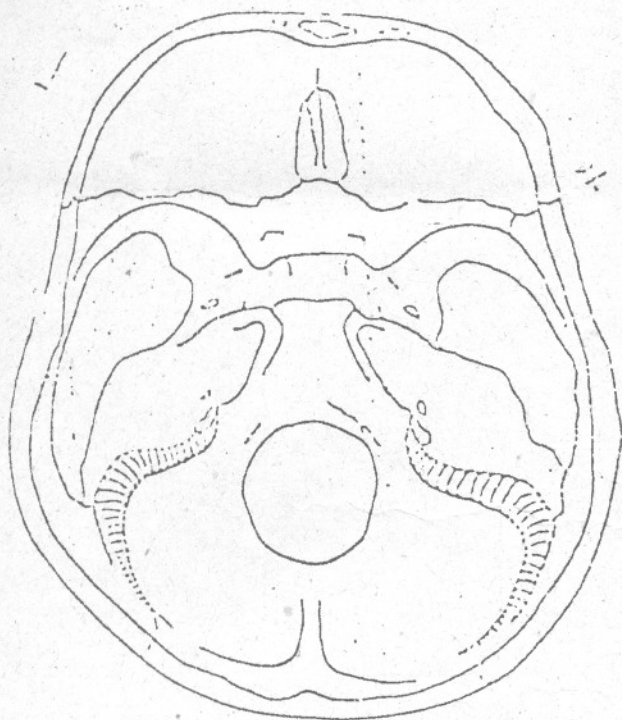
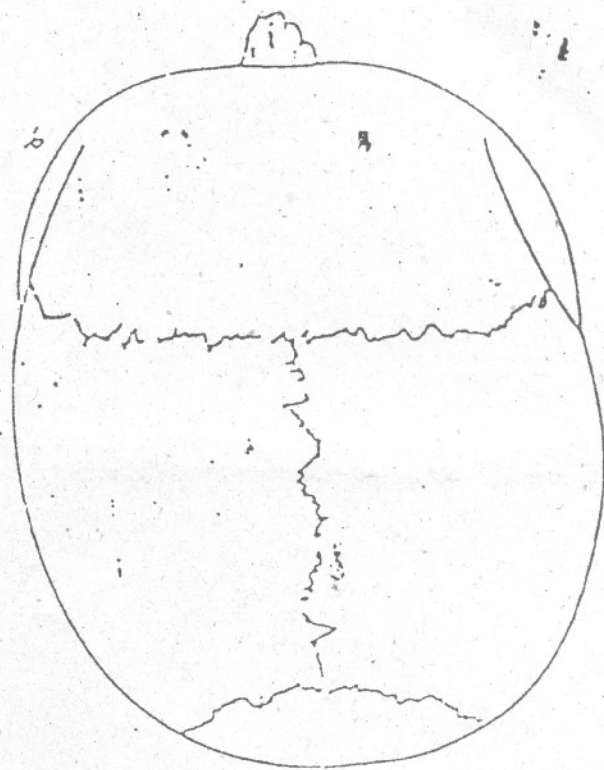
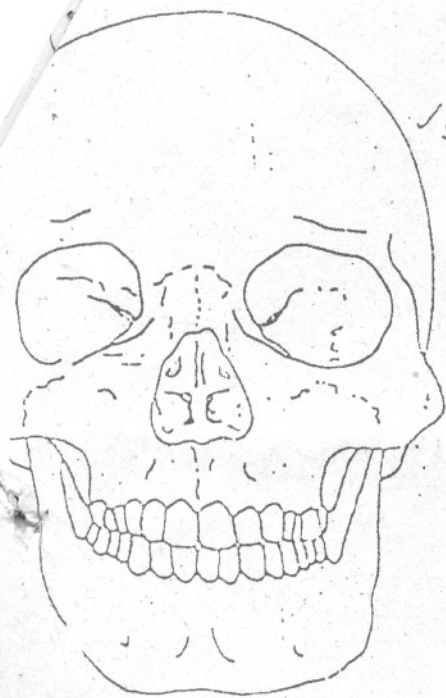
Name _____

Case No. _____

Date _____



57- 105- 939



INNER VIEW OF SKULL

-59-107-
128
235

INSTRUCTIONS TO BE FOLLOWED CAREFULLY FOR
DETENTION OR TORTURE.

Torture technique

Physical findings

Beating

- | | |
|--|---|
| 1. General | Scars, Bruises, Lacerations. Multiple fractures at different stages of healing, especially in unusual locations, which have not been medically treated. |
| 2. To the soles of the feet, or fractures of the bones of the feet. | Haemorrhage in the soft tissues of the soles of the feet and ankles. Aseptic necrosis. |
| 3. With the palms on both ears simultaneously. | Ruptured or scarred tympanic membranes. Injuries to external ear. |
| 4. On the abdomen, while lying on a table with the upper half of the body unsupported ("operating table"). | Bruises on the abdomen. Back injuries. Ruptured abdominal viscera. |
| 5. To the head. | Cerebral cortical atrophy. Scars. Skull fractures. Bruises. |
- Haematomas.

Suspension

- | | |
|--|---|
| 6. By the wrists. | Bruises or scars about the wrists. Joint injuries. |
| 7. By the arms or neck. | Bruises or scars at the site of binding. Prominent lividity in the lower extremities. |
| 8. By the ankles. | Bruises or scars about the ankles. Joint injuries. |
| 9. Head down, from a horizontal pole placed under the knees with the wrists bound to the "Jack". | Bruises or scars on the anterior forearms and backs of the knees. Marks on the wrists and ankles. |

Near suffocation.

- | | |
|---|--|
| 10. Forced immersion of head in often contaminated "wet submarine". | Faecal material or other debris in the mouth, pharynx, trachea, esophagus or lungs. Intrathoracic petechiae. Intra-thoracic petechiae. |
| 11. Tying of a plastic bag over the head ("dry submarine"). | Intra-thoracic petechiae. |

Sexual abuse.

- | | |
|------------------|--|
| 12. Sexual abuse | Sexually transmitted diseases. pregnancy. Injuries to breasts, external genitalia, vagina, anus or rectum. |
|------------------|--|

Forced posture

-61- 109- ~~125~~

- 13 -

(15)

Prolonged standing.

Forced straddling of a bar
("saw horse").

Dependent edema. Petechiae in lower
extremities.

Perineal or scrotal haematomas.

Electric shock

15. Cattle prod.

Burns: appearance depends on the age
of the injury. Immediately: red
spots, vesicles, and/or black exudate.
Within a few weeks: circular, reddish,
macular scars. At several months:
small, white, reddish or brown spots
resembling telangiectasias.

16. Wires connected to a source
of electricity.

17. Heated metal skewer inserted
into the anus.

Peri-anal or rectal burns.

Miscellaneous

18. Dehydration

Animal bites (spiders,
insects, rats, mice, dogs).

Vitreous humor electrolyte
abnormalities.

Bite marks.

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 Thermometre 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.

SCRUTINY OF VIDEO CASSETTES OF CUSTODIAL DEATH CASES

	PC	JC	TOTAL
1. Total figure of custodial deaths reported from 1.4.97 to 28.2.98	179	752	931
2. Total number of cassettes received by Law Div.-	-	-	-
3. Total number of cassettes received from 1.4.97 to 31.1.98 and scrutinised by Inv. Div.	41	38	79
4. Number of blank cassettes			01
5. Number of defective cassettes			05
6. Duration of video filming of post mortems			
(a) upto 5 minutes	- 09	(2 minutes-2, 2.5 minutes-1)	
(b) upto 5 to 10 minutes	- 17		
(c) 10 minutes and above	- 53		
Total	- 79		
7. Post mortem reports not received with cassettes.	- 08		
8. Inquest report not received with cassettes.	- 09		
9. No doctor present	- 01		

10. STATEWISE BREAKUP - CUSTODIAL DEATHS (1.4.97 TO 28.2.98)

Sno.	Name of State	JC	PC	Total
1.	Bihar	30	13	43
2.	Karnataka	01	15	16
3.	Andhra Pradesh	-	06	06
4.	Goa	01	01	02
5.	Delhi	01	-	01
6.	Gujrat	02	01	03
7.	Orissa	02	01	03
8.	West Bengal	01	02	03
9.	Assam	-	02	02
Total		38	41	79

-65- ✓ ~~101~~
108
113-
113-

MODEL PROTOCOL STANDARDS FOR VIDEOGRAPHY OF AUTOPSIES IN CUSTODIAL DEATHS

(This Protocol was evolved at a Round Table discussion jointly organised by the Institute of Legal Medicine, Chennai and People's Watch - Tamilnadu, Madurai at Madras School of Social Work, Chennai on 14th December 1997).

Inquest:

In Custodial Deaths, the inquest should only be carried out by the District Judge

Procedure for Autopsy in custodial deaths:

- ♦ The Authority conducting the inquest should give the requisition for autopsy along with necessary documents. In the requisition itself, the authority should mention that the autopsy should be done by a panel of two or more doctors. The said authority should also arrange for the videographer who should be selected from the panel of videographers accredited by the District Magistrate for the above purpose.
- ♦ Autopsies of all custodial deaths should be done only by Forensic Pathologists at the teaching hospitals of government medical colleges where the departments of Forensic Medicine are present and on no condition should such autopsies be conducted in the absence of natural light (From sunrise to sunset)

Phases of videography of autopsy:

Phase I:

The bearings of the dead body like clothes, etc. should be separately videographed with more focus on striking features like stains, cuts or holes on the relevant materials.

Phase II:

1. Front view of the dead body on the autopsy table before wiping and after wiping the dead body.
2. The same process should be repeated with the back of the dead body.
3. The conjunctiva and lips should be videographed for the presence of any haemorrhagic spots

Phase III:

External Injuries:

1. These injuries should be recorded according to one's own practice, i.e. beginning with head and neck, trunk, upper and lower (right and left) extremities (front and back and sides of the body) is the commonest way of recording.
2. Each injury should be serially numbered by number tags (adherent labels)

3. The Videograph should be taken in parts or as a whole as the videographer feels fit to produce their images with clarity.
4. Each external wound need not be individually videographed because all these injuries are tagged and covered by the above process.
5. Any suspected areas of fractured bones of the limbs should be exposed and videographed.

Phase IV:

The actual dissection for exposing the body cavities need not be videographed in order to avoid the lengthiness of the cassette and to keep the viewers live to the bare facts of trauma.

It is a good practice to begin the autopsy with the exposure and removal of the brain.

Phase V:

The scalp should be dissected up to the eyebrows on the front and below the mastoids on the back. The inner surface of the anterior and posterior flaps should be videographed separately, followed by the videography of the exposed cranial surface.

The removed vault of the skull should be videographed by stretching it in the sagittal plane and in the coronal plane. This procedure will expose all types of fracture, if they are there.

The extradural space should be videographed *in situ* followed by subdural space. If there is subdural haemorrhagic (SDH), it should be removed and videographed again to confirm SDH and for the presence of subarachnoid haemorrhagic (SAH).

The brain is removed and placed on its vault to expose the basal surface. This exposed surface should be videographed. The Circle of Willis dissected out and exposed *in situ*. This should be videographed again. Then it is turned to rest on its base and videographed again.

Each stage of the brain dissection should be exposed and videographed to its finale according to one's methodology of brain dissection.

The base of the skull along with the meninges should be videographed before and after wiping its surface. The basal meninges should be stripped out.

The stretch force is applied to the base of the skull in the sagittal and coronal planes and videographed in each plane to expose any type of fracture.

Phase VI:

Chin to pubic symphysis dissection is continued dissection to expose the abdominal cavity. The neck and the chest wall are dissected to their extreme sides to expose that front as wide as possible. This widely exposed neck and the chest wall should be videographed.

The cupped palm should be dipped gently into the pelvic cavity and raised. If there is blood it will be seen in the palm. If the palm is empty, then there is no blood in the pelvic

(12)
(22)

117-

- x) Each injury, whole and cut internal organs should be videographed for a minimum of five seconds.

3. Custody of the video-tape:

- i) Immediately after the videography of the postmortem is completed, the essential details relating to the case such as name of the deceased, general particulars of the deceased, particulars of requisition of postmortem, etc., should be recorded on the video.
- ii) Thereafter, the forensic pathologist conducting the postmortem should ensure immediate sealing of the video tape and its immediate despatch with all required particulars to National Human Rights Commission.
- iii) Relatives of the victim and other public interest bodies should be entitled to receive the copies of the video cassette from the National Human Rights Commission (NHRC).

General:

- i) Copies of the postmortem certificate should be provided to the relatives of the deceased by the authority conducting the inquest without any delay whatsoever.
- ii) It should be ensured however that no executive/judicial enquiry should commence without the relatives of the deceased being provided a copy of the postmortem certificate and the video cassette.
- iii) It is welcome that there is transparency during the process of autopsy of custodial deaths - thus calling for the presence of an impartial observer during the process of autopsy. However the occasion for the same has not yet arisen.

Recommendations to the Government:

- i) The facilities for conducting autopsies should be standardised at all Taluk and District hospitals in consultation with the Director, Institute of Forensic Medicine, Chennai Medical College, Chennai and the Tamil Nadu Government Doctors Association. We believe that the autopsy room should be on par with any standard operation theatre. Better facilities for cold storage of bodies and specimen storage should also be introduced.
- ii) It should be made mandatory that all the department heads of teaching hospitals and medical colleges cooperate with the Forensic Pathologist when their opinions are sought regarding any medico-legal issues.
- iii) A panel of videographers should be accredited by the District Magistrate for videography of custodial deaths. Any Magistrate conducting inquest should choose a videographer to videograph the postmortem only from this panel.

(Read along with list of participants to the Round Table Discussion)

10 -

- 71 -
014
127
119-

GUIDELINES FOR VIDEOGRAPHY OF POST MORTEM
EXAMINATIONS

(Instruction for Doctors conducting the Post Mortem)

1. For identity a shot should be taken with face turned to a side showing whole body of the deceased with a relative and the IO identifying the body standing near the body. It is also advised that a conversation regarding identification of the body by the relatives and/or IO be also recorded at the same time.
2. In case of unidentified bodies, besides taking full view of the body with face turned to the side, view of fingerprints and shot of important belongings should be taken.
3. About 20 grams of liver and muscle should be preserved for identification in future. Process of taking this sample from the body should be covered in the video shot..
4. Long-shot showing the whole body front view and continuing it with a near view of injuries should be taken in such a way by zooming the lense so that there is no doubt about the identity of the deceased or the injury/mark on the body.
5. Another long shot showing the whole side of the back of the body together with a near view of any important injury be taken.
6. Shots to prove that the autopsy has been conducted by the particular Medical Officer should be taken.
7. Shots of all significant marks, injuries/findings should be taken. The Medical Officer should describe such findings and the same should also be recorded.
8. Shots of important areas like front of palms, soles, buttocks, scrotum and anus/private parts be taken so that identification is in-tact. This should be taken by zooming the lense to ensure that all shots are of the same body.
9. Internal findings which results into the death should be shown on the video shot in such a way that the identity of the deceased could also be deciphered.

10. Wherever possible, while indicating positive or negative findings, doctor's commentary in his own voice should also be recorded. Shots should be such that identity of the person could be made out beyond doubt.

11. The videography should take minimum of 45 minutes, covering the performance of the post-mortem.

12. At the commencement of the post-mortem/recording of the videography, the Medical Officer who conducts the post-mortem should mention his name/designation and details of the body being post-mortemed. Similarly, at the end of the post-mortem, Medical Officer declaring the conclusion of the post-mortem should also be recorded.

DRAFT FORMAT FOR SCRUTINY OF VIDEO CASSETTES OF CUSTODIAL DEATHS.

No./Date _____ Centre/State _____ Name of deceased _____

Case/File No. Points Comments

Whether proper identification techniques as required in the circumstances have been applied in the said case or not? Yes No

If it is an unidentified body, whether pieces of liver and muscle tissues have been preserved or not? Yes No

Whether any indication of changes after death available on seeing the condition of the body? If so, whether it is consistent with 'time since death' given in the post-mortem report? Yes No

Whether injuries present on the body as seen on v. are consistent with the injuries described in the postmortem report? Yes No

Whether important areas where 3rd degree methods are usually used in custodial deaths have been examined and if so, whether the postmortem findings are consistent with those seen in the video? Yes No

Whether internal findings of cause of death have been properly recorded and they are consistent with external findings as described in the postmortem report? Yes No

Whether the opinion expressed by the doctor after conducting the post-mortem is consistent with the overall findings and the inquiry? Yes No

Quality of video recording Good / Satisfactory / Poor

Overall assessment.

Any further recommendation.

Date:-

Signature of Experts.

173-
121-
108