

Serial .No.....

Medico Legal Report (Form-II)

MEDICO LEGAL REPORT NUMBER.....DATED
Consent for medico-legal examination (in case of accused, consent is not required u/s 53CrPC)

I Gist of Incident as stated by the injured/accompanying person.

II General condition of the person, clothing etc.

III Particulars of Injuries viz. type, dimension, shape, location, nature , duration etc and kind of weapon used:

I, Dr..... Designation.....
PHC/CHC/Hospital/Deptt.....
examined Sh/ Smt/Miss (First name).....(Last Name).....
s/o,d/o,w/o..... Age..... Sex.....Occupation.....
Address..... PS.....Distt.....

as per particulars given below:-

- (A) Date & Time of arrival:.....
- (B) Date & Time of examination:.....
- (C) Place of examination: Casualty/Ward/OPD/Dept:.....
- (D) Police request Number & Date (if brought by police):.....
Police informed (if coming direct) vide No:..... Date..... Time.....
- (E) Brought by Police official..... No.....
PS.....Distt.....
- (F) Accompanied by: Name.....Relation.....
Address.....PS.....District.....
- (G) Name and Address of the Female Attendant (in case of Female Patient).....
- (H) Identification marks of the patient (1)

(2)

- (I) OPD No..... Referred to.....
If admitted: (i) C.R.No..... Date..... Ward.....
(ii) Date of Discharge.....
(iii) Where Dying Declaration is necessary, indicate steps taken:
(a) Whether the Magistrate was informed for recording Dying Declaration.....
(b) Name & Address of the Magistrate.....
(c) Time at which the Magistrate arrived on the spot.....
(d) If Magistrate not available, details of witnesses in whose presence the Dying declaration was recorded:
1.
2.
(e) Dying declaration handed over to Police official: Name.....
No.....PS.....District.....

(J) Material collected, preserved & handed over to police for chemical analysis etc. (write complete detail)

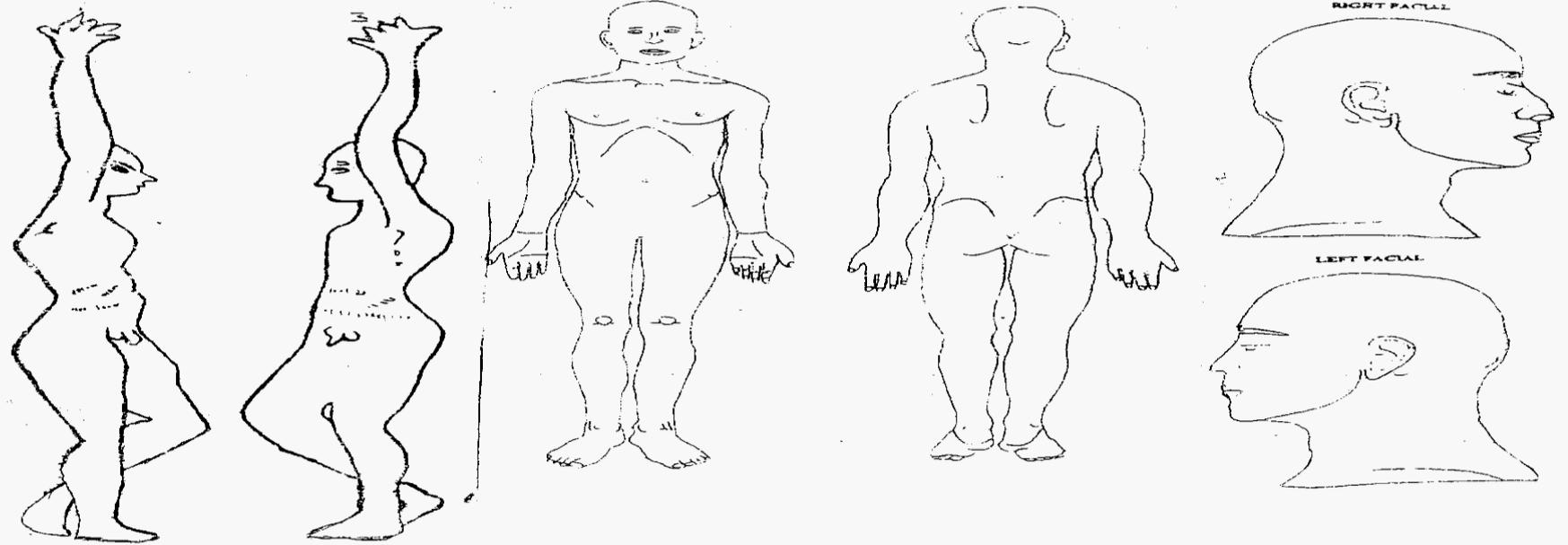
Amount of fee paid (if any) Rs.....to.....vide No.....

Large empty rectangular box for recording injury details.

- 1. Nature of Injuries _____
(Simple, Grievous, Dangerous or pending for observation)
- 2. Probable duration of injuries.....
- 3. Kind of weapon used (Sharp, Blunt, Firearm, Fire, Position etc) _____

SIGNATURE OF THE EXAMINING MEDICAL OFFICER
Name (In capital letters).....
Designation.....

SCALED IN THE PICTOPIAL DIAGRAM AS UNDER:	
ABRASION	
BRUISE	
LACERATED WOUND	
INCISED WOUND	
BURNS	
FACTURE	



Guidelines

As per Section 320 IPC, Any injury falling under following clauses is grievous:-

1. Emasculation.
2. Permanent privation of the sight of either eye.
3. Permanent privation of the hearing of either ear.
4. Privation of any member or joint.
5. Destruction or permanent impairing of the powers of any member or joint.
6. Permanent disfiguration of the head or face.
7. Fracture or dislocation of a bone or tooth.
8. Any hurt (i) which endangers life or (ii) which causes the suffer to be during the space of 20 days.
 - (a) in serve bodily pain, or
 - (b) Unable to follow his ordinary pursuits.

At the end in column No.7 opine whether multiple injuries, individually simple, are collectively dangerous to life.