

**Witness No.6 (On behalf of Police Administration & CRPF)**

**Name of witness : Dr. G.S. Dhruva S/o Shri M.S. Dhruva, Aged 48 years**

**R/o : Disrict Hospital, Gariyaband, District Gariyaband (C.G.)**

**(On 29.06.2012 Posted As Medical Officer, District Hospital Bijapur)**

**Dated : 20.08.2016**

1. I was posted as Medical Officer, Bijapur on 29<sup>th</sup> June 2012. On account of an incident in which several persons had died, a Medical Team was constituted of which I along with Dr. Shailendra Kumar, and Dr. G.K.Samad, were members. Dr. Shailendra Kumar and Dr. G.K. Sammath were my colleagues and I am conversant with their handwriting and signatures. The above Medical Team had conducted the post mortem collectively and had collectively written post mortem reports. We have described the injuries and cause of death and other details in the said reports as we had found at the time of post mortem of the concerned dead bodies. All the reports have been signed by me as well as Dr. Shailendra Kumar and Dr. G.K. Samad.
2. We conducted post mortem of Irpa Suresh S/o Irpa Chandraiyya, aged 19 years resident of Rajpenta which is as per Ex.PM-1.
3. We conducted post mortem of Madkam Ramvilas S/o Bucchha Dorla, aged 19 years, resident of Kottaguda which is as per Ex. PM-2.
4. We conducted post mortem of Irpa Munna S/o Rajlu, aged 26 years, resident of Kottaguda which is as per Ex.PM-3 .
5. We conducted post mortem of Irpa Narayan S/o Mutta, aged 36 years, resident of Kottaguda which is as per Ex.PM-4 .
6. We conducted post mortem of Kunjam Malla S/o Lakhmu, aged 22 years, resident of Sarkeguda which is as per Ex.PM-5 .

7. We conducted post mortem of Kumari Kaka Anita alias Saraswati D/o Rama, aged 19 years, resident of Kottaguda which is as per Ex.PM-6 .
- 8 We conducted post mortem of Kaka Sumaiya S/o Kaka Dula, aged 46 years resident of Kottaguda which is as per Ex.PM-7 .
9. We conducted post mortem of Korsa Bichche S/o Gutta Muriya aged 19 years resident of Sarkeguda which is as per Ex.PM-8 .
- 10 We conducted post mortem of Kaka Nagesh S/o Narayan, aged 18 years resident of Kottaguda which is as per Ex.PM-9.
11. We conducted post mortem of Sabka Meethu S/o Sabka Sukhram aged 23 years, resident of Sarkeguda which is as per Ex.PM-10.
12. We conducted post mortem of Madvi Ayatu S/o Dogga , aged 35 years resident of Sarkeguda which is as per Ex.PM-11.
13. We conducted post mortem of Madkam Dilip S/o Mutta aged 22 years resident of Kottaguda which is as per Ex.PM-12 .
14. We conducted post mortem of Irapa Somlu S/o unknown, aged 40 years resident of unknown which is as per Ex.PM-13 .
15. We conducted post mortem of Sarke Ramanna S/o Potti, aged 30 years resident of Sarkeguda which is as per Ex.PM-14 .
16. We conducted post mortem of Madkam Nagesh S/o Malla, aged 32 years resident of Sarkeguda which is as per Ex.PM-15 .

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17. We conducted post mortem of Madkam Suresh S/o Malla,, aged 35 years resident of Sarkeguda which is as per Ex.PM-16 .

18. We conducted post mortem of Irapa Dharmaiya S/o Bhima, aged 40 years resident of Sarkeguda which is as per Ex.PM-17 .

19. I had also examined the injuries of the persons as detailed below and found injuries on that persons as described by me in the report those reports have been signed by me. The injuries described in the said reports are found by me during the examination.

20. I examined K. Rajan of 85 Batalion CRPF Bijapur my report is as per Ex.IC-1

21. I examined Krishna Kumar Khatri of 204 Cobra Battalion CRPF Camp Basaguda. My report is as per EX.IC-2.

22. I examined S.S. Rana of 204 Cobra Battalion CRPF Camp Basaguda. My report is as per EX.IC-3.

23. I examined Wahidul Islam of 204 Cobra Battalion CRPF Bijapur. My report is as per EX.IC-4.

24. I examined Chenty Kaka S/o Lachchu Kaka aged 20 years Caste Dorla resident of Kottaguda. My report is as per EX.IC-5.

25. I examined Madkam Soma S/o Bhima Dorla aged 32 years residents of Kottaguda. My report is as per Ex.IC-6.

26. I examined Irpa Suresh S/o Irpa Chandraiya aged 19 years resident of Rajpenta. My report is as per Ex.-IC-7.

27. I examined the above persons on 29.06.2012, at the time mentioned in the said reports.

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(The parties have agreed that the injuries and other particulars mentioned in PM reports as well as other reports as above are not reproduced and shall be read as have been mentioned in the documents as part of the evidence of the witness).

**Cross examination of the witness by Dr. Yug Chaudhary on behalf of the complainants.**

1. Each weapon produces a specific kind of injury.
2. It is also true that hard and blunt object would cause contusions.
3. I understand the meaning and purport of Incised and Chop wounds.
4. Chop wounds are caused by sharp weapons like knives, axe, and bayonets.
5. It is true that the nature of the edges of the injury would be determined by the sharpness of the edges of the blade.
6. If the blade is sharp the edges of injury shall be clean cut and in case the blade is blunt then the edges of the injury would be rough.
7. The witness was shown a book written by Shri B.R. Sharma captioned "Fire Arms in Criminal Investigations and Trial" and was asked whether the author is a known authority on the subject. The witness answers that I am not the expert nor do I know about the book and its author.
8. The witness was shown page no.253 of extract of the said book and marked as Ex.Y-1, and was asked as to whether he agrees with the comments and observations made therein in portion marked A to A, the witness answers that he is not an expert and he cannot express his agreement or otherwise of said comment. The witness was asked about the remarks on Ex.Y-1 from page 254 marked B to B and was asked whether he agrees with comments therein, upon which the witness says that he agrees with said observations and remarks.



9. It is true that an injury would be called homicidal when it results in death.
10. If the injured person is alive, then the injury caused to him would not be called homicidal.
11. The witness was shown extract of Ex.Y-1 at page 249 marked as C to C and was asked whether he agrees that a fire arm injury has three parts namely entrance wound, exit wound and track in between, upon which the witness says that he agrees with the said observation. The witness then on being asked as to whether in the absence of exit wound x-ray would be necessary to locate the fire on projectile entering the body and lodged therein, states that it is true and it is so.
12. The witness was then shown Modi's Medical Jurisprudence and Toxicology, extracts of which are marked as Ex.Y-2.
13. I am not aware as to whether the size of a wound fired from a fire arm would depend on the range or distance from which the fire arm was fired. I also wish to say that the size of the wound would depend on the size of the bullet.
14. I have no comments to offer regarding portion marked A to A and B to B at page no.538 and also portion marks C to C at page No.541 of the extracts of the book marked Ex. Y-2 (Modi's Medical Jurisprudence).
15. It is true that in the MLC cases, the details of shape of the injuries must be noted so as to determine its cause, nature and identity.
16. It is true that different types of fire arms would cause different types of injuries.
17. The witness was shown portion marked D to D of the extracts of book marked Ex.Y-1 on page No.263 thereof and was asked whether he agrees that the evaluation of the injuries would clarify the point indicated therein upon which the witness says that the observations and comments of the author in the said extract are correct.
18. It is true that the edges of the entry wounds are inwards while the edges of the exit wound would be outwards.

19. It is also true that there cannot be any exit wound unless there is an entry wound.
20. The witness was shown extracts marked D to D at page 540 of the extract of the book marked Ex.Y-2 and was asked whether he agrees with the comments and observations therein, upon which the witness says that he agrees with the observations.
21. Whether you agree that if a body has one entry and one exit wound, each on the front side as well as on the back side, then it is a case where body was shot at, from front as well as from the back; upon which the witness says that he agrees to the said proposition.
22. Whether the gun shot injury on the skull would cause congestion in the brain only or also on organs of the abdomen, upon which the witness says that initially there would be brain congestion and subsequently after death on other parts of the body also. It is true that when there is a bullet entry from the occipital region and exit from mandibular region, then there would necessarily be laceration of the brain matter.
23. Is it not necessary that when there is bullet entry from the back of the chest at the left side and it exits from right side of the chest below the nipple then would it not cause perforation to lungs, heart and fracture of ribs, upon which the witness says that it is not always necessary.
24. Is it not necessary that when there is entry wound from left scapula and exit wound from right axilla then there will be perforation of lungs and heart and fracture of scapula; upon which the witness says that though there will be fracture of scapula but not invariably perforation of lungs and heart.
25. It is true that when there is entry wound from the sternum, the sternum would be fractured.
26. It is true that when there are three entry wounds from the epigastric region and a big exit wound from buttock then some of the internal organs such as kidney, intestine, spleen and liver, would be damaged.

27. It is true that when there are multiple entry wounds from the back of the chest and several exit wounds below the right and left nipple from the front of the chest then necessarily some of the vital internal organs such as heart and lungs etc. would be damaged and ribs would be fractured.
28. Is it true that when there is entry wound from back of right shoulder and exit from the front of the chest then the scapula would necessarily be fractured; upon which the witness says it may not always be so.
29. It is true that the trajectory and direction of the bullet can be ascertained from the location of the entry and exit wound.
30. It is true that when the entry wound is higher in location and the exit wound is lower then the bullet was fired from a higher level, unless the injured as well as the assailant both are lying on the ground.
31. It is not necessary that when there is an entry wound from the parietal region and exit wound from the occipital region then the gun shot must have been fired from a higher level. This could happen when injured and the assailant are lying on the ground, or both of them are of the same height and are standing.
32. It is true that when entry wound is from right scapula region and exit wound from the iliac region then the bullet trajectory is downward.
33. It is true that time of death as mentioned in the postmortem report is an approximation. However, when the time of the death is mentioned as between for example 10 to 20 hours prior to post mortem then the death must necessarily have occurred between 10 or 20 hours prior to post mortem examination.
34. It is true that when injury report Ex.IC-7 was recorded by me I had put my signature at 7.30 AM on 29.06.2012, Irpa Suresh, whose injury report is Ex.IC-7 was alive at that time. I had also conducted PM examination of Irpa Suresh whose PM report is Ex.PM-1 which started at 9.30 A.M. as recorded therein. In Ex.PM-1 I have mentioned duration of death between 10 to 20



hours prior to the autopsy. The witness says by way of explanation that the time of death as mentioned in Ex.PM-1 may have been an error on our part.

35. It is true that when we conducted Post Mortem we had knowledge that there was an encounter in the previous night. The error in recording and estimating time of death of Irpa Suresh might have occurred on account of our preoccupation with other heavy duties as we were over worked and short of staff.

36. Q. Whether the time of death of Irpa Suresh was mentioned by you in Ex.P1 on account of fact that police authority informed you that encounter was taken place on previous night ?

A. I had recorded the time of death after noticing the changes in the dead body.

37. Q. What were the changes that you noticed in the body which led to the inference that the time of death was between 10 to 20 hours ?

A. I had noticed rigor-mortis present in upper and lower limb which shows that death occurred within 10 hours and not between 10 to 20 hours.

38. Q. Whether time of death as recorded in Post Mortem report is only an approximation and there is difference of plus minus 8 hours ?

A. No, it is not so.

39. MLC of Irpa Suresh as per Ex.,IC-7 was conducted by me at Civil Hospital, Bijapur at 7.30 A.M. Distance between Bijapur to Usoor can be covered approximately in 2-3 hours. From Bijapur Civil Hospital I went to Basaguda Police Station on 29.06.2012 and left Bijapur at about 11 A.M. to 12 noon. PM Examinations described above have been conducted by us in the compound of Basaguda Police Station.

40. It is true that one of the Post Mortem examination i.e. of Irpa Suresh was conducted by us at Bijapur Civil Hospital while the remaining 16 post mortem examinations were conducted by us in the compound of Basaguda Police Station.



41. It is correct to say that though in Ex.PM-1 at page 2, I have recorded that the dead body of Irpa Suresh was received for post mortem at 2.00 PM on 29.06.2012 yet on page 4 thereof I have stated and recorded that the post mortem was commenced on 29.06.2012 at 9.30 AM. I have to say that the time recorded of receipt of body for post mortem on page 2 as 2.00 PM is correct. It is true that the post mortem was not started by us from 9.30 A.M. on 29.06.2012 as recorded in page 4 of Ex. PM-1.
42. The witness now says that he does not exactly remember the time when post mortem on body of Irpa Suresh was conducted. However, it is true that in no case post mortem of Irpa Suresh was started at 9.30 AM on 29.06.2012.
43. It is true that I had recorded in page 2 of Ex. PM-1 that the body of Irpa Suresh was received by me at 2.00 P.M. on 29.06.2012 at Bijapur Hospital and then it was sent to mortuary. The above fact has been correctly recorded.
44. Q. Since you were at Bijapur Civil Hospital at 2.00 PM you could not have been present at Basaguda at that time on 29.06.2012 ?
- A. A sweeper is present in mortuary who receives the dead body. After I returned from Basaguda I conducted Post Mortem at Bijapur. I reached back to Bijapur at 4.00 PM from Basaguda after conducting post mortem on 16 bodies at Basaguda. The distance between Bijapur and Basaguda can be covered in 1 ½ to 2 hours.
45. The PM of Irpa Dharmaiya as Ex.PM-17 was conducted in my presence as recorded in Ex.PM-17 the PM of Irpa Dharmaiya started at 4.20 PM on 29.06.2012 at Basaguda Police Station.
- Q. Can you explain as to how you could be at Basaguda Police Station at 4.20 PM while you say that you had reached Bijapur Civil Hospital at 4.00 P.M.
- A.The above position is not possible.
46. The witness was shown chart of PM done on 29.06.2012 by the Committee of Doctors including the witness and he was asked as to whether the timing given in column no.5 of starting the post

mortem is correct. He verified the timings given therein and answered that the timing of starting the postmortems as given in column no.5 of chart Ex.PM-18 is correct as recorded in various post mortem reports Ex.PM-1 to PM-17. Conducting a postmortem normally takes 4 minutes to 30 minutes and it takes about 1 hour to conduct one post mortem and write report. The reports of PM Ex.PM -2 to PM-17 were not prepared and recorded at the spot where the post mortems were conducted. After all the three members of PM Committee came to Bijapur Civil Dispensary they recorded post mortem reports of Ex.PM-2 to PM -17. I do not remember the exact time when we departed for Bijapur after conducting PM at Basaguda Police Station. We started from Basaguda to Bijapur at 3.30 P.M. to 3.40 PM. We must have taken another 1 ½ hours to 2 hours to reach Bijapur Civil Dispensary.

47. PM is conducted by cutting dead bodies from head to abdomen. All 16 bodies were accordingly cut by us. We have mentioned the condition of internal organs of dead bodies on which we conducted the PM of the internal organs. We have also mentioned the injuries on various organs of the bodies. It would take around 4 minutes to cut the dead body examining each internal organ and to take rough note of the nature and type of injuries. All the above exercise was undertaken by us, a committee of doctors in open ground in the compound of Basaguda Police Station. There was no PM table and the bodies were cut on the ground.
48. It is true that the 16 bodies on which we conducted post mortem Ex.PM-2 to PM-17, we had seen only at Basaguda Police Station and at no other place.
49. It is true that we should record the exact shape, details, size, dimensions and location of the injury. Vague description of injuries such as injury on leg, injury on stomach, injury on back, is not sufficient.
50. We have not conducted any x-ray on any of the bodies with gun shot injuries.

59. It is not correct to say that we have not cut any of the dead bodies.
60. It is incorrect to say that we have conducted a superficial post mortem examination and have not conducted post mortem in real sense.
61. In PM report Ex.PM-8 of deceased Korsā Bichche, we have only mentioned in injury no.2 one bullet injury on the back side of the chest without mentioning the exact location and shape thereof.
62. It is not correct to say that we have not mentioned the above fact in Ex.PM-8 because actually we have not conducted postmortem on the dead body of Korsā Bichche. No internal injury have been shown in PM report Ex.PM-8 of Korsā Bichche except rupture of right lung.
63. The injuries shown on Ex.PM-8 should have caused fracture on sternum. However, no such fracture has been mentioned. Ex.J-3A was shown to the witness and was asked the type thereof upon which he says that it is a gun shot exit wound. Ex.PM-7 the postmortem report of Kaka Samaiya does not show any entry wound corresponding to the injury seen in Ex.J-3B.
64. Ex. J-4 of Madkam Nagesh was shown to the witness and asked whether there was a black right eye and swelling on the cheek in the photo, upon which he says yes they are present, whether they are possible by hard and blunt object, he says that these injuries could be caused by hard and blunt object. Are the injuries shown in the photograph Ex. J-4 mentioned in PM Report EX. PM15 of Madkam Nagesh upon which the witness says that the said injuries have not been mentioned in my postmortem report Ex. PM 15. The witness volunteers that the said injuries might have been as a result of injury on the parietal area.
65. The witness was shown Ex. J-7, J-7A and J-9 and was asked whether the injury seen in J-9 is caused by a sharp cutting object like bayonet upon which the witness says that it is not an incised injury, it appears to be a lacerated exit wound of the bullet. The said injuries are not stated in postmortem report Ex. PM 12. The



postmortem report Ex. PM 12 states that there are multiple entry and exit bullet wounds on chest below nipple however no fracture of the chest bones and perforation of the heart has been mentioned. However I have mentioned rupture of the lungs.

66. In Ex. PM 17, postmortem report of Irpa Dharmaiyya there is no mention of the specific location of the entry wound found on the back. The witness is shown snapshot of Irpa Dharmaiyya, Ex. J 13 there are separate entry and exit wound at the chest of Irpa Dharmaiyya. We have mentioned in Ex. PM 17 portmortem report of Irpa Dharmaiyya an external wound present on chest over upper part of sternum size 4 cm in diameter everted edges with blood clot present therefore it must have been an exit wound. We have also mentioned an inverted entry wound present over ziffy sternum therefore there is an entry wound and exit wound on the chest of Irpa Dharmaiyya. There is also an entry wound at the back of Irpa Dharmaiya.

(Cross examination at this stage is deferred for want of time and shall be resumed tomorrow)

(Justice V.K. Agrawal)  
President,  
Judicial Inquiry Commission.

**Cross examination resumed today on 21.08.2016 by Dr. Yug Chaudhary.**

67. It is true that there was gun shot injury in the head of Irpa Somlu as mentioned in post mortem report Ex.PM-13. This gun shot injury would have necessarily caused laceration of brain matter. However, we have not mentioned laceration of brain though conjection in the brain has been mentioned. Laceration and conjection of brain are different conditions. There is no reason as to why I did not mention laceration of brain despite there being a column in proforma report relating to brain injury. It is not true

that I did not mention internal injuries in the brain of Irpa Somlu because we did not open the brain and examined it internally.

68. In the PM report Ex.PM-4 of Irpa Narayan we have mentioned three entry wounds in epigastric region and one large exit wound on the right buttock. The injuries of above nature would certainly cause perforation of internal organ such as intestine, liver, spleen, and kidney. We have in our report Ex.P.M-4 only mention rupture of intestine in relevant column but have not mentioned any other injury in any other internal organ including rupture and laceration.
69. We have conducted post mortem of Kaka Anita alias Saraswati and our report is Ex.PM-6. It is true that there are two bullet injuries one exit wound and another entry wound on the skull. It is true that injuries of above nature would necessarily have lacerated the brain matter. It is true that laceration of brain matter has not been mentioned in the PM report Ex.PM-6.
70. The witness was shown photographs of deceased Madvi Ayatu which are marked as Ex.J-14A and Ex.J-14B. Madvi Ayatu 's injury (circled by ink) on the left side of the chest in photograph Ex.J14-B is possibly an exit wound of bullet. The post mortem report Ex.PM-11 of Madvi Ayatu was shown to the witness and was asked as to whether the said injury as seen in photograph Ex.J-14B has been mentioned in the post mortem report Ex.PM-11, upon which says that said injury in the left side of chest of Madvi Ayatu has not been mentioned in the post mortem report. It is true that in Ex. PM-11 we have mentioned one bullet entry on the left side of the chest and one exit wound in the right axilla and rupture of right lung. Injuries as described by us above would not necessarily cause rupture and laceration of the heart and also fracture of the ribs.
71. The witness was shown Ex.PM-10 and was asked as to whether the entry wound on the back just above right scapula as mentioned in Ex.PM-10 would necessarily result in fracture of right scapula upon which the witness says that this might happen. It is true that

we have not mentioned fracture of scapula in the PM report Ex.PM-10.

72. We have conducted in all 17 post mortem and post mortem reports thereof are from Ex.PM-1 to PM-17, which are written either by me or by Dr. Samad. None of the PM reports are in the handwriting of Dr. Shailendra Kumar.
73. The witness was shown EX.PM-18A which is the chart showing the names of the deceased, date and time of Post mortem, time when the bodies were sent and name of the doctor, who signed the post mortem report. In the same chart the names of the doctors actually written in the PM report has been underlined with ink which has been duly verified and he has stated that it is true that PM reports of different deceased have been written by the doctors whose names have been underlined by him in said chart Ex.PM-18A. It is also true that 9 PM reports were written in my handwriting while remaining 8 pm reports are written by Dr. Samad. It is true that there are discrepancies and mistakes in the timings of the receipt of the deadbodies and commencement time of post mortem and that the mistakes as above have been committed in all 17 post mortem reports. It is also true that the same mistake have been committed by me as well as by Dr. Samad. We had not decided in advance as to what timing as above should be mentioned by us in the post mortem reports.
74. It is true that if we have specified the time of death between certain upper and lower limits of the post mortem, then statement of witness to the contrary stating that the death occurred or fatal injury caused to the deceased little before the time specified then such statement of the witness is not true. Now the witness says that an eye witness stating about time of fatal injuries caused to deceased may be true even if it does not tally with the time of death as mentioned by us in the post mortem report.
75. It is true that there was video shooting at the time we conducted post mortem examination. Witness was shown photograph from one of the said video which is marked Ex.J-15. The said



photograph is from the video submitted on behalf of the State Government through Collector, Bijapur referred by the Collector Bijapur in reply dated 11.01.2015 in which it is referred that the video has been submitted on 27.11.2014 by special messenger. The witness says that in photograph Ex.J-15 he along with Dr. Samad and Dr. Shailendra Kumar are there, marked and numbered by him. He has encircled and marked himself as no.1. Dr. Samad as no.2 and Dr. Shailedra Kumar as no.3.

76. The witness was shown video number M2U00679 and the witness says that he has recognized himself and Dr. Shailendra Kumar and Dr. Samad in the said video. I have also seen 6 other video numbered, no.00081, M2U00667, M2U00680, M2U00681, M2U00682, M2U00683 submitted by the State Government through the Collector. It is true that the said videos were taken during PM examinations conducted by us. It is true that in none of these 7 videos myself or any other doctors of team i.e. Dr. Samad and Dr. Shailendra Kumar are seen to be touching, coming close or examining the injuries of the dead bodies or using any of the post mortem instruments or implements. However, we have done so though it may not have been shown in the videos. In none of the videos any of the bodies have been shown to be cut for post mortem examination. It is not true that we did not conduct proper post mortem examination by cutting and opening the bodies.
77. It is true that many times when patients comes to hospital for treatment they tried to exaggerate to get medical benefits. They also some times, tried to change cause of injuries. However on examination we find correct status.
78. I have recorded the entries in IC-1 to IC-7 injury reports recorded by me on the basis of history given by patients and injuries observed by me. Injury report IC-1 to IC7 have been examined by me and written and signed by me. In none of the said reports have I mentined presence of irregular missiles such as pieces of stone, iron, kankar, brass beads or dried seeds etc. in the wounds. I have not mentioned in any of the said reports the nature of injury

and have referred the patients for higher treatment to experts. The description of the patients such as his name, fathers name, age, address has been written in IC-1 to IC-7 on the basis of requisition letter of police as well as information asked for and given to me at the time of examination. I have not asked for the identity proof or seen identity proof of any of the patients regarding whom I had written reports IC-1 to IC-7. It is true that I did not find any other injuries on the persons examined by me. It is also true that in case the persons examined by me states that they have different types of injuries in different locations of body at the time I had examined them, then the said statement would not be true.

79. It is true that I had found entry wound in the right cheek near middle of the mandibular region as described by me in Ex.IC-2 after examining the patient Krishna Kumar Khatri. I did not find any injury in the left lower side of calf of Krishna Kumar Khatri.
80. In Ex.IC-4 the injury report of Wahidul Islam, I have mentioned only one bullet entry wound present over anterior axillary at the level of 6<sup>th</sup> rib. I have not mentioned in Ex.IC-4 whether the said injury was on the right side or left side of the rib cage. I have not found any other injury after examining the person of Wahidul Islam. I have referred him to higher centre. I did not find any injuries on the right elbow or lower left side of chest.
81. I had examined S.S. Rana and written injury report Ex.IC-3. Patient was alive when I saw him. He had 3 bullet entry wounds on right thigh. The injury was not homicidal as I have erroneously mentioned in Ex.IC-3. I have mentioned 3 bullet entry wounds but I have not mentioned shape, nature and edges of the wounds.
82. I had written the injury report IC-1 of K. Rajan. I found avulsed lacerated wound on the posterior side of the left leg as mentioned in Ex.IC-1. I did not mention therein whether it was entry wound or exit wound. It was a gun shot wound it was not possible that any other cause of injury is possible. Avulsed lacerated wound could be caused by other weapons besides guns. I have not mentioned any feature of injury which led me to state that the said

and have referred the patients for higher treatment to experts. The description of the patients such as his name, fathers name, age, address has been written in IC-1 to IC-7 on the basis of requisition letter of police as well as information asked for and given to me at the time of examination. I have not asked for the identity proof or seen identity proof of any of the patients regarding whom I had written reports IC-1 to IC-7. It is true that I did not find any other injuries on the persons examined by me. It is also true that in case the persons examined by me states that they have different types of injuries in different locations of body at the time I had examined them, then the said statement would not be true.

79. It is true that I had found entry wound in the right cheek near middle of the mandibular region as described by me in Ex.IC-2 after examining the patient Krishna Kumar Khatri. I did not find any injury in the left lower side of calf of Krishna Kumar Khatri.
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81. I had examined S.S. Rana and written injury report Ex.IC-3. Patient was alive when I saw him. He had 3 bullet entry wounds on right thigh. The injury was not homicidal as I have erroneously mentioned in Ex.IC-3. I have mentioned 3 bullet entry wounds but I have not mentioned shape, nature and edges of the wounds.
82. I had written the injury report IC-1 of K. Rajan. I found avulsed lacerated wound on the posterior side of the left leg as mentioned in Ex.IC-1. I did not mention therein whether it was entry wound or exit wound. It was a gun shot wound it was not possible that any other cause of injury is possible. Avulsed lacerated wound could be caused by other weapons besides guns. I have not mentioned any feature of injury which led me to state that the said



injury could not have been caused by any other weapon besides gun. It is not possible that the injury as described by me in Ex.IC-1 could be caused by impact against some sharp hard object.

83. It is incorrect to say that we did not conduct a detailed PM examination and merely made a cursory noting of the visible injuries on the various bodies at Police Station Basaguda.
84. It is also incorrect to say that no internal examination was done by us and we have mechanically noted the internal injuries without doing internal examination in order to assist the story of the Police.
85. It is incorrect to say that I had knowingly entered incorrect and incomplete information of the injuries of the deceased villagers so as to render assistance to the police party.
86. It is incorrect to say that several injuries caused by hard and blunt objects to the dead bodies of the deceased persons have been intentionally left out from being mentioned in the PM reports by us at the instructions of the police.
87. It is incorrect to say that the Police informed us that the deceased persons were naxalites and so we got prejudiced and did not mention injuries and did not conduct a thorough examination on the dead bodies.
88. It is incorrect to say that I, in conspiracy with other doctors of the team as well as CRPF and Police Officers fabricated false documents of post mortem etc.

**(Justice V.K. Agrawal)**  
**President,**  
**Judicial Inquiry Commission.**