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Medicolegal Manual (For Police Officers)



3rd Edition

KS Narayan Reddy

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CHAPTER

3 INQUEST

INQUEST: An inquest is an **inquiry or investigation into the cause of death**. It is conducted in cases of suicide, murder, killing by an animal or machinery, accidents, deaths due to torture or ill-treatment, occupational diseases, suspected medical negligence, suspicious (unnatural) deaths, deaths due to anaesthesia or operation and unidentified or skeletonised bodies. Two types of inquests are held in India.

(1) POLICE INQUEST : The officer-in-charge (usually sub-inspector) of a police station conducts the inquest (S.174, Cr.P.C.). The police officer making the inquest is known as Investigating Officer (I.O.). When the officer-in-charge of a police station receives information that a person has committed suicide, or has been killed by another or by an animal or by machinery or by an accident, or has died under circumstances raising a reasonable suspicion that some other person has committed an offence, he immediately gives intimation about it to the nearest Executive Magistrate empowered to hold inquests, and proceeds to the place where the body of such deceased person is. There, in the presence of two or more respectable persons *(panchas)*, he makes an investigation (S.175, Cr.P.C). He prepares a report of the apparent cause of death, describing wounds, fractures, bruises, and other marks of injury found on the body, and stating in what manner, or by what weapon or instrument, such injuries appear to have been inflicted. The inquest report *(panchanama)* is then signed by the investigating police officer and by the *panchas*. If no foul play is suspected, the dead body is handed over to the relatives for disposal. In cases of suspected foul play or doubt, the body is sent for postmortem examination to the nearest authorised Government doctor, together with a requisition and a copy of the inquest. The report is forwarded to the Magistrate.

Private medical institutions can undertake medicolegal examination and treatment of the living, but autopsies can be conducted only with the permission of the State Government.

(2) MAGISTRATE'S INQUEST : This is conducted by a District Magistrate (Collector/Deputy Commissioner), Sub-divisional Magistrate

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(RDO), Tahsildar or any other Executive Magistrate (S.20 to 23 Cr. P.C.), especially empowered by the State Government (Executive Magistrates). It is done in case of (1) death in police custody, and while under police interrogation, (2) death due to police firing, (3) death in prison, reformatories, Borstal school, (4) death in a psychiatric hospital, (5) dowry deaths, (6) exhumation, (7) death or disappearance, or rape is alleged to have been committed on any woman, while such person or woman is in the custody of the police or in any other custody authorised by the court (S.174(4), S.176 and 176, 1-A, Cr.P.C.). In any case of death, a Magistrate may conduct an inquest, instead of or in addition to the police inquest (S.176, Cr.P.C.).

MEDICOLEGAL MASQUERADES : Things are not always what they seem to be at first sight. Many cases of homicide go undetected because of the lack of suspicion and improper or inadequate investigation. All cases of death should be regarded as unnatural, until proved otherwise. Violent deaths may show minimal or no external evidence of injury, and conversely natural deaths can occur under such circumstances as to suggest falsely that violence was used. Accidental deaths and suicides can occur under circumstances which suggest homicide. A person who appears to have died from acute alcoholic poisoning or from the combined effects of alcohol and other drugs, may have committed suicide by using drugs, or rarely he may have been poisoned criminally. In a suicide case, alterations may be made at the scene because of disgrace. In a homicide case, the scene may be altered or rigged to suggest that death resulted from suicide or accident. Upset furniture, overturned objects and other disturbances, and blood stains on walls and floors are consistent with a struggle between assailant and victim. However, similar disturbance may be seen in case of suicide committed while the victim was acutely intoxicated by alcohol or some drug, or he was possesed by some form of psychotic excitement. Persons dying from natural causes may become hypoxic and confused terminally. They may fall against furniture and knock items over, and the scene may appear ransacked. The doctor must look for any possible inconsistencies between the apparent death scene and his actual scientific findings. A person dying from heart attack may fall and sustain injuries, which may resemble an unnatural death. Similarly, a person driving a car may suddenly die due to heart attack and the car may crash hitting a tree or some other object resembling a traffic accident. In a case

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of hanging, the manner in which a ligature is applied to the neck, or the mode of suspension of a body may determine the manner of death. In such cases, the real cause of death can be established by complete autopsy and police investigation. The investigating officer should obtain information about the circumstances of death and the background of the deceased.

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Medicolegal Manual (For Police Officers)

Salient Features

- A handy quick reference guide
- Thoroughly revised and updated text
- Deals with the common medicolegal problems encountered by Police Officers in their routine work
- Describes detailed procedural formalities to be observed by Police Officers in handling with the medicolegal cases
- Includes all the medicolegal topics to make the book up-to-date
- Provides necessary guidelines to Police Officers in all the aspects of the subject.



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ISBN 978-93-86150-27-1