FEDERAL STATE BUDGET EDUCATIONAL
HIGHER EDUCATION INSTITUTION
"ROSTOV STATE MEDICAL UNIVERSITY"
MINISTRY OF HEALTH OF THE RUSSIAN FEDERATION

FACULTYTREATMENT AND PREVENTIVE

Evaluation materials

by discipline **FORENSIC MEDICINE**

Speciality 05/31/01 MEDICAL CASE

2023

1. List of competencies formed by the discipline (in whole or in part)*

professional (PC)

Code and name of professional competence
PC-7 readiness to conduct an examination of temporary disability, participate in a medical and social examination, ascertain the biological death of a person

2. Types of assessment materials in accordance with the competencies being developed

Name competencies	Types of assessment materials	number of tasks **for 1 competency**
PK-7	Closed tasks	25 with sample answers
	Open type tasks: Situational tasks	75 with sample answers

PC-7:

Closed type tasks: ***TOTAL25 tasks.***

Examples:

Task 1. Instructions: Choose one correct answer.
The main requirements for the “Conclusions” of the expert opinion are:

a) completeness

b) objectivity

c) motivation

d) scientific validity

d) all of the above are true

Response standard: e) all of the above are true

Task 2. Instructions: Choose one correct answer.

The main procedural types of forensic medical examination include:

a) primary

b) additional

c) repeated

d) all of the above are true

d) a and b are correct

Sample answer: d) all of the above are true

Task 3. Instructions: Choose one correct answer.

Does the investigator have the right to be present during the proceedings? forensic examinations:

a) has the right

b) has no right

c) in some cases

d) not always

d) with the permission of the prosecutor

Sample answer: a) has the right

Task 4. Instructions: Choose one correct answer.

Objects of biological origin during the examination are confiscated:

a) the person conducting the inquiry

b) investigator

c) prosecutor

d) forensic expert

d) judge

Sample answer: b) investigator

Task 5. Instructions: Choose one correct answer.

The prerogative to evaluate evidence, incl. "Expert opinion" belongs to:

a) to the court

b) the investigator

c) the prosecutor

d) all of the above are true

d) forensic medical expert

Sample answer: a) to the court

Task 6. Instructions: Choose one correct answer.

To what group do hemoglobin-binding poisons belong?

a) caustic

b) destructive

c) blood

d) functional

e) complex

Sample answer: c) blood

Task 7. Instructions: Choose one correct answer.

What type of laboratory testing is required to diagnose poisoning by poisonous plants?
?

a) chemical

b) histological

c) botanical

d) spectral analysis

e) genetic

Sample answer: c) botanical

Task 8. Instructions: Choose one correct answer.

What toxic substance causes hemoglobinuric nephrosis?

a) sublimate

b) arsenic

c) caustic soda

d) acetic acid

e) sublimate, arsenic

Sample answer: d) acetic acid

Task 9. Instructions: Choose one correct answer.

What odor from a corpse can indicate hydrocyanic acid poisoning?

a) dried mushrooms

b) alcohol

c) bitter almonds

d) vinegar

e) acetone

Sample answer: c) bitter almonds

Task 10. Instructions: Choose one correct answer.

Which of the following poisons remain in a corpse for several years?

a) alcohol

b) arsenic

c) sleeping pills

d) carbon monoxide

d) sleeping pills, alcohol

Sample answer: b) arsenic

Task 11. Instructions: Choose one correct answer.

By-laws defining the work of the Bureau of Forensic Medicine examinations:

A) instructions on the conduct of forensic medical examinations in the Russian Federation

b) orders of the Ministry of Health of the Russian Federation

c) all of the above are true

d) order No. 194-

d) Federal State Educational Standards

Sample answer: c) all of the above are true

Task 12. Instructions: Choose one correct answer.

Legislative acts regulating the activities of the forensic medical service include:

a) Federal Law “On State Expert Activities in the Russian Federation” (May 31, 2002)

b) Law “On the Protection of Health of Citizens of the Russian Federation” (1993)

c) orders of the Ministry of Health of the Russian Federation

d) all of the above are true

d) a and b are correct

*Sample answer:*d) all of the above are true

Task 13. Instructions: Choose one correct answer.

The competence of the forensic medical expert commission includes:

a) establishing the cause of death

b) resolving questions about the correctness of diagnosis and treatment of the patient

c) determination of the mechanism and sequence of damage formation

d) establishing the type of traumatic object

d) all of the above are true

*Sample answer:*d) all of the above are true

Task 14. Instructions: Choose one correct answer.

The main areas of joint work of forensic medical institutions with practical health authorities are:

a) holding clinical and anatomical conferences

b) detection of acute infectious diseases

c) epidemiological analysis of injuries, poisoning, sudden death

d) sanitary education work

d) all of the above are true

*Sample answer:*d) all of the above are true

Task 15. Instructions: Choose one correct answer.

For unauthorized disclosure of preliminary investigation data, you may be expert subject to punishment in the form of:

a) corrective labor

b) imprisonment

c) fine

d) public censure

e) true a, c

*Sample answer:*e) true a, c

Task 16. Instructions: Choose one correct answer.

The removal of a corpse from its burial place (exhumation) must be carried out in the presence of:

a) a doctor-specialist in the field of forensic medicine

b) investigator

c) witnesses

d) an official representative of the cemetery

d) all of the above are true

Sample answer: d) all of the above are true

Task 17. Instructions: Choose one correct answer.

For giving a knowingly false conclusion, according to the current criminal law, an expert may be punished in the form of:

a) imprisonment

b) fine

c) correctional labor

d) public censure

e) a, b, c are correct

Sample answer: e) a, b, c are correct

Task 18. Instructions: Choose one correct answer.

In the section “Circumstances of the case”, “Expert conclusions” during the examination of the corpse, the following must be stated:

a) information from the decision on the appointment of a forensic medical examination

b) information from the examination report of the corpse

c) data from medical documents

d) laboratory test results

e) a, b, c are correct

Sample answer: e) a, b, c are correct

Task 19. Instructions: Choose one correct answer.

The following cavities of a human corpse are subject to mandatory forensic medical examination:

a) cranial cavity

b) chest cavity

c) abdominal cavity

d) spinal canal

e) a, b, c are correct

Sample answer: e) a, b, c are correct

Task 20. Instructions: Choose one correct answer.

During a forensic medical examination of a corpse, only:

a) organs and cavities in which, in the opinion of the expert, the cause of death should be sought

b) parts of the body and organs, information about damage to which is necessary for the investigative authorities

c) damage or painful changes to organs

d) all organs of the chest and abdominal cavities, cranial cavity

d) all of the above are true

Sample answer: d) all organs of the chest and abdominal cavities, cranial cavity

Task 21. Instructions: Choose one correct answer.

Methods for studying forensic medicine are:

a) laboratory and physical technical methods

b) methods of studying criminology and criminal procedure

c) methods of dialectical cognition, general scientific, special

d) directly medical research methods

e) laboratory methods

Sample answer: c) methods of dialectical cognition, general scientific, special

Task 22. Instructions: Choose one correct answer.

The objects of forensic medical examination are:

a) human corpses, materials and documents

b) living persons (victims, accused, etc.)

c) physical evidence

d) objects, tools and weapons

d) all of the above are true

*Sample answer:*d) all of the above are true

Task 23. Instructions: Choose one correct answer.

What examinations can be carried out by one expert?

a) primary forensic medical examination

b) additional examination

c) age determination examination

d) a and b are correct

e) comprehensive examination

*Sample answer:*d) a and b are correct

Task 24. Instructions: Choose one correct answer.

A commission examination is mandatory in the production of:

a) examinations in cases of criminal prosecution of medical workers for professional offenses

b) repeated examinations

c) additional examinations

d) examinations in relation to foreign citizens

e) comprehensive examinations

*Sample answer:*a) examinations in cases of criminal prosecution medical workers for professional offenses

Task 25. Instructions: Choose one correct answer.

Comprehensive examination is provided:

a) in cases of unfoundedness of the previous expert's conclusion or doubts about its correctness

b) in cases of insufficient clarity or incompleteness of the previous conclusion

c) in cases where research requires knowledge in different branches of knowledge

d) in cases of complex examinations

e) in cases of commission examinations

*Sample answer:*c) in cases where research is necessary for production knowledge in different branches of knowledge

Open type tasks: ***TOTAL75 tasks.***

Examples:

Exercise 1.

Forensic medical doctrine of damage is a branch of forensic medicine that studies the patterns of occurrence, variability, research and forensic medical assessment of _____.

*Sample answer:*damage.

Task 2.

Classification of injuries by type associated with a violation of the anatomical structure: abrasion, bruise, _____, dislocation, fracture, rupture, kneading, dismemberment.

Sample answer:wound.

Task 3.

An abrasion is a violation of the integrity of _____, which does not penetrate deeper than the papillary layer of the skin, and is formed by the action of an object tangentially, that is, at an angle to the surface of the skin.

*Sample answer:*epidermis.

Task 4.

Parchment spots are _____ abrasions, they are dense dried areas of skin of yellow or yellow-brown color, if they are located outside the area of cadaveric spots, they differ from intravital abrasions primarily in the absence of crusts (no signs of healing), and there are no hemorrhages during microscopy.

*Sample answer:*posthumous.

Task 5.

According to the height of the fall, a person falls from a _____ height or a significant height onto a plane.

Response standard: insignificant.

Task 6.

An automobile injury is _____ bodily injury caused during a traffic accident by parts of a moving car or caused by a fall from a moving car.

Response standard: mechanical.

Task 7.

A railway injury is _____damage caused to the human body by parts of a moving rail vehicle.

*Sample answer:*mechanical.

Task 8.

Piercing objects have a _____ (pointed or close to it) end and a rod (blade) of a conical, cylindrical-conical or pyramidal shape.

*Sample answer:*spicy.

Task 9.

Stab-cut injuries with the jaws of scissors - these injuries are characterized by the presence of a piercing-cutting blade with _____ sharpening, rounded edges and asymmetrical sharpening.

*Sample answer:*unilateral.

Task 10.

Chopping objects (an axe, a chopper, a mower, a shovel, a large chef's knife, a bread knife, a saber, etc.) are objects that have a _____ edge, significant mass, and damage deeper-lying bones.

*Sample answer:*spicy.

Task 11.

A shot is the ejection of _____ from the barrel with the energy of powder gases or a special flammable mixture.

*Sample answer:*projectile.

Task 12.

A cartridge is an ammunition that contains everything _____ necessary to fire a shot - a bullet, a powder charge and a primer - an igniter.

Response standard: elements.

Task 13.

A shot from a short distance means a shot from such a distance when the _____ factors of the shot are not detected on the obstacle.

Response standard: additional.

Task 14.

In the genesis of mechanical asphyxia, two main factors play a role: acute oxygen deficiency and the simultaneous accumulation of _____, which determines the occurrence of the pathophysiological process.

*Sample answer:*carbon dioxide.

Task 15.

Hanging is a type of mechanical asphyxia in which compression of the neck with a noose occurs under the weight of all or part of it.

*Sample answer:*bodies.

Task 16.

From the protocol of the inspection of the scene of the incident it follows that the inspection began at 10:30 a.m. The place where the corpse of citizen P. was discovered is a garage. There is a strong smell of carbon monoxide in the room. The Lada car engine is warm, the ignition key is in the on position. In the driver's seat of the car there is the corpse of citizen P. in a sitting position. The head is tilted forward, the chin touches the steering wheel, and the arms hang along the body. The legs are bent at the hip and knee joints. Cadaveric phenomena at 10:00. Rigor mortis is well expressed in all muscle groups studied. Cadaveric spots are abundant, diffuse, bright pink, located on the back surface of the buttocks and thighs, turn pale when pressed and restore their color after 8 minutes. The temperature in the rectum is 26 °C at an ambient temperature of 15 °C. There is no reaction to mechanical stimulation of the biceps brachii muscle. When the eyeballs are compressed, the pupils take on a slit-like shape (Beloglazov's sign is positive). The eyes are closed, the pupils are 0.5 cm in diameter, the connective membrane of the eyes is pink, without hemorrhages. The external auditory canals and nasal passages are free. Mouth closed. Tongue behind the line of teeth closure. The bones and joints of the limbs are intact to the touch and not deformed.

Questions:

1. Name reliable signs of death.

2. Establish how long ago death occurred.
3. Determine the cause of death.
4. Are there signs indicating that the corpse has been moved?
5. Was any material evidence of biological origin found and what kind?

Sample answer:
1. Early cadaveric changes and supravital reactions.
2. The duration of death is 14-16 hours.
3. The question of the cause of death can only be resolved after examining the corpse in the morgue.
4. Not available.
5. Not detected.

Task 17.

From the protocol of the inspection of the scene of the incident it follows that the place of inspection was the courtyard of a private household. The corpse of citizen D. lies on his back, with his feet facing south. The face is turned upward. The corpse is wearing: dark blue synthetic tights, black synthetic socks, gray cotton panties. Cadaveric phenomena at 15:30 o'clock. Rigor mortis is well expressed in the masticatory muscles, weakly expressed in all muscle groups studied. The skin is pale. Cadaveric spots are island-shaped, pale bluish in color, located on the back surface of the body, disappear when pressed and restore their color after 10 seconds. Rectal temperature - 35.6°C, after 1 hour - 33.9°C at an ambient temperature of 20°C. With mechanical irritation of the biceps brachii muscle, a roller up to 2 cm high. When the eyeballs are compressed, the pupils take on a slit-like shape (Beloglazov's sign is positive). The eyes are half-open, the pupils are 0.4 cm in diameter, the connective membrane of the eyes is gray, without hemorrhages. Pilocarpine test: reduction in pupil diameter from 0.4 to 0.2 cm in 3 seconds. At the opening of the mouth there are dried streaks of bloody fluid in the direction from front to back. The external auditory canals are clean. On the anterior abdominal wall, at a distance of 1.5 cm above the umbilical ring, there is a round wound, 0.4-0.5 cm in diameter. Along its edge there are black overlays in the form of a ring up to 0.8 cm wide, on the outside of which there are multiple , small dark particles embedded in the skin. The edges of the lesion are scalloped, the surrounding skin is diffusely covered with dried reddish deposits that look like blood. Under the corpse, bloody fluid is detected in an area of 40x50 cm.

Questions:
1. Name reliable signs of death.
2. Establish how long ago death occurred.
3. Indicate the error made when drawing up (registering) the protocol for the inspection of the scene of the incident, which is related to the second question.
4. Name the signs indicating the nature of the damage, the mechanism of its formation, and the type of traumatic object.
5. Was any material evidence of biological origin found and what kind?

Sample answer:
1. Early cadaveric changes and supravital reactions.
2. Time of death - 1-3 hours.
3. The time of the study and description of early cadaveric changes and supravital reactions, as well as the beginning and end of the inspection of the scene of the incident, are not indicated.
4. Wound of the anterior surface of the chest with traces of the action of additional

factors of the shot (gunshot wound). 5.
Blood detected.

Task 18.

From the protocol of the inspection of the scene of the incident it follows that the inspection was carried out under artificial lighting. The inspection location is the bathroom. The corpse of citizen I. was found on the floor, lying on his back. The corpse is wearing: a blue cotton jacket; there are streaks of bloody fluid in the collar area, the tights are dark blue, synthetic, the socks are black, synthetic; all clothes with signs of prolonged wear. Cadaveric phenomena at 18:00 o'clock. Rigor mortis is well expressed in the lower jaw, weakly expressed in the muscles of the neck, upper and lower extremities. Cadaveric spots are bluish-violet, abundant, disappear when pressed and are restored after 30 seconds. The temperature in the rectum is 34.0 °C. At the site where the metal ruler hits the front surface of the shoulder, a muscle roll up to 1 cm high is formed. The eyes are closed, the pupils are 0.5 cm in diameter. Pilocarpine test: reducing the pupil diameter from 0.5 to 0.3 cm in 4 seconds. At the openings of the mouth and nose there is a pink-red persistent finely bubbled foam with streaks of bloody fluid on the cheeks in the direction from front to back. The skin around the mouth is swollen and bluish. On the upper jaw, 1 and 2 teeth were broken off on the right and left; the sockets of the teeth are filled with blood clots, the gum tissue is swollen, with small hemorrhages. In the oral cavity there is liquid blood with loose clots. The bones of the cranial vault, facial skeleton, upper and lower extremities are intact to the touch.

Questions:

1.Name reliable signs of death.
2. Establish how long ago death occurred.
3.Indicate the mistake made during the examination and description of the signs relating to the cooling of the corpse (related to the second question).
4.Are there any signs indicating that the corpse has been moved?
5. Was any material evidence of biological origin found and what kind?

Sample answer:

1. Early cadaveric changes and supravital reactions.
2. Time of death - 2-4 hours.
3. Ambient temperature not specified.
4. Not available.
5. Blood.

Task 19.

From the protocol for the inspection of the scene of the incident it follows: the inspection site is a concrete platform near the front wall of a multi-story building. The corpse of citizen R. is located on his back, located 1.5 m from the wall of the house. Cadaveric phenomena at 11:30 o'clock. Rigor mortis is pronounced in the lower jaw, weakly expressed in the muscles of the neck, upper and lower extremities. Cadaveric spots are located on the back surface of the body, pale purple, disappear when pressed and are restored after 35 seconds. The temperature in the rectum is 32 °C, at an ambient temperature of 18 °C. At the site of impact with a metal rod on the front surface of the shoulder, a muscle roll 0.5 cm high is formed. The eyes are closed, the pupils are 0.4 cm in diameter, connective

the membranes of the eyes are gray, without hemorrhages. Pilocarpine test: reduction in pupil diameter from 0.4 to 0.2 cm in 6 seconds. The openings of the mouth and nose are free. On the auricle and in the external auditory canal on the right there are dried deposits that look like blood. The bones of the skull in the right parietal-temporal region are mobile. Pathological mobility is present in the right humerus. No other injuries were found.

Questions:

1. Name reliable signs of death.
2. Establish how long ago death occurred.
3. Indicate the mistake made during the examination and description of cadaveric signs, which is related to the second question.
4.Name the signs indicating the nature of the damage, the mechanism of its formation, and the type of traumatic object.
5. Was any material evidence of biological origin found and what kind?

Sample answer:

1. Early cadaveric changes and supravital reactions.
2. Time of death - 6-8 hours.
3. The features of muscle rigor have not been studied or described.
4. Traces of blood in the right external auditory canal, the skull bones in the right parietal-temporal region are mobile. Pathological mobility is present in the right humerus (injury from a fall from a great height).
5. Not detected.

Task 20.

From the protocol for the inspection of the scene of the incident, it follows that the location of the inspection is the beach. On the shore of an open reservoir, A.'s corpse was found lying on his back. The corpse is wearing black synthetic swimming trunks. Cadaveric phenomena at 20:30 o'clock. Rigor mortis is good in all muscle groups studied. Cadaveric spots are abundant, purple in color, located on the back surface of the body, disappear and restore their color after 8 minutes. The temperature in the rectum is 31 °C at an ambient temperature of 29 °C. The eyes are closed, the pupils are 0.5 cm in diameter, the connective membranes of the eyes are gray, without hemorrhages. There is no reaction to mechanical stimulation of the biceps brachii muscle. When the eyeballs are compressed, the pupils take on a slit-like shape (Beloglazov's sign is positive). Upon examination, a wound was found on the dorsal surface of the right hand of an arcuate shape, with the convex part facing down and back, with a distance between the ends of the arc of 4 cm, an arc height of 0.3 cm, a depth of up to 0.3 cm, the bottom is the underlying soft tissue; with edges edged up to 0.2 cm, acute-angled ends, in the depths of the wound and in the area of the ends there are thin connective tissue bridges. The wound and the skin around it are stained with dark red dried bloody fluid. No other damage was found.

Questions:

1. Name the reliable signs of death noted in the protocol.
2. Establish how long ago death occurred.
3. Indicate the mistake made during the examination and description of cadaveric signs, which is related to the second question.
4 Name the signs indicating the nature of the damage, the mechanism of its formation, and the type of traumatic object.

Sample answer:

1. Early cadaveric changes.
2. The duration of death is 12-14 hours.
3. Supravital reactions have not been studied or described (reaction of muscles to mechanical irritation, reaction of pupils to the administration of pharmacological drugs).
4. The wound on the dorsal surface of the right hand is arched, with the convex part facing down and back, with a distance between the ends of the arc of 4 cm, an arc height of 0.3 cm, a depth of up to 0.3 cm, the bottom is the underlying soft tissue; with edges edged up to 0.2 cm, acute-angled ends, in the depth of the wound and in the area of the ends there are thin connective tissue bridges.

Task 21.

Circumstances of the case. From the direction it follows that citizen A. was found dead on the street (on the roadway). External research. The head is deformed (flattened). On the skin of the forehead and scalp there is an intermittent abrasion with a dense sinking surface. In the area of the upper eyelids there are dark blue bruises. A copious amount of liquid blood flows from the openings of the nose. Internal research. There is extensive dark red hemorrhage in the soft tissues of the left half of the chest. Double fractures of the II-XI ribs on the left along the anterior axillary and scapular line were discovered. The edges of the fractures along the outer bone plate show signs of compression, and along the inner plate there are signs of tension. In the intercostal muscles in the projection of the fractures there are focal dark red hemorrhages. In the area of the roots of the lungs, the hilum of the kidneys and the spleen there are large-focal impregnating hemorrhages. Linear superficial rupture of the right lobe of the liver. There is about 200 ml of dark red liquid blood in the abdominal cavity. A comminuted fracture of the vault and base of the skull (web-shaped) with transition to the facial skeleton was discovered. The frontal lobes of the brain are crushed and soaked in blood. There are thin hemorrhages under the pia mater of the cerebellum. The ventricles of the limbs are intact. The smell of alcohol was felt from the opened cavities and organs.

Questions:

1. Name the category of death.
2. Establish the manner of death.
3. Determine the type of death.
4. Make a forensic diagnosis.

Sample answer:

1. Violent.
2. The manner of death has not been established (since this is the prerogative of the investigative authorities).
3. From mechanical damage.
4. Blunt combined trauma of the body with damage to skeletal bones and internal organs.

Task 22.

Circumstances of the case. The corpse of citizen N. was found in the courtyard of a private home with extensive damage to the neck. The corpse lay on the floor in a pool of blood, face up. Next to the corpse is a shard of glass stained with half-dried blood. External research. The collar of the shirt is heavily soaked in blood, with multiple blood stains on the front surface. The skin is pale. The hands are stained with dried bloody fluid. Cadaveric spots are islandlike,

pale purple, located on the back of the body. On the neck of the corpse in the middle third on the front surface there is a gaping wound, directed slightly from top to bottom and from left to right. The edges of the wound are smooth, the ends are sharp. On the left side surface of the neck, near the end of the wound, there are five almost parallel surface cuts 0.5-1.5 cm long. The edges of the wound are covered with dried blood. Damaged muscles and trachea are visible at the bottom of the wound. Internal research. Before opening the cranial cavity and removing the organ complex of the chest and abdomen, tests were carried out for the presence of air in the pleural cavities using standard methods. The skin and subcutaneous fatty tissue of the body along the anterior surface are dissected with a standard sectional incision (from the level of the upper edge of the manubrium of the sternum to the level of the upper edge of the pubic symphysis along the anterior midline, bypassing the umbilical ring on the right, without damaging the parietal peritoneum), separated on the chest to the posterior axillary lines. The resulting pockets are filled with water, punctures of the soft tissues of the intercostal spaces were made under water - no gas was released from the punctures. An examination of the neck organs revealed a complete intersection of the jugular vein and trachea on one second circumference. There are traces of liquid blood in the cavities. The heart muscle is pale red. The endocardium is thin, without hemorrhages. The lungs, brain, and abdominal organs are anemic. Laboratory results. A forensic histological examination revealed anemia of the organs.

Questions:

1. Name the category of death.
2. Establish the manner of death.
3. Make a forensic diagnosis.

Sample answer:

1. Violent.
2. The manner of death has not been established (since this is the prerogative of the investigative authorities).
3. Incised wound of the neck, complicated by massive blood loss and anemia of internal organs.

Task 23.

Circumstances of the case. The corpse of citizen E. was found on the floor in the dormitory room. External research. Two wounds were found on the left front surface of the chest. Wound No. 1 is horizontal, slit-shaped, measuring 3.5x0.2 cm. The edges are smooth. One end of the wound is sharp, the other is rounded. 3 cm below wound No. 1 there is a similar type of wound No. 2. Linear in shape, straight ends. Internal research. There are focal dark red shiny hemorrhages in the soft tissues of the chest. There is dark red hemorrhage in the tissue of the anterior mediastinum and epicardium. In the center of the hemorrhage there is a slit-like wound, penetrating through the right ear of the heart into the cavity of the atrium, 2 cm long. In the cavity of the heart sac there is about 50 ml of liquid blood. In the pleural cavities there are 1000 ml of liquid blood with clots. The lungs are collapsed, pressed to the roots. On the lower lobe of the left lung there is an irregularly shaped wound measuring 1.6x0.4 cm. The wound penetrates into the tissue depth up to 1.5 cm, around which there are focal hemorrhages. The internal organs are severely anemic. Additional research. For examination

presented is a kitchen knife seized from the scene of the incident, the blade of which is sharpened and smooth.

Questions:

1. Name the category of death.
2. Establish the manner of death.

3. Make a forensic diagnosis.
4. Could the damage have been caused by the knife presented for examination?

Sample answer:
1. Violent.
2. The manner of death has not been established (since this is the prerogative of the investigative authorities).
3. Cut and stab wounds with damage to the heart and lung, complicated by massive blood loss and anemia of internal organs.
4. This fact can only be confirmed by medical and forensic examination.

Task 24.

Circumstances of the case: citizen F. was found dead with gunshot wounds to the head. External research. All examined clothing is soaked in blood, with streaks of blood on the right side surface. In the right frontal region of the head there is a round wound, measuring 0.4x0.6 cm, with a tissue defect “minus tissue”; the edges are not matched. In the circumference of the wound there is a skin deposit 0.1-0.2 cm wide with a gray-black oily coating, along the edges there is a dense, raised brownish ridge about 0.2 cm wide, with overlays of a gray-black substance. The right half of the face is covered with small, dense dark gray inclusions (powders). Internal research. Around the wound channel there is tissue with hemorrhage. In the scales of the frontal bone there is a hole measuring 0.5x0.8 cm, expanding cone-shaped inward. Two radial cracks extend from this hole to the base of the skull. The brain matter of the right frontal lobe is crushed and soaked in blood. The right ventricle of the brain contains liquid blood. Laboratory results. When examining the skin in the damaged area using color prints, lead and iron were found. A forensic histological examination of the entrance hole revealed particles of unburned gunpowder, desquamation of the epidermis and hemorrhage in the subcutaneous fatty tissue. When examining the skin in the damaged area under ultraviolet rays, a bright glow was revealed.

Questions:
1. Name the category of death.
2. Establish the manner of death.
3. Make a forensic diagnosis.

Sample answer:
1. Violent.
2. The manner of death has not been established (since this is the prerogative of the investigative authorities).
3. Gunshot wound of the right frontal lobe with damage to the bones of the skull and brain matter.

Task 25.

A 50-year-old man, being in a state of severe alcoholic intoxication, was rude to his wife, later lost consciousness and fell asleep. In the morning he was found dead in bed. Cadaveric spots are diffuse, blue-purple in color, turn pale when pressed with a finger and restore their color after 40 seconds. Rigor mortis is mild in all muscle groups. The face is bluish, puffy, the eyelids are swollen, and there are pinpoint hemorrhages on their connective membranes. No injuries were found on the corpse. On internal examination: In the trachea and bronchi there is a moderate amount

foamy light red liquid, and grayish-whitish mucus, their mucous membrane is smooth, shiny, whitish-grayish, full-blooded. There is about 25 ml of liquid dark green bile in the gallbladder, its mucous membrane is velvety, the ducts are patent, the bladder bed is sharply swollen. Severe congestion of internal organs. There is about 200 ml of pale yellow urine in the bladder. The stomach contains about 150 ml of light yellow liquid and a small amount of whitish-gray mucus. Laboratory research methods. In the blood sample submitted for examination, ethyl alcohol (alcohol) was detected, the content of which was 4.2 ± 0.32% o.

Questions:

1. Name the category of death.
2. Establish the manner of death.
3. Make a forensic diagnosis.

Sample answer:

1. Violent.
2. The manner of death has not been established (since this is the prerogative of the investigative authorities).
3.Acute ethanol poisoning.

Task 26.

The corpse of citizen L. was found in the courtyard of a private house with a large cut wound in the neck. The corpse lay on the floor in a pool of blood, face up. Next to the corpse was an open straight razor with dried dark brown blood on it. From the circumstances of the case it is known that citizen L. had been in the yard the day before with citizen Zh. and were drinking alcoholic beverages. External research. The white T-shirt is heavily stained with blood. The skin is pale, cold to the touch; the area of the face, neck, hands and fingers are stained with dried blood. Cadaveric spots are island-shaped, pale purple. On the neck of the corpse in the middle third on the front surface there is a horizontal, straight, gaping wound directed from left to right. The edges of the wound are smooth, the ends are sharp. On the left side surface of the neck, near the end of the wound, there are six almost parallel surface cuts ranging from 0.6 to 1.2 cm in length. The edges of the wound are covered with dried blood. Damaged muscles and trachea are visible at the bottom of the wound. *Questions:*

1. What kind of research can be used to determine who the prints on the razor belong to?
2. Indicate the signs indicating the possibility of causing a neck injury by Citizen L's own hand.

Sample answer:

1. It is necessary to take fingerprints of the suspect and the victim using chromatography and identify the blood.
2. The location of the wound in an area accessible for application by one's own hand, its direction and the presence of notches in the area of one of the ends; staining fingers with blood.

Task 27.

The body of a man who looked to be 55-60 years old was found on the side of the railway tracks. When examining the corpse, a bruised wound with a splintered fracture of the underlying bone was discovered in the occipital region of the head. An examination of the corpse revealed signs of a railway injury from being hit by protruding parts of a train in the occipital region of the victim. After some time, a freight train was found, on the locomotive of which, on the right front side, particles of blood and muscle fibers were found. *Questions:*

1.What physical evidence of biological origin was found?
2. Type of evidence given?
3.What method should be used to identify tissues found on board a cargo train?

Sample answer:
1. Biological tissues were discovered - muscle fibers.
2. It is necessary to conduct a biological examination (species identification, i.e. whether they belong to humans or animals).
3. Conduct a DNA examination.

Task 28.

In different places and at different times, parts of the corpse of an unknown man were discovered: upper limbs in February, lower limbs in March, head in early April. A genetic study was performed, during which the expert wrote a conclusion: the head and upper limbs belong to the same corpse with a probability of 99.0%. The lower and upper limbs belong to the same corpse with a probability of 0.1%.

Questions:
1. Interpret the results of genetic testing.
2. What material is used for DNA extraction?

Sample answer:
1. According to the conclusion, the parts of the corpse belong to two bodies, since the lower limbs do not match the DNA of the upper limbs, and therefore the head.
2. Blood, hair, nails, bones (any fragments) are used to isolate DNA.

Task 29.

The corpse of citizen I. was found in the apartment with signs of violent death. There are many stab wounds on the body. During a forensic examination of the corpse, sperm was found. The main suspect was citizen M., living with citizen L.

Questions:
1. determine the purpose of genotypic examination.
2. What are the rules for semen removal?

Sample answer:

1. Establishing the origin of sperm from citizen M.
2. If traces similar to semen are found, they do this - the objects on which they are present are seized, the traces are described, measures are taken to preserve them, they are packaged and sent for examination to the laboratory. Small items with traces are confiscated and sent in their entirety for examination.

Task 30.

The suspect in the murder of citizen T. had traces of blood on his jacket. The body of a woman was found at the scene. There are 4 stab wounds on the body, three injuries in the chest area, one injury in the left shoulder area; in the right hand there is a tuft of hair. The main suspect is citizen B., the husband of the deceased woman. It was proven that the corpse of T. had blood of group 0 (I), the blood of the suspect B. of group B (III). The objects recovered from the hand of T.'s corpse were viable hairs pulled from a person's head. During serological testing, antigen-B was detected in the hair evidence.

Questions:

1. What do the results of the hair evidence test indicate?
2. Why wasn't citizen T.'s hair examined?

Sample answer:

1. The results of comparative morphological and serological studies indicate the possible belonging of hair evidence to suspect B.
2. The morphology of hair samples from the corpse of citizen T. was not studied, since the origin of the hair evidence was excluded due to a different group affiliation.

Task 31.

In the field, in different places, fragments of the corpse were found - the left foot and the right hand.

Questions:

1. How can you prove how many corpses these fragments are from?
2. How would you interpret the expert's conclusion: the foot and hand belong to the same corpse with a 50% probability? With a probability of 99.0%?

Sample answer:

1. Using genotyposcopy, taking DNA from different parts of the body and comparing them.
2.If the probability is about 50%, then the fragments of corpses belong to first-degree relatives (brothers/sisters, father/mother). If the probability is 99.0%, then the fragments of the corpse belong to one person.

Task 32.

Circumstances of the case. From the protocol of examination of the corpse it is known that the corpse of citizen Yu. was found in his own apartment lying on the sofa. On the sofa under the corpse there is a large amount of liquid blood and blood clots, and on the pillow there is crushed brain tissue. There is a large gaping wound on the upper right side of the face. In the depths of the wound there are fragments

bones and crushed brain matter soaked in blood. External research. The right half of the face is stained with dried blood, with streaks of blood to the right and back. In the area of the right half of the forehead with a transition to the parietal region, the bridge of the nose, the right orbit and the zygomatic bone, there is a stellate-shaped wound measuring 13.5x10.0 cm. The edges of the wound are scalloped, edged to a width of up to 0.5 cm. Corresponding to the skin wound, repeating its contours , there is a bone tissue defect measuring 12.5x9.0 cm, with uneven edges. On the upper edge of the bone defect there is a grayish coating in an area measuring 3.0x0.2 cm. In the depths of the wound there are bone fragments and crushed brain matter. When trying to bring the edges of the wound closer together, a skin defect with a diameter of 4 cm is noted. The right eye is missing. Internal research. The soft tissues of the head in the right temporo-parietal region are crushed and soaked in blood. Between the temporal muscle and the scales of the temporal bone in this area, a rounded felt wad measuring 2x2 cm and 22 fragments of white metal of irregular angular shape, measuring from 0.2x0.3 to 0.5x0.7 cm were found. The right half of the vault and the base of the skull are represented by multiple small bone fragments of various shapes. In the area of the sella turcica there are blood clots and grayish half-burnt powders. The same particles against the background of a grayish coating are present in the area of the right half of the occipital bone. The dura mater is represented by separate fragments. The right frontal and part of the right temporal lobe are absent. The remains of the right temporal lobe are a pasty gray-pink mass, in which a second felt wad was found, similar in character to the first. Laboratory results. When examining the skin of the right half of the face using color prints, lead was discovered. A forensic histological examination of the entrance hole revealed particles of unburned gunpowder, desquamation of the stratum corneum of the epidermis and hemorrhage in the subcutaneous fatty tissue.

Questions:

1. Name the category of death.
2. Establish the manner of death.
3. Make a forensic diagnosis.

Sample answer:

1. Violent.
2. The manner of death has not been established (since this is the prerogative of the investigative authorities).
3. Gunshot head injury with damage to the skull bones and proliferation of the brain brain

Task 33.

The body of a woman, apparently 35-40 years old, was found at the scene of the incident. An external examination revealed: a laceration in the parietal region; on the inner side of the thighs – semilunar abrasions. Biological material (fragments of the epidermis) was found under the nails of the corpse, and short black hair was found next to the corpse. There are traces of seminal fluid in the vagina.

Questions:

1. What does this picture of the incident indicate? Justify your answer.
2. What physical evidence must be sent for genetic research?

Sample answer:
1. Presumably, she was raped and killed by the impact of a blunt hard object, as there are signs of a struggle (epidermis under the nails), there are signs of sexual intercourse (lunar abrasions - fingernail marks, sperm in the vagina).
2. Seminal fluid (sperm), material from under the corpse's fingernails and hair can be sent for genetic testing to check for further suspects.

Task 34.

The corpse of citizen V. was found in the apartment with multiple stab wounds on her body. The main suspect in the murder is neighbor A., on whose shirt traces similar to blood were found. During the forensic examination of the blood samples of the victim and the suspect, the following was found: Red blood cells of the victim with monoclonal sera anti-A and anti-B gave a pronounced agglutination reaction. Blood serum with standard test erythrocytes of groups A and B did not give agglutination. The blood of suspect A. - the erythrocyte agglutination reaction was only with monoclonal anti-A serum. His blood serum reacted only with test red blood cells of group B.

Questions:
1. Interpret the results for ABO blood groups.
2. What type of blood should be on the suspect's shirt?
3.What other research can be performed with biological material?

Sample answer:
1. The victim B has blood of group AB (IV), the suspect A has blood of group A (II).
2. The shirt must have AB (IV) blood on it.
3. For a more detailed answer, you can perform an analysis of the gender of the biological material.

Task 35.

A rookie forensic scientist arrives on the scene. Objects with traces similar to blood were found. The forensic expert took objects with traces of blood by the areas where there were traces of blood. I took a fragment of a small object for analysis. Traces of blood were also found on the ground - the biological material was removed from the surface layer of soil.

Questions:
1. What mistakes did the forensic expert make when working with objects?
2. What other rules are there for working with biological material?

Sample answer:
1. Objects with traces of blood must be grasped with your hands in areas free from blood, otherwise these traces can become contaminated. When placing stains on bulky objects, part of the object with traces of blood is removed. Small objects with marks

seized and sent for examination in its entirety. Blood stains from the soil are removed along with soil or other granular substance to the entire depth of blood penetration.
2. Traces from the snow are collected with as little snow as possible and placed in some container (plate, Petri dish), at the bottom of which clean gauze, folded in several layers, is first placed. If it is impossible to immediately deliver for examination, wet objects with blood stains must be dried before being sent for examination, otherwise the blood will begin to decompose. Drying is carried out at room temperature, protecting objects from direct sunlight, in a sealed room.

Task 36.

The corpse of a child, presumably about 6-7 months old, was found in a city dump, with signs of violent death; semilunar abrasions and round bruises on the neck, reflecting the shape of the fingers, were found on the neck. Also, the remains of a nail plate belonging to citizen Ch. were found.

Questions:

1.Interpret the results of a forensic examination?

2.What are the rules for collecting nail samples?

Sample answer:

1. According to the conclusion, death occurred from manual strangulation, as there are characteristic marks.
2.Cut the nail plates from the fingers; collect cut nails and place them in a paper bag for biomaterial; fill out a referral for genetic research; sign the postal envelope, enclose in it a referral for genetic research and a paper bag with biomaterial.

Task 37.

When examining the scene of the alleged murder, the body of a man was found in the forest with an injury to the head. The edges of the wound are uneven and jagged. As you approach the bottom of the wound, signs of tissue crushing are noted. A suspected murder weapon with traces of blood was found nearby, and a piece of torn fabric, presumably a shirt with traces of blood, was also found nearby. When determining group affiliation, antigen-A was detected in stains on the fabric. Blood samples were taken from suspect D. In the suspect's blood sample, his red blood cells showed a well-defined agglutination with standard monoclonal anti-A serum, but no agglutination was detected with anti-B serum. His blood serum gave a very clear agglutination with standard test erythrocytes of group B; there was no agglutination with erythrocytes of group A.

Questions:

1. What blood type does suspect D. have?
2. Does the piece of fabric belong to the suspect?

Sample answer:

1. Blood of suspect D. group A.
2. Blood was found in stains on a handkerchief seized at the scene of the incident, in which only antigen-A was found, therefore, this blood could belong to suspect D.

Task 38.

In September, during investigative measures, parts of a corpse were discovered in an apartment in a residential building: the upper limbs and head of an unknown man, and lower limbs were also found in the storeroom of this house. A genetic study was performed. The purpose of the examination was to establish the identity of the parts of the corpses. Expert opinion: the lower and upper limbs belong to the same corpse with a probability of 0.1%

Questions:

1. Interpret the result of genetic testing
2.What material is used for DNA extraction?

Sample answer:

1.The lower and upper limbs belong to different bodies, since the DNA does not match.
2.Blood, saliva, hair, nails, bones.

Task 39.

In one of the apartments of the residential building, the corpse of citizen U. was discovered with multiple bruises on the head. The victim's neighbor, Mr. K., is suspected of committing this crime; traces similar to blood were found on his T-shirt. During a forensic medical examination of liquid blood samples from the victim and the suspect, the following was established: the red blood cells of the victim with monoclonal anti-A and anti-B sera gave a well-defined agglutination. Her blood serum with standard test erythrocytes of groups A and B did not give agglutination. Red blood cells of suspect K. gave clear agglutination with monoclonal anti-A serum, but there was no agglutination with anti-B serum. His blood serum gave good agglutination with standard test erythrocytes of group B; no agglutination was observed with erythrocytes of group A. The traces on the T-shirt of suspect K. contain the blood of a person of the female genetic sex of group AB.

Questions:

1.What is the blood type of the victim and the suspect?
2. Could the blood on the suspect’s T-shirt belong to the murdered woman?

Sample answer:

1. Blood of the killed U. group AB. Blood of suspect K. group A.
2. The traces on the suspect’s T-shirt contain the blood of a person of the female genetic sex of group AB. Thus, the blood on the suspect's T-shirt may belong to the murdered woman.

The group and gender of the blood on the T-shirt excludes its origin from suspect K.

Task 40.

During the investigation, a scarf was discovered in a city park. During the investigation, it became necessary to establish that this scarf belonged to citizen Ya, suspected of committing a crime. Yellowish stains with a pungent odor of sweat were noticed on the fabric of the scarf. These stains were examined for the presence of sweat using thin layer chromatography using Silifol. As a result, in the chromatogram, according to the extracts from the stains on the lining of the cap and the extracts from a known sweat sample, reddish-violet zones formed at the same level. The erythrocytes of the liquid blood sample of suspect Y. gave a well-expressed isohemagglutinating anti-B serum; there was no agglutination with the anti-A serum. Her blood serum gave a clear agglutination only with the standard test - group A red blood cells. The absorption-elution reaction detected antigen-B in traces on the scarf fabric.

Questions:

1.What blood type does suspect Ya. have?

2.Can it be said that the scarf belongs to the suspect?

Sample answer:

1. Blood of the suspect Ya. group B.

2. In stains on the scarf seized at the scene of the incident, traces of sweat were found in which antigen-B was detected, therefore, this scarf could have been worn by the suspect.

Task 41.

During a forensic medical examination, underwear was confiscated from the victim R. in a case of sexual violence, which, according to the victim, she was wearing during the rape, red blood cells of samples of liquid blood from the victim R. and the suspect O. with standard isohemagglutinating sera anti-A and anti- They did not test for agglutination. The serum of these blood samples gave a visually visible agglutination with standard test erythrocytes of groups A and B. In stains on the fabric of underwear, sperm was found mixed with vaginal contents, in which only antigen H was detected.

Questions:

1.What blood type are the victim and the suspect?

2. Does the sperm on the clothes of the victim R. come from the suspect O.

Sample answer:

1. The victim and the suspect belong to group O.

2. In the traces on the underpants of the victim R. there is sperm mixed with vaginal contents and the H(O) antigen was detected. This antigen is inherent to the victim and may be partly due to vaginal contents. Partially he can

also occur due to the sperm present in the spot. Thus, the data obtained indicate that sperm can only come from a person with blood type O, which is the suspect O.

Task 42.

In a residential area of the city, the body of a child with an open head injury was found in a garbage can. Stains similar to dried blood were found on suspect G.'s robe. G. said that he knew nothing about the found corpse, and the blood on his clothes ended up there during installation work. In G.'s blood sample, his erythrocytes showed clear agglutination with standard anti-B serum; no agglutination was observed with anti-A serum. The blood serum showed visually visible agglutination with standard test erythrocytes of group A, with erythrocytes of group B, there was no agglutination. Antigen-B was detected in a sample of blood dried on gauze from the corpse of a newborn. When determining group affiliation by absorption-elution reaction, antigen B was identified in traces on the suspect's robe, in addition, fetal hemoglobin (FeHb) was found in extracts from the above traces.

Questions:

1.What blood type was found on the robe of suspect G.?

2. Could the blood on the robe belong to the corpse of a newborn?

Sample answer:

1. Blood of type B was found in traces on G.'s robe.

2. Fetal hemoglobin, inherent in fetal blood, has been established. Thus, the blood on the robe could have come from the body of a newborn found in a trash can and may not have belonged to the suspect.

Task 43.

In February, body parts allegedly from two corpses of men were found in a suburb of Rostov-on-Don. The purpose of the examination is to establish the identity of parts of corpses. Expert conclusion: the head and upper limbs belong to the same corpse with a probability of 99.0%. The head, upper limbs, legs and feet belong to the second corpse with a probability of 99.99%.

Questions:

1.What material is used to detect DNA?

2. What are the rules for removing blood traces?

Sample answer:

1. Blood, saliva, hair, nails, bones (any fragments) are used to isolate DNA.

2. The removal of traces similar to blood and carrier objects (material free from traces of blood) is carried out after the completion of the investigative examination. Carrier items (clothing, bedding, crime weapons, etc.) with traces similar to blood are confiscated entirely. If an object with traces of blood is sent entirely

is impossible, then you have to send parts of it. When sending parts of an object with traces of blood for examination, care must be taken to ensure that the expert has at his disposal a sufficient amount of material free from traces of blood (carrier object). The carrier object is necessary for the expert to carry out control studies.

Task 44.

The circumstances of the case from the decision of the investigator of the Investigative Committee for the city of Rostov-on-Don of the Investigative Committee of Russia know that at 22:00, Ms. T. was discovered by passers-by in the courtyard of the house. External examination The corpse of a woman, approximately 45-50 years old, was found on N Street. The body showed signs of struggle and self-defense: abrasions and bruises in the face and arms, a torn shirt and skirt. In the right scapular region, 145 cm from the plantar surface of the feet, in the longitudinal direction there is an irregularly spindle-shaped wound measuring 2.3×0.5 cm. After bringing the edges together, the wound has a rectilinear shape, 2.5 cm long. The edges of the wound are smooth, without bruising and bruises. The upper end is U-shaped, 0.1 cm wide, the lower end is in the form of an acute angle. The skin around the wound is without damage. On the posterior surface of the lower lobe of the left lung, 2.5 cm below its upper edge, there is a horizontal slit-shaped wound. When the edges are brought together, the wound takes on a rectilinear shape and is 3.5 cm long. The edges of the wound are smooth, the ends are sharp. The lower wall of the wound is beveled, the upper one is undermined. On the inner surface of the upper lobe of the lung near the root, 3.5 cm above the previous wound, there is a second slit-shaped wound with smooth edges and sharp ends. Both wounds are connected by a single wound channel, directed from back to front and from bottom to top. The suspected murder weapon was found in a trash bin at a nearby home. Internal research without any changes. Alcohol and drug intoxication were not detected.

Questions:

1.What object is believed to have caused the injury?

2.What type of wound is described? 3.

Name the category of death.

Sample answer:

1. Presumably with a knife.
2. Cut, stab wounds.
3. Violent.

Task 45.

When examining a corpse found in the attic of an empty house, a 20cm long wound was discovered on the inner surface of the right thigh.The wound had a straight-line appearance with uneven edges, with visible jagged edges. Superficial cuts and scratches were found at the ends of the wound. During a forensic medical examination, bone filings and rust deposits were revealed deep in the wound.

Questions:

1.What weapon was supposedly used to cause the damage?

2. Can we conclude that the cause of death was this wound?

Sample answer:
1. Based on the damage indicated above, we can conclude that the damage was caused by a sawing object.
2. To establish the cause of death, it is necessary to conduct an autopsy, examine all organs and systems, conduct a blood test for the presence of ethyl alcohol, conduct a histological examination of organ tissue, and determine the amount of blood loss.

Task 46.
In the right side area of the corpse there is a wound with smooth, unlined edges; the depth of its penetration, determined by probing, is 9 cm.
Questions:
1. Is it true that this damage was caused by a double-edged weapon with a blade length of 9 cm?
2.What other additional research methods can be carried out?

Sample answer:
1.The statement is not true. Description of the wound is incomplete. There is no indication of the shape of the ends of the wound, and its dimensions are not indicated. And also, the depth of the wound channel should be determined by layer-by-layer dissection of soft tissues, and not by probing, which in this case may have given a false start.
2. Medical and forensic examination, X-ray examination, direct microscopy, making casts, traceological examination.

Task 47.
In the occipital region of the head on the right there is a wound 7 cm long, with smooth, slightly raw edges, both ends of it are U-shaped with superficial linear breaks in the skin; in the depth of the wound, a slit-like defect of the occipital bone with U-shaped ends is determined.
Questions:
1.What weapon caused the damage?
2.What other additional research methods can be carried out?

Sample answer:
1. The above damage occurred from the impact of a chopping object, for example, an ax, when its blade was completely immersed. 2. Medical and forensic examination, X-ray examination, direct microscopy, making casts, traceological examination.

Task 48.
On the front surface of the chest on the right there is a spindle-shaped wound measuring 2.1x0.9 cm with smooth, unedged edges: one end is sharp, the other is U-shaped

0.5 cm wide. When the edges of the wound are brought together, it takes on a linear shape. The length of the wound channel is 6 cm.

Questions:

1.What features of a piercing-cutting weapon can be determined?

2. By what signs of the described wound can one determine the characteristics of the weapon?

Sample answer:

1. The operating weapon has a one-sided sharpening of the blade (according to the shape of the ends of the wound).

2.The width of the blade at the immersion level is about 2 cm (along the length of the skin wound). The width of the butt at the immersion level of the operating tool is about 0.5 cm (along the width of the P

– figurative end of the wound). The length of the blade is at least 6 cm (according to the depth of the wound canal).

Task 49.

When examining the corpse, a wound 7 cm long was revealed on the anterolateral surface of the neck, with even, smooth, unbruised edges, the ends of the wound were sharp on both sides, and deep linear damage with divergence of the edges was observed along the edges and corners of the wound.

Questions:

1.What is the mechanism for causing this wound? Describe it.

2. Could this wound cause death?

Sample answer:

1. The wound was formed by a cutting object. The mechanism of damage caused by cutting objects consists of pressure on the damaged part of the body and simultaneous linear movement of the object along its surface. In this case, tissue dissection occurs.

2. This wound could cause death if the vessels of the neck were damaged and there was massive bleeding.

Task 50.

The following questions were posed for the expert's permission:

1. “The nature and severity of the bodily injuries caused?”

Preliminary information:

From the direction it follows, What "Ask You conduct forensic survey gr. Sh, born 1940 ... on the fact of injury received in an accident on November 22, 2003.”

Research part:

From the medical record of an inpatient at the neurosurgical department of Emergency Hospital No. 2 in Rostov-on-Don addressed to gr. Sh, born in 1940, it follows that he was admitted to a medical institution on November 23, 2003 at 12:18. "...Complaints for headache, nausea, dizziness. According to him, at about two o'clock in the morning the driver got into an accident and briefly lost consciousness. ...General state moderate severity. Position active. The skin is of normal color. Pulse 80 per minute, good filling. Blood pressure 130/80 mmHg. NPV 20 per minute. Breathing is normal. Auscultation of the lungs reveals harsh breathing. Heart sounds are rhythmic and muffled. The abdomen is soft and painless. Urination is normal. Pain in the spinous processes in the cervical and lumbar regions.Local status :

bruise of soft tissues of the parietal region on the left.Neurological status : stun 1, oriented. Smell, field of vision, vision are normal. Pupils D=S, normal. Horizontal nystagmus. Full movement of the eyeballs. There is no strabismus. Sensitivity on the face is normal. Facial muscles are symmetrical. Rumor D=S. Swallowing is normal, phonation is normal, pharyngeal reflex is normal. Tongue in the midline. Full voluntary movements. There are no pathological reflexes. Unsteadiness without sideliness. 24.11.2003 08:00. moderate condition. The complaints are the same. The neurological and somatic status is without dynamics. Therapy is planned. ... November 26, 2003. The patient's condition is satisfactory. Consciousness is clear, severe dizziness, moderate headaches. Notes the appearance of pain in the heart area... November 26, 2003. Ophthalmologist (on site). There are no visual complaints. Fundus: pale pink discs, clear boundaries, vessels 1:3, tortuous. Conclusion: angiopathy. 27.11.2003 13:00. consultation with a cardiologist: ... diagnosis: left intercostal neuralgia? ... On November 30, 2003, he was discharged from the department.Final clinical diagnosis : traumatic brain injury, concussion, contusion of soft tissues of the head and torso. Cervical osteochondrosis in the acute stage. Vertebral artery symptom. X-ray examination protocol. X-rays No. 67727 – 8.9 dated November 23, 2003 – of the skull, chest, lower thoracic and lumbar spine. No violation of the integrity of the bones is determined. Brain CT scan No. 421 dated November 23, 2003 did not reveal any pathological changes in the density of the brain substance. The midline structures are not displaced. The basal cisterns and ventricles are not changed. The subarachnoid fissures are moderately widened."

Response standard: These damages are classified as having caused harm health of MILD severity, based on a short-term health disorder for no more than 3 weeks (up to 21 days), (according to clause 8.1 of the "Medical criteria for determining the severity of harm caused to human health" approved by order of the Ministry of Health and Social Development of the Russian Federation No. 194n dated April 24. 2008).

Task 51.

The following questions were posed for the expert's permission:

1. "The presence of bodily injuries in citizen S., their localization, quantity, mechanism of formation, severity, duration of infliction, including during the period from 03:20 a.m. to 04:50 a.m. on July 2, 2005?
2. If there are bodily injuries, is it possible that they could have been caused in as a result of impact with a blunt hard object, fist, palm. Human hands, a foot, the butt of a machine gun?
3. What is the number and location of application points on the body? strength?

Circumstances of the case:

It follows from the resolution that "07/02/2005, in the period from 03:20 to 04:50... unidentified persons... using weapons, attacked citizens D. and S...". Research part:

From the medical record of an inpatient at the neurosurgical department of Emergency Hospital No. 2 in Rostov-on-Don addressed to gr. S, born in 1982, it follows that he was admitted to a medical institution on July 4, 2005 at 12:05. "Complaints of headache, dizziness, nausea. Medical history: beaten on 07/02/05, lost consciousness, was examined, but refused hospitalization. Then, as his condition worsened, he returned again. ... General

moderate condition. Position active. The skin is pale. Pulse 76 per minute, good filling. Heart sounds are rhythmic. Breathing is normal. Auscultation vesicular. The abdomen is soft and painless. Urination is normal. Local status : swelling and tenderness in the occipital region on the right.Neurological status : stun, oriented. Smell is normal. Vision is normal. Visual fields are normal. Pupils D=S, reaction to light is lively. Horizontal nystagmus. Eyeball movements are normal. Sensitivity on the face is normal. Corneal reflexes D=S. Facial muscles are normal. Hearing is normal. Swallowing is normal. Pharyngeal reflexes are normal. Tongue in the midline. Full voluntary movements. Romberg's posture is unsteady. PNP is positive. The checkpoint is positive. There is no stiff neck, no Kernig sign. Emotionally labile. ... 07/05/05. 08:00 general condition is satisfactory. Consciousness is clear. Complaints of headache, nausea. Receives treatment. ... 07/06/05. round of the department head Savchenko A.F. general condition is satisfactory, consciousness is clear. Complaints of headache, periodic dizziness, general weakness. The neurological status is moderate ataxia. There are no meningeal or focal symptoms. There is a regression of cerebral symptoms. Somatically stable. There are no comments on management. Planned therapy. Discharge on 07/12/05 with the normal course of the disease. ... 07/09/05. cardiologist...there is no convincing evidence for acute coronary insufficiency. ... 07/12/05. discharged from the department. Final clinical diagnosis : traumatic brain injury, concussion, contusion of soft tissues of the head and chest. X-ray examination protocol. Radiographs No. 34637-38 dated 07/04/05 of the ribs on the left - no violation of the integrity of the bones is determined. Computed tomography protocol No. 15550 dated 07/06/05. 1602 district military clinical hospital - CT scan revealed no pathological signs of brain structures."

Sample answer: These damages are classified as having caused harm health of MILD severity, based on a short-term health disorder for no more than 3 weeks (up to 21 days), (according to clause 8.1 of the "Medical criteria for determining the severity of harm caused to human health" approved by order of the Ministry of Health and Social Development of the Russian Federation No. 194n dated April 24. 2008).

Task 52.

The following questions were posed for the expert's permission:

1. "What is the severity of the bodily injuries caused by gr. TO?
2. Do the injuries meet the above deadline?
3. The mechanism of their formation and localization?

Circumstances of the case:

From the resolution it follows that "06/21/2005 at approximately 04:30 gr. G... intentionally caused bodily harm to his sister K....".

Research part:

From the medical record of an inpatient in the department of combined trauma of emergency hospital 2 in Rostov-on-Don addressed to gr. K, born in 1966, it follows that she was admitted to a medical institution on June 21, 2005 at 15:21. "... complaints of headache, pain in the right forearm, facial abrasions. ...delivered by the joint venture team again. ... moderate condition. Weight about 65 kg. Skin and mucous membranes are of normal color. Pulse 80 per minute, satisfactory filling. Blood pressure 120/80 mmHg. ...Surgeon's conclusion : data for

no damage to the skeletal frame of the chest, internal organs of the chest and abdominal cavity was detected.Examination by a traumatologist : upper limbs – in the area of the middle third of the right forearm, pathological mobility, crepitus of bone fragments, and sharp palpation pain are determined. No vascular neurological disorders were identified in the distal parts of the extremities. X-ray examination protocol. Radiographs No. 9109-0 dated 06/21/05. right forearm - oblique fracture of the diaphysis of the ulna in the middle third with displacement of fragments outward and palmar surface by 0.5 bone diameters with overlap along the length and separation of the styloid process of the ulna. Skull without pathology.Traumatologist's report : closed comminuted fracture of the middle third of the right ulna with displacement of the styloid process.Examination by a neurosurgeon : consciousness is clear. Retrograde amnesia. Smell of alcohol on the breath. Bruises of the soft tissues of the face. Horizontal nystagmus. ... WNeurosurgeon's report : CCI, SHM, bruises of soft tissues of the face. ... operation protocol No. 1331 dated June 21, 2005 16:30 – 17:00 novocaine blockade of the fracture. ... operation protocol No. 305 06/24/05. 14:10 – 15:30 Open reduction, external metal osteosynthesis with a narrow titanium LC-DCP plate. ... with an 11 cm long incision along the ulna at the level of the middle third, the tissues were cut layer by layer. During revision of the fracture, there was a fracture of the middle third of the ulna with complete displacement of the fragments. Fragments of the ulna were mobilized, and their medullary canal was treated with a Foltmann spoon. The fragments were reduced, bonewise, in compression, fixed with a narrow titanium plate LC-DCP and 8 cortical screws. Hemostasis. The wound is sutured tightly in layers. The fiber is drained by a glove graduate. ...X-ray examination protocol . Radiographs No. 4293-4 dated June 27, 2005. fragments of the right ulna are compared and fixed by the MOS, the alignment along the axis is correct. ... 07/01/05. with improvement in satisfactory condition, she was discharged for outpatient treatment under the supervision of a traumatologist.Final clinical diagnosis : combined trauma of the head, musculoskeletal system. CTBI, concussion. Bruises of the soft tissues of the face, closed fracture of the diaphysis of the right ulna in the middle third with displacement of fragments. Detachment of the styloid process of the right ulna. Analysis of the chemical-toxicological laboratory No. 7832/3 dated 06/21/2005 05:15 – 05:35 – alcohol in the blood 2.15% o Analysis of the chemical-toxicological laboratory No. 7843/14 04/21/2005 1610 – 16:40 – alcohol not in the blood."

*Sample answer:*These injuries are classified as causing SEVERE harm to health, based on a significant permanent loss of general working capacity of at least one third (persistent loss of general working capacity of more than 30%), (according to clause 6.11.2 of the “Medical criteria for determining the severity of harm caused to human health” approved by order of the Ministry of Health and Social Welfare RF No. 194n dated April 24, 2008).

Task 53.

The following questions were posed for the expert's permission:

1. “Does the victim D have any bodily injuries?
2. If yes, then their number, location and severity of the damage harm to health?

Preliminary information:

From the direction it follows that “07/01/2005 D. inflicted bodily harm on Mr. D...”

According to the evidence, “07/01/2005 at 12:00 in the room the husband hit

head with a whole plate, which broke when hit on the head. An ambulance was called, and qualified medical care was provided at Emergency Hospital 2." Research part:

Complaints about damage. Objectively 13:26 07/06/2005 - in the circumference of the right eye there is a bluish-violet bruise in the center with a distinct yellowish tint along the periphery, measuring 5x4 cm. On the forehead, in the right superciliary region, there is a linear wound with uneven and bruised edges, indistinct ends 1x0.1 cm. Below it, 1 cm, directly below it, at the outer end of the right eyebrow with the transition to the upper eyelid of the right eye, a similar wound is 1.9x0.1 cm. The wounds are vertically oriented. There are no signs of inflammation in the wound area. The wounds are sutured with surgical sutures.

Sample answer: These damages are classified as having caused harm health of MILD severity, based on a short-term health disorder for no more than 3 weeks (up to 21 days), (according to clause 8.1 of the "Medical criteria for determining the severity of harm caused to human health" approved by order of the Ministry of Health and Social Development of the Russian Federation No. 194n dated April 24. 2008).

Task 54.
No questions were raised for the expert's permission.
Preliminary information:
From the direction it follows: "Due to an official need that has arisen, I ask you to appoint an emergency medical examiner based on the documents of minor B, born in 1987. ... who received bodily injuries on June 14, 2005."
Research part:
From the medical record of an inpatient at the neurosurgical department of Emergency Hospital No. 2 in Rostov-on-Don addressed to gr. B, born 1987,it follows that he was admitted to a medical establishment 06/15/2005 At 17:46. "...complaints of headache, dizziness. 06/14/2005 At approximately 22:00 beaten on the street... general condition is satisfactory. Position active. The skin is of normal color. Pulse 88 per minute, good filling. Blood pressure 115/70 mmHg. NPV 18 per minute. Breathing is normal. Auscultation vesicular. Belly is soft...Local status : in the area of the nose, ... /four words are illegible/, in the left behind-the-ear area there is a bruise, an abrasion in the area of the left collarbone. Neurological status: clear consciousness. Oriented. Pupils D=S, reaction is lively. Horizontal nystagmus. Full movement of the eyeballs. There is no strabismus...tendon and periosteal reflexes D=S, no pathological reflexes. In the Romberg position, staggering of the PNP with a miss. X-ray examination protocol. X-rays No. 30945 – 47 dated June 15, 2005 of the skull and nasal bones do not reveal traumatic bone injuries. ... On June 23, 2005, he was discharged from the department. CT scan of the brain No. 3517 dated June 15, 2005, no foci of pathological density in the substance of the brain are detected, the median structures are not displaced, and the cerebrospinal fluid spaces are not expanded. Final clinical diagnosis : traumatic brain injury, concussion, bruises of soft tissues of the head and extremities."

*Sample answer:*These damages are classified as having caused health of MILD severity, harm based on a short-term health disorder for no more than 3 weeks (up to 21 days), (according to clause 8.1 of the "Medical Criteria"

determining the severity of harm caused to human health" approved by order of the Ministry of Health and Social Development of the Russian Federation No. 194n dated April 24, 2008).

Task 55.

The following questions were posed for the expert's permission:

1. "Does victim K. have any bodily injuries?
2. If yes, then their number, location and severity of harm caused to health?

Preliminary information:
From the direction it follows that "07/01/05 at approximately 21:30 gr. K. near the kindergarten "Druzhba" inflict bodily harm... a certain Evgeniy."
According to the evidence, "07/01/2005, at about 21:30, one well-known person struck a blow to the head, which caused him to fall, and then he kicked him in the head area."
Research part:
Complaints of sweating, dizziness, sweating. Objectively at 12:15 07/04/2005 – bruises of an irregular oval shape with relatively clear boundaries, bluish-violet in the center and with a slight greenish tint along the periphery – in the circumference of the left eye (1), on the skin of the upper lip to the left of the midline (1), on the chin to the left of the midline (1), on the right and left elbow (1 each), on the dorsum of the right forearm in the lower third (1) measuring from 2x2 cm to 6x5 cm. On the mucous membrane of the left cheek there is a dark red, juicy hemorrhage of irregular oval shape 1x1 cm. Traumatic swelling of the soft tissues in the left temporal region is dense and painful to the touch, height compared to the opposite symmetrical side up to 0.5 cm, dimensions 3x3 cm. Examination by a neurosurgeon on July 4, 2005 - complaints of dizziness, unsteadiness when walking. Objectively: blood pressure 140/100 mmHg. consciousness is clear. Pupils D=S, reaction to light is sluggish, convergence is incomplete. Movements of the eyeballs in full, medium-wide horizontal nystagmus. Tendon and periosteal torpid reflexes D=S. There is a slight unsteadiness in Romberg's pose without sidewaysness. Coordinating tests with dissemetry on both sides. There are no membrane symptoms. The cranial nerves are normal. There are no motor disorders in the limbs. There are no sensory disorders. Diagnosis: head injury, concussion. Repeated inspection on 07/07/2005. Repeated examination by a neurosurgeon on July 7, 2005 - complaints of dizziness, poor sleep. Objectively: consciousness is clear. Pupils D=S, reaction to light of medium vivacity, installation horizontal nystagmus. Full movement of the eyeballs. Tendon and periosteal reflexes are alive, D=S. There is slight unsteadiness in Romberg's posture. Coordinator tests are performed with mild dysmetry on both sides. There are no meningeal or meningeal symptoms. The cranial nerves are normal. There are no sensory disorders.

Sample answer: These damages are classified as having caused harm health of MILD severity, based on a short-term health disorder for no more than 3 weeks (up to 21 days), (according to clause 8.1 of the "Medical criteria for determining the severity of harm caused to human health" approved by order of the Ministry of Health and Social Development of the Russian Federation No. 194n dated April 24. 2008).

Task 56.
No questions were raised for the expert's permission.
Preliminary information:
According to the witness, it follows that on July 3, 2005, at 4:30 p.m., in the courtyard of a private house, three unknown men struck him on the head and torso with their hands. I did not seek medical help."
Research part:
Complaints of pain in the right cheek, bleeding from a wound in the mucous membrane of the right cheek, pain in the areas of injury. Objectively, at 11:10 on 07/04/2005 - bruises of an irregular oval shape, bluish-violet color with clear boundaries - on the outer (front) surface of the right auricle (1), in the right postauricular area (1), on the anterior wall of the abdomen along the middle lines in the projection of the xiphoid process (1), in the projection of the fifth rib along the left mid-clavicular line (1) measuring from 3x3 cm to 4x3 cm. Strip-like abrasions obliquely vertically oriented under a brown crust at the skin level - in the sacral region along the midline (2), along the left lateral surface of the chest in the projection of 6 - 7 ribs (2) with dimensions from 3x0.1 cm to 5x0.1 cm. On the mucous membrane of the right cheek, in the projection of 4 - 5 teeth on the upper jaw, there is an arched wound with uneven edges, rounded ends, the bottom of the wound is dark red. The wound bleeds slightly. The wound measures 1x1 cm, up to 0.3 cm deep. Traumatic swelling of the soft tissues of the right cheek is dense and painful to the touch, up to 0.5 cm high compared to the opposite symmetrical side, measuring 4x3 cm.

Sample answer: These damages are classified as having caused health harm of MILD severity, based on a short-term health disorder for no more than 3 weeks (up to 21 days), (according to clause 8.1 of the "Medical criteria for determining the severity of harm caused to human health" approved by order of the Ministry of Health and Social Development of the Russian Federation No. 194n dated April 24. 2008).

Task 57.
No questions were raised for the expert's permission.
Preliminary information:
According to the witness, "on June 30, 2005, around 22:00 – 24:00 outside two unknown persons punched and kicked him on the head, torso, and limbs. Then he was detained by police officers. He did not seek medical help.

Research part:
Complaints of pain in the right lateral chest, in the back, numbness in the fifth finger of the left hand. Objectively, at 11:50 on 07/04/2005 - abrasions of irregular oval shape under a brown crust sharply rising above the level of the skin - on the forehead to the left of the midline (1), on the right elbow (6), in the right behind-the-ear area (1), on back along the midline in the projection of the spinous processes of the lumbar vertebrae (4) with dimensions from 1x1 cm to 3x2 cm. Strip-like abrasions, horizontally oriented, along the outer surface of the right and left wrist joints (2 on the right, 3 on the left), sizes from 4x0.1 cm to 5x0.1 cm. Bruises of an irregular oval shape, pale bluish in color in the center and with a greenish tint along the periphery in the circumference of the left eye (1), in the right zygomatic region (1), in the projection of the costal arch along the left mid-clavicular line (1) in size from 3x2 cm to 5x4 cm.

*Sample answer:*These damages are NOT CONSIDERED as causing harm. health (according to clause 9 of the “Medical criteria for determining the severity of harm caused to human health” approved by order of the Ministry of Health and Social Development of the Russian Federation No. 194n dated April 24, 2008).

Task 58.
No questions were raised for the expert's permission.
Preliminary information:
According to the witness, “07/02/2005 at 16:00 in the house, a neighbor in the garden struck and kicked the torso and limbs. I did not seek medical help."

Research part:
Complaints of chest pain on the left, presence of injuries. Objectively, at 15:48 07/04/05, bruises of an irregular oval shape, bluish-violet color with relatively clear boundaries - on the inner surface of the right left in the upper third (3), on the anterior surface of the right forearm in the upper - middle third, on the posterior surface of the left shoulder in middle third (2), along the outer surface of the left thigh in the upper third (4), along the posterior surface of the right shin in the upper third (1), in the projection of the costal arch along the left midclavicular line with dimensions ranging from 3x1 cm to 16x7 cm. The stripe is not obliquely vertical oriented abrasions under a brown crust, slightly rising above the skin level on the right knee - 4, on the left knee - 3, on the front surface of the right shin in the lower third (1) measuring from 1x0.1 cm to 4x0.1 cm. On the scalp head, in the occipital region, to the left of the midline, traumatic swelling of the soft tissues is soft and painful to the touch, up to 0.5 cm high compared to the opposite side, measuring 2x2 cm.

*Sample answer:*These damages are NOT CONSIDERED as causing harm. health (according to clause 9 of the “Medical criteria for determining the severity of harm caused to human health” approved by order of the Ministry of Health and Social Development of the Russian Federation No. 194n dated April 24, 2008).

Task 59.
The following questions were posed for the expert's permission:
1. “Does the victim G. have any bodily injuries?
2. If yes, then their number, location and severity of harm caused to health?

Preliminary information:
From the direction it follows that “07/05/2005 gr. G., received bodily injuries during a conflict with her ex-husband, Gr. G."
According to the witness, “07/05/2005 on the street, the ex-husband strangled her with his hands, pushed her, hit her against a brick wall, grabbed her by the arms. She did not seek medical help.”
Research part:
Complaints about the presence of injuries and pain in the areas of injury, a sore throat.” Objectively 10:51 07/06/2005 – bruises of irregular oval shape, bluish-violet color, with relatively clear boundaries – on the posterior surface of the left

shoulder in the middle third (1). on the left elbow (1), along the front and back surfaces of the right forearm (2), in the projection of the coccyx (1) measuring 3x2 cm to 4x3 cm. On the lateral surfaces of the neck in the lower third along a strip-like bruise long lengths oriented in the anteroposterior direction, obliquely vertical, similar in color, measuring 3x0.9 cm on the right, 4x1 cm on the left. There are no hemorrhages in the connective membranes of the eyes.

*Sample answer:*These damages are NOT CONSIDERED as causing harm. health (according to clause 9 of the "Medical criteria for determining the severity of harm caused to human health" approved by order of the Ministry of Health and Social Development of the Russian Federation No. 194n dated April 24, 2008).

Task 60.

The following questions were posed for the expert's permission:

"What is the nature and location of the injuries received by P, what is the mechanism of their formation, duration and severity?"

Preliminary information:

It follows from the direction. "in connection with the ongoing inspection ... on May 18, 2005, when performing work on the motor ship "Lotos-1", which resulted in harm to the health of P, born in 1982, I ask you to conduct a forensic medical examination using the provided medical documentation ...."

Research part:

From the medical record of an inpatient at the burn department of Emergency Hospital No. 2 in Rostov-on-Don addressed to gr. P, born in 1982. It follows that he entered the department on May 18, 2005 at 18:20. "... complaints of pain in the area of burn wounds, dry mouth, sore throat. I was injured on May 18, 2005. At about 5:20 p.m., while working with a blowtorch, gasoline ignited and clothes caught fire. ... consciousness is clear. Active. The skin and mucous membranes are pink. Subcutaneous fat tissue is moderately developed. There is no peripheral edema. The cardiovascular system. Heart sounds are loud. The boundaries of the heart are within the age norm. Pulse 90 per minute. Blood pressure 130/80 mmHg. Respiratory system. Breathing is rhythmic. NPV 18 per minute. Percussion pulmonary sound. Auscultation - vesicular breathing with a hard tint. Digestive system. The tongue is dry and coated at the root. The abdomen is soft, of normal shape, and participates in the act of breathing. The liver is not enlarged, the lower edge is palpable at the costal arch. The spleen is not palpable. Organs of the genitourinary system: Pasternatsky's symptom is negative.Local changes : on the face, neck with transition to the chest, abdomen (small area in the navel area) and forearm (except for the palmar surface), palmar and dorsal surfaces of the hands (unevenly) against the background of hyperemia and swelling of the skin, the epidermis is exfoliated and in places forms blisters filled with transparent content. On the upper extremities the epidermis is exfoliated, the wound is pink. Some areas are bright pink. Pain and tactile sensitivity are preserved. on wounds of the upper extremities it is reduced. The hair on my head is singed. The total area of the burned surface is 16%, 1-2 degrees 6%, 3a degrees – 10%. ... 05.20.05. the condition is relatively satisfactory. Complaints of swelling of the face, pain in wounds. In the lungs, breathing is vesicular. No wheezing. Heart sounds are rhythmic and muffled. Blood pressure 130/80 mmHg. The abdomen is soft and painless. Stool and urine output are normal. Local status: facial swelling is significant, exfoliated epidermis has been removed, the wounds are pale pink, the discharge is serous. Toilet wound. Bandage with levomekol. ...

05/21/05. ... a scab forms on the wounds in patches. ... 05.23.05. ... wounds with copious purulent discharge. In some places, focal scabs of wound tissue are formed... 05.21.05. examination by a therapist. ... there is no evidence of acute coronary pathology. ... 06/01/05. .. wounds of the upper extremities are actively epithelialized... 06/10/05. ... the wounds decrease in size, the discharge is scanty and serous. ... 06.18.05. satisfactory condition. No complaints. The skin and function of the upper extremities have been restored. Discharged for outpatient treatment.Final clinical diagnosis : Flame burn I – III A degree of the face, neck, torso, upper extremities with a total area of 16%. Analysis of the chemical-toxicological laboratory No. 40/6159 05/18/2005 18:20 – 19:10 - no alcohol in the blood."

Response standard: These injuries are qualified as having caused SERIOUS harm to health, based on the danger to human life (according to clause 6.1.28 of the "Medical criteria for determining the severity of harm caused to human health" approved by order of the Ministry of Health and SR of the Russian Federation No. 194n dated April 24, 2008.).

Task 61.

The following questions were posed for the expert's permission:

1. "What bodily injuries does M have, their nature and mechanism of formation, location, severity?"

Preliminary information:

From the direction it follows, "I am sending you medical documents addressed to M, born in 1974, for forensic medical examination. During the inspection, it was established that on June 16, 2005, at approximately 15:00, on the territory of the Eureka-Development school... there was a leak of residual chlorine-containing gas from a metal cylinder, as a result of which some people nearby felt a deterioration in their health and were taken to medical treatment facilities. institutions..."

Research part:

From the medical record of an inpatient patient at the toxicology department of Emergency Hospital No. 2 in Rostov-on-Don addressed to gr. M, born in 1974, it follows that she was admitted to the toxicology department on June 16, 2005 at 17:59. "complaints of weakness, headache, dizziness, cough, chest pain, feeling of lack of air. Case history: was on the street, not far from the room where disinfection work was carried out. There was a leak of chlorine vapor from a cylinder standing on the street. After inhaling the vapors, the condition worsened and the above complaints increased. Relatives learned about what happened, called the emergency department, she was taken to Emergency Hospital 2, and examined by a toxicologist. Hospitalized in the acute poisoning department. ... Objective examination data. The patient's condition is moderate. The central nervous system is conscious, adequate, oriented, anxious, somewhat excited. Pupils D=S, dilated. The sclera is injected. The photoreaction is weakened. The skin is pale, high humidity. Respiratory organs: nasal breathing is difficult, respiratory rate is 22 per minute, the chest is hypersthenic, breathing is harsh, small dry rales on both sides. CVS: pulse 110 per minute, blood pressure 135/80 mmHg. Heart sounds are muffled, heart rhythm is correct, pulse is rhythmic. Gastrointestinal tract: the abdomen is soft, painless, there are no symptoms of peritoneal irritation, the liver is not palpable, Pasternatsky's sign is negative, diuresis is normal according to reports. 06/17/05. 09:00. The patient's condition is moderate, stable, and has improved over time. Conscious, lethargic,

oriented, critical, restless at times, the background of the mood is even. I slept peacefully, my appetite was preserved. The following symptoms persist: weakness, dizziness, moderate headache, dry cough, without sputum, chest pain when coughing, and at times a feeling of lack of air. Pupils D=S, medium size, photoreaction preserved. Skin of normal color, normal moisture. There is harsh breathing in the lungs, isolated dry wheezing on both sides. NPV 18 per minute. Heart sounds are rhythmic and muffled. Heart rate 88 per minute. Blood pressure 130/80 mmHg. the abdomen is soft, painless on palpation. The liver and spleen are not palpable. Stool and diuresis are not disturbed according to the patient. ... 06.20.05. the patient's condition is satisfactory. He makes no complaints. Objective data: clear consciousness, adequate, critical, has plans for the future. Skin of moderate moisture, normal color. Breathing is vesicular, no wheezing. Heart sounds are muffled and rhythmic. Heart rate 76 per minute. Blood pressure 130/80 mmHg. The abdomen participates in the act of breathing, is soft, painless on palpation. Stool and urine output are normal, according to the patient. Discharged at the place of residence. Final clinical diagnosis: mild acute inhalation poisoning with chlorine vapor. Toxic tracheobronchitis."

Sample answer: These damages are classified as having caused health harm of MILD severity, based on a short-term health disorder for no more than 3 weeks (up to 21 days), (according to clause 8.1 of the “Medical criteria for determining the severity of harm caused to human health” approved by order of the Ministry of Health and Social Development of the Russian Federation No. 194n dated April 24. 2008).

Task 62.

The following questions were posed for the expert's permission:

1. “Does victim K. have any bodily injuries?
2. If yes, then their number, location and severity of harm caused to health?

Preliminary information:

From the direction it follows that “06/19/05... caused bodily harm.”

From the words of the witness, it follows that “on June 19, 2005, in the courtyard of a neighbor’s private house, he received bodily injuries when a knife was taken away. I did not seek medical help.”

Research part:

Complaints of unpleasant sensations on the dorsum of the left hand. Objectively at 11:32 on 07/04/2005: scars of an irregular oval shape, bluish-purple in color, dense, protruding above the surface of the skin, tightly mobile, with a smooth surface - on the forehead along the border of the scalp to the left of the midline 0.2x0.1 cm, along the posterior surface of the left wrist joint (6) with dimensions from 0.1x0.1 cm to 0.2x0.2 cm, on the back of the left hand there are two linear scars vertically oriented in the projection of the third and fourth metacarpal bones, with other similar characteristics and sizes, respectively 3x0.1 cm and 0.4x0.1 cm.

Sample answer: These damages are classified as having caused harm health of MILD severity, based on a short-term health disorder for no more than 3 weeks (up to 21 days), (according to clause 8.1 of the “Medical criteria for determining the severity of harm caused to human health” approved by order of the Ministry of Health and Social Development of the Russian Federation No. 194n dated April 24. 2008).

Task 63.

The following questions were posed for the expert's permission:

1. “Does victim B. have any bodily injuries?
2. If yes, then their number, location and severity of harm caused to health?

Preliminary information:

From the direction it follows that “06/19/05... caused bodily harm.”

From certificate No. 5138 MLPUZ GB No. 1 named after. ON THE. Semashko from 06/19/05. in the name of gr. B. follows, “... it is given that he was under observation for an incised wound on the right superciliary ridge. PSO, suture, aseptic dressing"

According to the words of June 19, 2005, at approximately 20:00, in the courtyard of a private house, a neighbor was hit in the face with glass from a window and sought medical help.”

Research part:

Complaints of dizziness when suddenly rising from a lying position. Objectively, at 11:42 on 07/04/2005 - arc-shaped scars of a bluish-purple color, rather dense on touch, protruding above the surface of the skin, with relatively smooth edges, sharp-angled ends - in the right superciliary area measuring 3x1 cm, convexity oriented at 3 o'clock on the conventional dial, at the outer end of the left eyebrow 0.5x0.5 cm, convex oriented at 4 o'clock on the conventional dial .

Sample answer: These damages are classified as having caused harm health of MILD severity, based on a short-term health disorder for no more than 3 weeks (up to 21 days), (according to clause 8.1 of the “Medical criteria for determining the severity of harm caused to human health” approved by order of the Ministry of Health and Social Development of the Russian Federation No. 194n dated April 24. 2008).

Task 64.

No questions were raised for the expert's permission.

Preliminary information:

From the words of the witness, it follows that “on July 23, 2005, around 20:00, the daughter-in-law struck with her hands, threw an ashtray, pulled out hair, and kicked. I applied for medical help to Emergency Hospital No. 2 in Rostov-on-Don.” Research part:

in the department

Complaints of pain in the right hand. Objectively, at 12:45 on 08/01/2005 - bruises of an irregular oval shape of a pale bluish-violet color in the center and with a distinct yellowish-greenish tint along the periphery - on the back surface of the right shoulder in the middle third (1), on the outer surface of the left thigh in the upper thirds (2) measuring from 3x2 cm to 5x4 cm. A strip-like abrasion obliquely-vertically oriented with a peeling crust on the back surface of the left shoulder in the middle third 4x0.2 cm. Area of baldness in the left parietal-occipital region 2x2 cm. A certificate from the emergency room trauma center was provided 2 Rostov-on-Don dated July 23, 2005 No. 13663 addressed to gr. T, it follows. “... outpatient medical care was provided for bruises of the soft tissues of the face, right and left shoulder.”

*Sample answer:*These damages are NOT CONSIDERED as causing harm. health (according to clause 9 of the “Medical criteria for determining the severity of harm caused to human health” approved by order of the Ministry of Health and Social Development of the Russian Federation No. 194n dated April 24, 2008).

Task 65.
No questions were raised for the expert's permission.
Preliminary information:
From the words of the witness, it follows that “on July 31, 2005, at night in the room, neighbors punched, kicked, and choked me. She did not seek medical help.” Research part:
Complaints of sore throat, painful to swallow, headache.
Objectively as of 08/01/2005 10:27 – bruises of an irregular oval shape of a bluish-violet color in the circumference of the right eye (1), in the right cheekbone area (1), on the chin to the right (1) of the midline, along the back surface of the left forearm in middle third (1), along the back surface of the right forearm in the middle third (1) measuring from 3x2 cm to 5x4 cm. Strip-like obliquely vertically oriented abrasions under a thin brown crust at the skin level in the right lateral surface of the neck in the middle aunt (4) sizes from 2x0.1 cm to 3x0.1 cm. The sclera of the eyes is without hemorrhages. Traumatic swelling of soft tissues along the border of hair growth in the right frontal region (1) 3x3 cm, in the left parietal region (1) 2x3 cm, dense and painful to the touch, height compared to the opposite symmetrical side up to 0.5 cm on the upper mucosa lips to the left of the midline, an irregular oval shaped abrasion 0.5x0.5 cm.

*Sample answer:*These damages are NOT CONSIDERED as causing harm. health (according to clause 9 of the “Medical criteria for determining the severity of harm caused to human health” approved by order of the Ministry of Health and Social Development of the Russian Federation No. 194n dated April 24, 2008).

Task 66.

The following questions were posed for the expert's permission:
“What bodily injuries does the gr. N., their location, the severity of the harm caused to health, how long ago?”
Preliminary information:
From the direction it follows that “I ask you to conduct a forensic medical examination using medical documents in relation to gr. N, born in 1965, ... who was injured in an accident. On May 1, 2005, at approximately 5:10 p.m., the driver of a VAZ-2106, U 365, 61 rub. R. was moving along Shkolnaya Street in Kh. Kalinin, and at the turn, before reaching the railway crossing on the left side of the road, he hit pedestrian N.”

Research part:
From a medical card addressed to gr. N, born in 1965, it follows that he was admitted to a medical institution on 05/01/2005 at 17:53. “... the patient was delivered from the scene of the accident by a joint venture vehicle, unconscious, with the smell of alcohol on his breath. According to those who delivered it, he was hit by a car. Level of consciousness coma I. In the forehead there is a wound 20x10 cm, scalped. The wound of the upper eyelid on the right is up to 0.8 cm. In the chin area, 3.0x0.5 cm. The pupils are narrow, D=S, light reaction is preserved. There is no stiff neck. The chest is of regular shape, vesicular breathing in the lungs. Heart sounds are muffled and rhythmic. Pulse 100 per minute, blood pressure 90/60 mmHg. tendon reflexes from the upper limbs D=S. The abdomen is soft and does not respond to palpation. There is no dullness in sloping areas. The kidneys are not palpable. Deformation of the right thigh in the lower third, wound up to 0.7 cm. Deformation of the right lower leg, pathological mobility. Vascular pulsation is preserved. Diagnosis: head injury, bruise

brain. Blunt abdominal trauma. Open I A fracture of the right femur. Closed fracture of the bones of the left leg, traumatic shock of the II degree. Scalped head wound, soft tissue wounds. ... 05/01/05. The patient has a catheter installed in the bladder. 30 ml of light urine was evacuated. Zildovich's test is negative. 05/01/05. 18:10. surgery – laparocentesis, primary surgical treatment of head wounds, primary surgical treatment of a hip fracture, skeletal traction of the hip and lower leg. ... a puncture of the abdominal cavity was performed with a trocar, and a groping catheter was inserted. 800 ml of saline solution was injected into the abdominal cavity. The discharge is light, not colored. Under local anesthesia, the wounds were cleaned and necrotic tissue was excised. Toilet wounds with antiseptics, stitches on wounds. The thigh wound was punctured with a solution of novocaine... skeletal traction was applied to the upper third of the right leg and to the heel bone on the left. 19:00 resuscitator on duty. The patient's condition upon examination was serious. Level of consciousness – stunning. Breathing is spontaneous. Adequate. There is vesicular breathing in the lungs, no wheezing. NPV 20 per minute. Blood pressure 90/60 mmHg. Heart rate 116 per minute. The abdomen is soft, peristalsis can be heard... surgeon on duty 05/01/05. 21:00. the condition is serious. Level of consciousness is stunned. Pupils D=S, light reaction preserved. Tendon reflexes are alive. Blood pressure 90/60 mmHg. the abdomen is soft and painless. Skeletal traction is normal. ... 06/01/05. satisfactory condition. No complaints. The sutures were removed and healed by primary intention. Extract. Final clinical diagnosis: combined injury: open IA fracture of the right femur, comminuted. Closed comminuted fracture of the bones of the left leg. TBI, mild brain contusion. Extensive scalped head wound. Contusion of the anterior abdominal wall. Traumatic shock of the second degree. Alcohol intoxication. X-ray examination protocol. X-rays No. 306, 310 of the skull dated 05/04/05. No bone-traumatic injuries were detected. No. 311 right thigh. Comminuted fracture of the lower aunt of the right femur with angular displacement of the fragments with open angles outward. No. 312 of the left leg – a comminuted fracture of both bones of the left leg with slight displacement of the fragments is determined. Analysis of chemical and toxicological laboratory No. 27/1 05/01/2005 17:55 - blood alcohol 1.3%o."

*Sample answer:*These injuries are classified as causing SEVERE harm to health, based on a significant permanent loss of general working capacity of at least one third (persistent loss of general working capacity of more than 30%), (according to clauses 6.11.6 and 6.11.9 of the "Medical criteria for determining the severity of harm caused to human health" approved by order of the Ministry of Health and Social Development of the Russian Federation No. 194n dated April 24, 2008).

Task 67.

The following questions were posed for the expert's permission:

1. "The presence of physical injuries on L, their nature, localization, mechanism of formation, severity and time of infliction of each injury?
2. How were the victim and the attacker approximately positioned in relation to each other at the time of infliction of bodily harm?"

Circumstances of the case:

It follows from the resolution that "Ch. 05/18/2005 at about 8 a.m. ... applied L. born 07/30/73. stab wound to the heart..."

Research part:

From medical record No. 19610/413 of the thoracovascular department of Emergency Hospital No. 2 in Rostov-on-Don addressed to gr. L., born in 1973, it follows that she was admitted to a medical institution on August 18, 2005 at 09:45. "The circumstances of the injury are not reported. Notes severe bleeding from the wound and weakness. Delivered to Emergency Hospital 2 by the SP brigade...General state extremely difficult. Consciousness is confused, contact is difficult. There is a strong smell of alcohol from the mouth.

...Pulse 120 per minute, weak filling and tension, blood pressure 60/20 mmHg. hearts areTones muffled. The tongue is clean and moist. The abdomen is soft, not swollen, and painless on palpation. The liver is at the edge of the costal arch, the spleen is not palpable. Pasternatsky's symptom is negative on both sides. Physiological functions are normal. Local status : in the lungs on the left, breathing is weakened. Percussion pulmonary sound. In the projection of the fifth intercostal space along the anterior axillary line on the left, a linear wound of 3x1.5 cm is identified. The wound is bleeding moderately... 05/18/205.Operation protocol No. 367, 368 . Diagnosis: stab wound of the left half of the chest, penetrating into the pleural cavity. Open fracture of the 4th rib. Pericardial injury, penetrating injury of the left ventricle. Hemopericardium. Hemothorax. Hemorrhagic shock 3 tbsp. alcohol intoxication. ... A revision of the wound was performed under ETN. The wound channel is directed from front to back and from left to right and penetrates the fifth intercostal space along the midclavicular line into the pleural cavity. Heart pulsation is detected at the bottom of the wound. ...anterior thoracotomy was performed in the fifth intercostal space. During revision, the wound channel passes through the defect of the 5th rib. On the anterior wall of the left ventricle there is a linear wound, 1.5 x 0.3 cm, and the wound is bleeding. Hemopericardium. The pericardium was opened for 7 cm. Up to 30 ml of blood was released, and a clot of up to 80 ml was removed. on the anterior left surface of the left ventricle of the heart 2 cm from the anterior interventricular groove and *on a wound 1.5 cm long*[1]long, penetrating into the cavity of the heart. The wound is actively bleeding. The muscular wall of the left ventricle is dystrophically changed and thinned. The heart wound was sutured with great technical difficulties with nylon on a stabbing needle with two reverse sutures on pericardial pads. The edges of the dissected pericardium are trimmed with a continuous enveloping suture to form a drainage window. Further inspection revealed a wound in the lower lobe of the left lung. The lung wound was sutured with a 4.0 atraumatic needle using a double-row continuous suture. Hemostasis control. The pleural cavity is drained with a tube with a diameter of 10 mm in the seventh intercostal space along the posterior axillary line according to Bulau. The intercostal artery was sutured with ligation. Hemostasis control. The wound is sutured tightly in layers. 05/18/2005 The patient is in the ARO ... for drainage of up to 200 ml of hemolyzed blood. Breathing is heard in the left lung. Heart sounds are rhythmic. Diuresis is normal. ... On May 19, 2005, she was transferred to the specialized department.... Final clinical diagnosis : stab wound of the left half of the chest, penetrating the pleural cavity with damage to the left ventricle of the heart, the lower lobe of the left lung. Hemopneumothorax on the left. Shock 2-3 degrees.

*Sample answer:*These injuries are classified as causing SEVERE harm to health, based on danger to human life (according to clause 6.1.9 of the “Medical criteria for determining the severity of harm caused to human health” approved by order of the Ministry of Health and Social Development of the Russian Federation No. 194n dated April 24, 2008).

Task 68.

Questions have been raised for expert approval**:**

1. “Does the victim have any bodily injuries?
2. If yes, then their number, location and severity of harm caused to health?

Preliminary information.

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1 Text edit saved

From the direction it follows that “30.07.05. at around 02:30 there was a conflict near the house... during which gr. Z. was hit in the face and right hand with a glass bottle.” According to the evidence, “07/30/2005 at 02:30 on the street three well-known people struck with a bottle, with their hands, and with their feet. I did not seek medical help." Research part.
Complaints: headache, pain in the left side of the chest. Objectively 08/01/2005 10:40 – an abrasion of an irregular oval shape under a brown crust slightly above the skin level in the right superciliary area 2x1 cm. In the left superciliary region there is a linear wound with uneven and rough edges, rounded ends, 1.5 cm long. Bottom The wound is covered in places with a brown crust at the skin level. Traumatic swelling of the soft tissues of the left frontal region along the border of hair growth 3x3 cm, dense and painful to the touch, up to 0.5 cm in height compared to the opposite symmetrical side. On the palmar surface of the nail phalanx of the second finger of the right hand there is a wound with smooth and unmarred edges, acute-angled ends 1.7x0.1 cm. The bottom of the wound is dull dark red.

Sample answer: These damages are classified as having caused harm health of MILD severity, based on a short-term health disorder for no more than 3 weeks (up to 21 days), (according to clause 8.1 of the “Medical criteria for determining the severity of harm caused to human health” approved by order of the Ministry of Health and Social Development of the Russian Federation No. 194n dated April 24. 2008).

Task 69.

The following questions were asked for the expert’s permission: “I ask you to determine the severity of the harm to health.”

Preliminary information:

From the direction it follows, “I ask you to conduct an emergency medical examination in relation to gr. L, born 1966.” Research part:

*From SOP card No. 16144 of the department of combined trauma of emergency hospital No. 2 in Rostov-on-Don addressed to gr. L, born 1966,*it follows that he was admitted to a medical institution04/25/2005 at 01:24. "X-ray examination protocol. Radiographs No. 19691-95, 1967 from 04/25/05. skull, nasal bones, lower jaw, chest organs, ribs on the left - no violation of the integrity of the bones is determined.Chemical-toxicological laboratory analysis No. 15068/7 dated November 13, 2004 – blood alcohol 2.2%o Examination by a surgeon, traumatologist, neurosurgeon . Complaints of forehead wounds, pain in the lower jaw. Medical history: was beaten approximately 2 hours before admission. Surgeon : satisfactory condition. Pulse 86 per minute. Blood pressure 120/80 mmHg. NPV 16 per minute. Palpation of the chest is painful on the right in the lower parts. Percussion of the chest - clear pulmonary sound. Auscultation of the lungs - vesicular breathing. No wheezing. Heart sounds are clear and rhythmic. The tongue is moist and clean. Hepatic dullness is preserved. There is no shortening of the percussion sound. Peristalsis is active. Diuresis is independent.Traumatologist . Upper limbs, lower limbs, pelvic examination, spine examination - normal.Neurosurgeon . There is no loss of consciousness at the time of injury. Muscle tone is normal. Cranial nerves D=S. Motor sphere D=S. Reflexes D=S. There are no pathological reflexes. There are no coordination disorders. Pupils D=S, symmetrical. There are no pelvic disorders. There are no sensory disturbances. Completed: PST of a linear wound with uneven edges and obtuse angles. bottom of the wound

is the aponeurosis.Conclusion : bruised forehead wound, bruises of soft tissues of the face. Alcohol intoxication."

Sample answer: These damages are classified as having caused harm health of MILD severity, based on a short-term health disorder for no more than 3 weeks (up to 21 days), (according to clause 8.1 of the "Medical criteria for determining the severity of harm caused to human health" approved by order of the Ministry of Health and Social Development of the Russian Federation No. 194n dated April 24. 2008).

Task 70.

The following questions were posed for the expert's permission:

1. "The presence of bodily injuries on Ch, their nature, localization, mechanism of formation, severity and time of infliction of each injury?"

Circumstances of the case:

From the resolution it follows that "... And on May 28, 2005, at approximately 20 o'clock... intentionally caused Ch. bodily injuries in the form of a closed transverse fracture of the left humerus...".

Research part:

From the medical record of an inpatient in the trauma department of Emergency Hospital No. 2 in Rostov-on-Don addressed to gr. Ch, born in 1953. It follows that she was admitted to a medical institution on May 29, 2005 at 00:38. "... Complaints of pain in the left shoulder area, worsening with movement. History of injury: 05/28/05. At about 8 pm I fell on the stairs (my husband pushed me). She went to the emergency room at point No. 1, where she was examined x-ray and sent to emergency hospital 2. ... General status: general condition satisfactory. Consciousness is clear. The skin and visible mucous membranes are of normal color. Breathing is even, rhythmic, carried out on both sides. NPV 18 per minute. Pulse 82 per minute, satisfactory filling and tension. Blood pressure 130/80 mmHg. Heart sounds are muffled and rhythmic. Tongue is wet. The abdomen participates in the act of breathing; upon palpation it is soft and painless.Local status : there is significant swelling of the soft tissues of the left shoulder, sharp pain on palpation in the projection of the middle third of the left humerus, deformation and pathological mobility of bone fragments are also determined there (no crepitus). Active and passive movements are severely limited due to pain. The fingers of the hand are warm, movement and sensitivity are preserved. Pulsation on the radial artery is preserved.Diagnosis : closed transverse fracture of the middle third of the left humerus with displacement of bone fragments. Taking into account the nature of the fracture, the degree of displacement of bone fragments, the presence of interposition of soft tissues in the fracture area, anesthesia of the fracture site was performed, correction of gross axial load, a plaster cast, examination for surgical treatment as planned. 06/01/05. cardiologist on duty. ... hypertension 1 - 2 degrees, 1 risk ... Description of radiograph No. 4324-25 dated 06/08/2005 of the left humerus - fragments of the left middle third of the humerus were compared and fixed by MOS. The position of the fragments along the axis is correct[2]. ... 06/03/05. the general condition corresponds to the severity of the surgical intervention. Complaints of moderate pain in the projection of the postoperative wound. Somatic status without features. In dressing: postoperative wound

2 There is no surgical protocol in the provided medical record of the inpatient

calm, no inflammation... 06/08/05. general condition is satisfactory. He makes no complaints. Somatic status unchanged. Objectively: the limb is on... /the word is unintelligible/ in a bandage. There is no swelling. 10.06.05. general condition is satisfactory. He makes no complaints. Somatic status without features. ...on the dressing, the postoperative wound is calm. ... 06/15/05. discharged from the department.Final clinical diagnosis : closed transverse fracture of the middle third of the left humerus."

*Sample answer:*These injuries are classified as causing SEVERE harm to health, based on a significant permanent loss of general working capacity of at least one third (persistent loss of general working capacity of more than 30%), (according to clause 6.11.1 of the "Medical criteria for determining the severity of harm caused to human health" approved by order of the Ministry of Health and Social Welfare RF No. 194n dated April 24, 2008).

Task 71.

The following questions were posed for the expert's permission:

1. "Did F. suffer bodily harm as a result of the road traffic accident?" transport accident dated June 14, 205?
2. What is the severity of the damage caused to F.'s health as a result of the accident?
3. What is the mechanism of formation of bodily injuries?

Circumstances of the case:

It follows from the resolution that "... on June 14, 2005 at 17:30, driver E., driving a GAZ-322131 car... hit a tree."

Research part:

From the medical record of an inpatient at the neurosurgical department of Emergency Hospital No. 2 in Rostov-on-Don addressed to gr. F, born in 1979 it follows that she was admitted to a medical institution on June 15, 2005 at 07:56. "...complaints for a headache. History of the disease: 06/14/05. Passenger was in an accident. Amnesia for traumatic events. She was examined by OMST Emergency Hospital 2, and PSO of head wounds was performed (she refused hospitalization. She was hospitalized again by the SP team due to deterioration of her condition). ... general condition is satisfactory. Position active. The physique is normosthenic. The food is satisfactory. Visible skin and mucous membranes are clean. Vesicular breathing. No wheezing. NPV 18 per minute. Heart tones are clear. Pulse 86 per minute, satisfactory filling and tension. Blood pressure 120/80 mmHg. the abdomen is soft and painless. The stool is normal. ...Local status : bruised soft tissue wound and hematoma on the right 4 cm, in the frontotemporal region on the right 6 cm, subcutaneous hemorrhage of the soft tissues of the chest.Neurological status : consciousness is clear, oriented. Sense of smell and visual field are normal. Pupils D=S, normal. The photoreaction is live. Nystagmus is horizontal. Eye movements are normal, there is no strabismus. Sensitivity on the face is normal. Corneal reflexes D=S. Facial muscles are normal. Hearing, swallowing, phonation, and pharyngeal reflex are normal. Tongue in the midline. Full voluntary movements. Tendon and periosteal reflexes are animated, D=S. The Romberg position is unstable. PNP and CAT are uncertain. ... 06/15/05. 10:00 joint inspection with the head of the department. General condition is satisfactory. Complaints of headache. Neurological status: clear consciousness. Pupils D=S, photoreaction is live. Horizontal nystagmus. Reflexes D=S, alive. There are no pathological signs. There are no meningeal signs. Mild coordination disorders. Body temperature 36.6˚C. NPV 20 per minute. Heart rate 72 per minute. Blood pressure 110/70 mmHg. leather of normal color. Zev

pink. Vesicular breathing in the lungs. Heart sounds are loud and rhythmic. The abdomen is soft and painless. The liver and spleen are not enlarged. Urination is free and painless. 06.16.05. according to the medical staff, the patient was on the evening of June 15, 2005. left the department and was therefore discharged for violating the regime.Final clinical diagnosis : TBI, concussion, fracture of the angle of the lower jaw on the left, bruised wound in the right frontotemporal region. Alcohol intoxication. Analysis of chemical-toxicological laboratory No. 7542/40 dated June 14, 2005. 17:19 – 18:05 – blood alcohol 1.75%. X-ray examination protocol. Radiographs No. 30714-22 dated 06/14/05. skull, cervical spine, first cervical vertebra, chest, pelvis, lumbar region - fracture of the angle of the lower jaw. CT No. 3500 dated 06/15/05. brain – no foci of pathological density are identified in the substance of the brain, the median structures are not displaced, the cerebrospinal fluid spaces are not expanded."

Sample answer: These damages are classified as having caused harm health of MODERATE severity, based on a long-term health disorder of more than 3 weeks (more than 21 days), (according to clause 7.1 of the "Medical criteria for determining the severity of harm caused to human health" approved by order of the Ministry of Health and SR of the Russian Federation No. 194n dated April 24, 2008 G.).

Task 72.

The following questions were posed for the expert's permission:

1. "What bodily injuries did P receive, what is their nature, mechanism of formation, localization, severity and duration of infliction?
2. Is it possible to cause these bodily injuries under the above circumstances?"

Circumstances of the case:

From the resolution it follows that "02/15/2005... P and Z, unable to hold on to the structures, fell from a height of 7.7 m onto the ground sprinkled with crushed stone, while Appearing from below, and Z fell on him*above*[3]"

Research part:

*From the medical record of an inpatient in the trauma department of the Municipal Healthcare Institution of the City Emergency Hospital of Novocherkassk in the name of gr. P, born 1958,*it follows that he was admitted to a medical establishment 02/15/05 at 16:40. "... Complaints of pain in the chest in the front, pain in the left thigh. According to the patient, he fell from a height at work and was taken to the emergency hospital. ... skin of normal color. Pulse 88 per minute. Blood pressure 130/80 mmHg. Vesicular breathing. NPV 20 per minute. The abdomen is soft and painless. Physiological functions are normal. Consciousness is clear.Local status : swelling, pain in the chest area in front, more on the right side with a deep breath of pain... /word unintelligible/ and during physical activity, when coughing. There is diffuse pain in the left thigh area and limited movement of the left lower limb. ... 02/15/05 surgery - skeletal traction of the left hip by the tuberosity of the left tibia. ... load 5 kg. 02/15/05. surgeon. Complaints of pain in the sternum. Objectively: consciousness is clear, the position is forced, palpation of the chest and abdomen is painless. Currently, there is no evidence of damage to the chest and abdomen.

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3 Text edit saved

02/16/05. the patient's condition is moderate. Complaints of pain in the chest and left thigh. ...skeletal traction is functioning. The left thigh is swollen. ... 02/18/05. 13:50 neurologist. Complaints of mild headache. Neurological status: pupils D=S. Moderately dilated, photoreaction is lively, eye movements are in full, the face is symmetrical. In Romberg's pose*ataxia without sideness*[4], PSP with intention, tendon reflexes D=S, no pathological foot signs and meningeal symptoms, sensitivity is not impaired. CTBI, concussion (from 02.15.05). 02/18/05. ophthalmologist Fundus of the eye: the optic discs are pale pink, the boundaries are clear. The vessels and retina are normal. Diagnosis: fundus is normal. 02/21/05. the condition is painfully stable. Complaints of pain in the left thigh and chest. Objectively: hemodynamics are stable, breathing is smooth, respiratory rate is 18 per minute. ... /two words illegible/. Conscious. Oriented, Pupils D=S, reaction to light is lively. Full eye movements. There are no meningeal signs. Skeletal traction is functioning and does not bother me. Receives treatment. ... 02.25.05. the patient's condition is satisfactory. Complaints of pain in the area of the postoperative wound. Objectively: somatic status without any peculiarities. hemodynamics are stable. Breathing is even. NPV 18 per minute. Physiological functions are normal. Postoperative wounds are in satisfactory condition. Receives treatment. ... On March 15, 2005 he was discharged from the department. Final clinical diagnosis: combined injury. CTBI, concussion. Closed with a pearl of the right humerus. Closed comminuted fracture of the upper third of the left femur. Chest contusion."

*Sample answer:*These injuries are classified as causing SEVERE harm to health, based on a significant permanent loss of general working capacity of at least one third (persistent loss of general working capacity of more than 30%), (according to clause 6.11.1 and clause 6.11.5 of the "Medical criteria for determining the severity of harm caused to human health » approved by order of the Ministry of Health and Social Development of the Russian Federation No. 194n dated April 24, 2008).

Task 73.

The following questions were posed for the expert's permission:

1. "Does D have any injuries?
2. If yes, what is their nature, location, time of occurrence, severity?
3. What instrument caused the injuries?
4. Could bodily harm have been sustained under the above circumstances?"

Circumstances of the case:

From the resolution it follows that "... 07.07.05. at approximately 18:00 S... having the intent to kill D., struck several blows with his hands and feet on the head and body of the latter, after which he inflicted multiple blows on D. lying on the ground with a metal rod..."

Research part:

From the medical record of an inpatient in the trauma department of the Municipal Healthcare Institution of the City Emergency Hospital of Novocherkassk in the name of gr. D, born in 1931, it follows that he was admitted to a medical institution on 07/07/05. at 19:45. "Complaints for pain in the head, both forearms, chest, abdomen, left leg.History of the disease: beaten by a neighbor in the garage. Delivered by ambulance. ... The general condition is serious. The skin is pale. Pulse

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96 per minute. Blood pressure 60/20 mmHg. vesicular breathing. NPV 20 per minute. The chest is of normal shape, palpation is painful on the left, both halves are involved in the act of breathing. Consciousness*clear, stunning*[5].Local status : conscious, oriented. Pupils D=S, reaction to light is lively. Full eye movements. There are no meningeal signs. Movements in the limbs are preserved. In the area of the left auricle there is a bruised wound measuring 5x1 cm. In the parietal region on the right - on the left there are four wounds measuring 2x1 cm to 6x2 cm. The bottom of the wounds is soft tissue and bone... /word is illegible/. The right forearm in the lower third is deformed, pathological mobility is determined. The wound is 1x0.5 cm. The left forearm is deformed, there is pathological mobility. The wound measures 7x4 cm, on the hand there are two 2x1 cm each. On the anterior abdominal wall there is a linear longitudinal bruise in the area of the wing of the ilium on the right in the area of the middle third of the left shin and the area of the outer ankle of the wound. There is swelling in the area of the outer ankle. Palpation is painful, inert crepitus. MEHO right = left – 72 mm. ...07.07.05. operation. PCP of an open depressed fracture of the left parietal bone. ... the wound of the left parietal region is expanded ... layer-by-layer access to the fracture site is made. A depressed fracture of 3x2.0 cm was detected. Bone fragments... were evacuated. The bone wound is expanded to dimensions of 5x6 cm. The epidural space is dry. The dura mater is intact. The dura mater is opened crosswise. A moderate amount of slightly hemorrhagic fluid was released from the subdural space. In the area of the depressed fracture on ... /word unintelligible/ there is ... /word unintelligible/. The brain is moderately swollen, does not bulge, and pulsates. Hemostasis during the operation. Sanitation of the subdural space - no clots or detritus. The wound is sutured in layers. Glove rubber drains. ... 07.25.05. discharged from the department.Final clinical diagnosis : severe combined injury. TBI, moderate brain contusion, open depressed fracture of the left parietal bone. Multiple bruised wounds to the face, head, and forearm. Open (IA) fracture of the bones of the right forearm. Open (III B) comminuted fracture of both bones of the left forearm. Open (IA) fracture of the lower third of the bones of the left leg. Multiple abrasions of the upper and lower extremities. Second degree shock."

*Sample answer:*These injuries are classified as causing SEVERE harm to health, based on danger to human life (according to clause 6.1.2, clause 6.1.3, clause 6.11.3, clause 6.11.9 of the “Medical criteria for determining the severity of harm caused to human health” approved by order of the Ministry of Health and SR RF No. 194n dated April 24, 2008).

Task 74.

The following questions were posed for the expert's permission: 1. “Does the gr. C. bodily harm?

2. If yes, then what degree of harm was caused to S.’s health?

3. Could S.’s bodily injuries have been caused under these circumstances?”

5 Text edit saved

Circumstances of the case:

It follows from the resolution that “Ch. On July 17, 205, at about 02 o'clock, acting deliberately ... struck the face with a fist, and then several blows with a knife to various parts of the body of the gr. S., causing him bodily harm.”

Research part:

From the medical record of the inpatient department of combined trauma of emergency hospital 2 in Rostov-on-Don in the name of gr. S, born in 1978, it follows that he was admitted to a medical institution on July 17, 2005 at 04:42. “... complaints of stab wounds on the face, left shoulder, left supraclavicular region, left lumbar region. ... the condition is satisfactory. Weight 76 kg. Skin and mucous membranes are of normal color. Pulse 82 per minute, satisfactory filling. Blood pressure 120/80 mmHg.Examination by a surgeon : on the face in the area of the left zygomatic arch there is a wound directed horizontally, 2.5x0.5 cm. The edges of the wound are smooth, the corners are sharp. On the left in the supraclavicular region there is a wound directed horizontally 3x0.5 cm, the edges are smooth, the corners are sharp. In the upper third of the left shoulder along the back surface there is a wound 2x0.5 cm in vertical direction, the edges are smooth, the corners are sharp. In the left lumbar region at level $L_2$the wound is 2x0.5 cm in an oblique direction, the edges are smooth, the corners are sharp. Bleeding from wounds is diffuse. NPV 18 per minute. There is no subcutaneous emphysema. Palpation of the chest is painless. Percussion of the chest - clear pulmonary sound. The boundaries of the heart are within normal limits. Auscultation of the lungs is symmetrical, vesicular. Heart sounds are clear and rhythmic. Tongue is wet. The abdomen is soft and painless. Hepatic dullness is preserved. Intestinal peristalsis is active. There are no symptoms of peritoneal irritation. Self-urination.Surgeon's conclusion : stab wounds of the face on the left, left shoulder in the upper third, left supraclavicular region, left lumbar region. ...traumatologist's report : There are no signs of damage to the ODA. ...neurosurgeon's report : There is no data for TBI. Alcohol intoxication. ... protocol of operation No. 1549 dated July 17, 2005. 04655 – 05:00 PSO of the wound in the left lumbar region - ... the course of the wound channel from left to right, ends blindly in the pancreas ... protocol of operation No. 1550 07.17.05. 05600 – 05:00 PSO of the wound of the left supraclavicular region - ... the course of the wound channel from top to bottom in the vertical direction, ends blindly along the inner surface of the scapula ... operation protocol No. 1551 07.17.05. 05:05 – 05:10 – PSO of the wound of the upper third of the left shoulder - ... the course of the wound channel is perpendicular to the humerus, ends blindly on the humerus ... operation protocol No. 1552 07.17.05. 05:10 – 05:15 PCP of the facial wound on the left – a superficial wound within the PFA. ... 07.18.05. inspection of acting Head of department. The patient's condition is stable and moderate. Conscious. Contact. Complaints of pain in the area of postoperative wounds... wounds without signs of inflammation, treated, aseptic dressings applied. ... 07.26.05. all stitches have been removed. Discharged from the department. Final clinical diagnosis: multiple stab wounds of the face, supraclavicular region on the left, not penetrating into the pleural cavity, lumbar region on the left, not penetrating into the abdominal cavity, upper third of the left shoulder. Alcohol intoxication. Analysis of chemical-toxicological laboratory No. 3052/5 dated July 17, 2005 04:40 – 06:20 – blood alcohol 1.5%o.”

Sample answer: These damages are classified as having caused harm health of MILD severity, based on a short-term health disorder for no more than 3 weeks (up to 21 days), (according to clause 8.1 of the “Medical criteria for determining the severity of harm caused to human health” approved by order of the Ministry of Health and Social Development of the Russian Federation No. 194n dated April 24. 2008).

Task 75.

The following questions were posed for the expert's permission:

1. “Does K. have any injuries? If so, what is their nature, location, quantity, mechanism of formation and time of infliction?
2. What is the severity of the person's injuries? Circumstances of the case:

From the resolution it follows that “on July 6, 2005, at approximately 13:00, F, ... deliberately struck K ... with a wooden hammer.”

Research part:

From the medical record of an inpatient No. of the neurosurgical department of Emergency Hospital No. 2 in Rostov-on-Don addressed to gr. K, born in 1958, it follows that he was admitted to a medical institution on 07/06/2005 at 16:45. "Complaints for headache, weakness.History of the disease: about 1 hour ago, an unknown person hit me on the head with a hammer and lost consciousness. ....General state moderate severity. Position active. The physique is correct. Reduced nutrition. The skin and visible mucous membranes are pale. Pulse 72 per minute, blood pressure 110/70 mmHg. Vesicular breathing. The abdomen is soft and painless. Liver and kidneys are normal. Urination is normal. The musculoskeletal system is normal. There are signs of alcohol intoxication.Local status : in the area of the crown on the right there is an arc-shaped wound measuring 6x1cm, penetrating to the bone. A depressed comminuted fracture is palpable. The forehead wound to the periosteum is 3x0.5 cm.Neurological status : stunning 1. Smell, vision, visual fields, eye movements are normal. Sensitivity on the face is normal. Horizontal nystagmus. Corneal reflexes, facial muscles, hearing, swallowing are normal. Tongue in the midline. You have full voluntary movements and reduced strength. There is no muscle atrophy. Tendon reflexes S>D. There are no pathological reflexes. The extrapyramidal system is normal. Romberg's posture is unsteady. Neck stiffness is positive, Brudzinski's sign is positive. ... Operation protocol from 07/06/05. 19:30 – 20:15. PCP of a depressed fracture. The wound in the right parietal region is extended in an arcuate manner up to 10 cm. ... /word is illegible/ a comminuted oval-shaped fracture of 5x4 cm with an impression of fragments up to 1 cm was discovered. The fragments were evacuated. The dura mater comes from a point defect. slightly hemorrhagic cerebrospinal fluid. The defect is sutured. The dura mater is pink and does not pulsate. Hemostasis. Drainage. Layered seams. 2). PSO of forehead wound. The edges of the wound were refreshed, antiseptics were used, and sutures were interrupted. ... 07/06/05. 20:25 resuscitator. A patient was admitted to ARO 2 from the operating room. The condition is serious, caused by traumatic brain injury and a depressed fracture on the right. Level of consciousness – medicinal sleep. The skin is pale pink. Breathing is spontaneous through the incubation tube. Hard breathing is heard in the lungs. Heart sounds are rhythmic and muffled. Hemodynamics are stable. The stomach is soft. Diuresis is satisfactory. ...07.19.05. discharged from the department.Final clinical diagnosis : acute brain injury, mild brain contusion. Comminuted fracture of the right parietal bone. Bruised wound in the right parietal region. Condition after surgical treatment of a depressed fracture (07/06/05). Alcohol intoxication. X-ray examination protocol. X-rays No. 35004-05 of the skull dated 07/06/2005 show a depressed fracture of the right temporo-fronto-parietal region. ECHO-ES without displacement. UAC, OAM without pathology. Analysis of chemical-toxicological study No. 8554/32 dated 07/06/05. – blood alcohol 2.85%o.”

*Sample answer:*These injuries are classified as causing SEVERE harm to health, based on danger to human life (according to clause 6.1.2

“Medical criteria for determining the severity of harm caused to human health” approved by order of the Ministry of Health and Social Development of the Russian Federation No. 194n dated April 24, 2008).

Competency assessment criteria and rating scales:

Grade "unsatisfactory" (not accepted) or absence formation competencies	**Grade "satisfactorily" (passed) or satisfactory (threshold) level of development competencies**	**Grade "Fine" (passed) or sufficient level development competencies**	**Excellent rating (passed) or high level development competencies**
failure to student on one's own demonstrate knowledge when solving assignments, lack independence in application of skills. Absence confirmation availability formation competencies testifies about negative development results academic discipline	student demonstrates independence V application of knowledge skills and abilities to solve educational tasks V complete compliance With example, data teacher, By tasks, solution which was shown teacher, it should be considered that competence formed on satisfactory level.	student demonstrates independent application knowledge, skills And skills at decision tasks, tasks similar samples, What confirms Availability formed competencies on more high level. Availability such competence on sufficient level indicates sustainable fixed practical skill	student demonstrates ability To full independence in choosing a method solutions non-standard tasks in within disciplines With using knowledge, skills And skills, received as V development progress given disciplines and adjacent disciplines should count competence formed at a high level.

Criteria for assessing test control:

percentage of correct answers	Marks
91-100	Great
81-90	Fine
70-80	satisfactorily
Less than 70	unsatisfactory

When grading tasks with multiple correct answers, one error is allowed.

Interview assessment criteria:

Mark	Descriptors		
	strength of knowledge	**ability to explain (introduce) the essence of phenomena, processes, do conclusions**	**logic and subsequence answer**
Great	strength of knowledge, knowledge of basic processes of the studied subject area, the answer is different depth and completeness disclosure of the topic; possession terminological apparatus; logic and sequence answer	high skill explain essence, phenomena, processes, events, do conclusions and generalizations, give reasoned answers, give examples	high logic And subsequence answer
Fine	solid knowledge main processes studied subject area, differs in depth and completeness disclosure of the topic; possession terminological apparatus; Fluency monologue speech, however one is allowed - two inaccuracies in answer	ability to explain essence, phenomena, processes, events, do conclusions and generalizations, give reasoned answers, give examples; however one is allowed - two inaccuracies in answer	logic and subsequence answer
satisfactorily	satisfactory process knowledge studied subject area, answer different insufficient depth and completeness disclosure of the topic; knowledge of basic theoretical issues. Allowed several errors in content of the answer	satisfactory ability to give reasoned answers and provide examples; satisfactorily formed analysis skills phenomena, processes. Allowed several errors in content of the answer	satisfactory logic and subsequence answer
unsatisfactory	poor knowledge studied	inability to give reasoned	absence logic and

	subject area, shallow disclosure of the topic; poor knowledge main issues theories, weak analysis skills phenomena, processes. Allowed serious mistakes in content of the answer	answers	sequences answer

Criteria for assessing situational tasks:

Mark	Descriptors			
	understanding Problems	**analysis of the situation**	**solution skills situations**	**professional oh thinking**
Great	complete understanding Problems. All requirements, present e to the task, completed	high ability analyze situation, do conclusions	high ability choose method solutions Problems, true skills solutions to the situation	high level professionally th thinking
Fine	complete understanding Problems. All requirements, present e to the task, completed	ability analyze situation, do conclusions	ability choose method solutions Problems true skills solutions to the situation	sufficient level professionally th thinking. Allowed one or two inaccuracies in answer
satisfactory O	partial understanding Problems. Majority requirements, present y to task, completed	satisfactory 1st ability analyze situation, do conclusions	satisfactory skills solutions situations, difficulties with choice of method problem solving	sufficient level professionally th thinking. Allowed more than two inaccuracies in answer or a mistake in sequentially these solutions
unsatisfactory But	misunderstanding Problems. Many requirements, present	low ability analyze situation	insufficient solution skills situations	absent

	e to the task, Not completed. No answer. Did not have attempts decide task			