

2010.5.12

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OKUD form code

Code of the institution for OKPO GBUZ of the city of Moscow "Bureau of forensic examination of the Department of Health of the city of Moscow"

115516, mountains. Moscow, Tarny proezd, 3;

Tel., Fax (495) 322-06-61, 322-47-08

Medical records

Form No. 188 / U Approved

Ministry of Health of the USSR dated 04.10.80, No. 1030

CONCLUSION

(examination of the case file)

No. 40-10

From February 9 to May 12, 2010, on the basis of a decision on the appointment of a commission of medical forensic examination of a senior investigator of the investigative department for the Eastern Administrative District of the Investigative Committee under the Prosecutor's Office of the Russian Federation for the city of Moscow, a class 2 lawyer Cherny K.Yu. from 01.02.2010 in the premises of the Bureau of forensic medical examination of the Department of Health of the city of Moscow forensic expert commission composed of:

Zharov V.V. - higher medical education, forensic expert of the highest qualification category, work experience over 40 years, Honored Doctor of the Russian Federation, Doctor of Medical Sciences, professor, head of the Bureau of Forensic Expertise of the Moscow Health Department;

ISAEV A.I. - higher medical education, forensic expert, highest qualification category, work experience over 40 years, candidate of medical sciences, deputy head of the Bureau of forensic medical examination of the Moscow City Health Department;

BUROV N.E. - higher medical education, anesthesiologist-resuscitator, 45 years of experience, doctor of medical sciences, Honored Scientist of the Russian Federation, professor of the Department of Anesthesiology and Resuscitation GOU DPO RMAPE of the Federal Agency for Health and Social Development;

BUDZINSKII A.A. - Higher medical education, gastroenterologist of the highest qualification category, work experience 20 years, head of the endoscopy department of the Medical Center of the Central Bank of Russia, candidate of medical sciences;

SHILOV A.M. - Higher medical education, head of the department "Emergency conditions in the clinic of internal diseases" of the faculty of postgraduate and post-secondary education MMA named after

THEM. Sechenova, MD, professor, cardiologist of the highest qualification category with more than 40 years of experience in the specialty;

KOLUDAROVA E.M. - higher medical education, forensic expert of the highest qualification category, work experience in the specialty 15 years, candidate of medical sciences, head of the histology department of the Bureau of forensic medical examination of the Moscow Health Department;

Cherkalina E.N. - medical higher education, forensic expert, first qualification category, work experience of 10 years, candidate of medical sciences, acting head of the department of commission of forensic medical examinations of the Bureau of forensic medical examination of the Moscow Department of Health;

STOGOVA K.K. - medical higher education, work experience in the specialty 2 years, forensic medical expert Bureau of forensic medical examination of the Department of Health of Moscow

made a forensic medical examination on the basis of criminal case No. 366795 upon the death of Sergei Leonidovich Magnitsky, born in 1972

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At the disposal of experts are presented:

- criminal case No. 366795 in 1 volume (3rd volume) on 225 stitched numbered sheets;

- the true medical history No. 318 of the Federal State Budgetary Institution FROM 77/2 in the name of Magnitsky SL;

- the true medical history No. 352 of the Federal State Budgetary Institution FROM 77/2 in the name of Magnitsky SL;

- a true medical history No. 554 from the hospital of the medical unit of the institution IZ 77/1;

- genuine medical record No. w / n from FGU IZ 77/5 in the name of Magnitsky S.L.

Additionally presented (requested on 02.16.10):

- 03/22/10: 3 volumes of criminal case No. 366795 (1st, 2nd, 4th) on stitched numbered sheets (278, 203, 212, respectively);

- 09.04.10: report of Art. investigator K.Yew. Black, about the fact that, in the city polyclinic No. 7 of Moscow, medical documentation on S. Magnitsky is absent;

- 09.04.10: protocol of the additional interrogation of the witness Gaus A.V. .;

- 04/26/10: a genuine medical record of outpatient No. 17 from the MDC "Ideal" in the name of Magnitsky SL;

- certified copies of the materials of criminal case No. 153123 in 2 volumes;

- 05/04/10: the answer from the city clinic number 7;

- 06.05.10: 3 volumes of criminal case No. 366795 (the 5th volume is not numbered, the 6th to 297th, the 7th

- on 165 stitched sheets);
- 07.05.10: a certificate from Penta Clinic LLC, a certificate no / n from State Clinical Hospital No. 33, a response from the Federal State Institution Hospital with a Polyclinic (requested on 05/07/10);
- Protocols: **additional interrogation of the victim Magnitskaya N.N.**, full-time witness V.V. Kornilov and witness Gaus A.The., protocol interrogation witness Gaus A.The. from 05/07/10;
- personal file of prisoner No. 253/09 in 2 volumes on stitched numbered sheets (1

The following questions were asked for permission by experts:

- "1. **Was there an opportunity to save life Magnitsky S.L. in the provision of qualified medical care?**
2. **Was qualified medical assistance provided to Magnitsky S.L. in full during his stay** in FBU IZ-77/1 UFSIN RF in Moscow, FBU IZ-77/2 UFSIN RF in Moscow, as well as in FBU IZ-77/5 UFSIN RF in Moscow?
3. Are any of the officials of the pre-trial detention facilities permitted to violate medical rules and norms governing the provision of medical care for diseases that S. Magnitsky has?
4. What medical rules and norms should officials be guided in rendering medical care to the arrested and arrested Magnitsky SL?
5. Given the fact that a point wound in the area of the root of the tongue is the result of a medical injection, was it necessary to send a forensic chemical study of the soft tissues from the injection area?
6. Is the conclusion of the expert A. Borzova about the cause of death of Magnitsky S.L. reasonable data from the sectional study of the corpse and the results of laboratory tests?
7. **Were any signs of exacerbation of existing diseases or signs of diseases that first appeared in places of pre-trial detention were found during the examination of the corpse?**

Magnitsky S.L. Diseases on their own or through ^ I ^^ Entry ^ rune ^ to lead to the onset of death of Magnitsky SL?

o / 1 ° §LVm ^^ oJvD | 5the causal link between failure to qualify is <-> 11. O ^ talOsh impact on the health status of Magnitsky S.L. private (so on-

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it is written) **transporting him from pre-trial detention centers to the judiciary, if so, which one? Did this serve as a catalyst for his diseases? "**

TABLE OF CONTENTS AND RESULTS

Study of medical documents and case materials

From the decree of the senior investigator of the JI in the Eastern Administrative District of the Investigative Committee of the Investigative Committee at the Prosecutor's Office of the Russian Federation for the city of Moscow Cherny K.Yu. dated 01.02.10: "... The present **criminal case was opened on November 24, 2009 by the Investigation Department in the Preobrazhensky District of the**

Investigative Department of the Investigative Committee at the Prosecutor's Office of the Russian Federation for Moscow on the grounds of crimes under Part 2 of Art. 124, part 2, article 293 of the Criminal Code of the Russian Federation, on the fact of death on 11.16.2009 at 21:50 in the intensive care unit of the surgical department of the special hospital FBU IZ 77/1 of the Federal Penitentiary Service of Russia in Moscow of the investigatively arrested Magnitsky SL, accused under part 3, 5 tbsp. 33, p.p. "A, b" part 2 of article 199 of the Criminal Code of the Russian Federation and listed by the Investigative Committee of the Ministry of Internal Affairs of the Russian Federation. By a resolution of the deputy head of the Investigative Department of the Investigative Committee at the Russian Prosecutor's Office in Moscow on December 18, 2009, the criminal case was withdrawn from the proceedings of the investigator of the investigative department in the Preobrazhensky district of the Investigative Department of the Investigative Committee at the Russian prosecutor's office in Moscow and transferred to the investigation department for "The Eastern Administrative District of the Investigative Department of the Investigative Committee at the Prosecutor's Office of the Russian Federation for Moscow ..."

When studying the available materials, the expert commission found that Magnitsky S.L. :

November 24, 2008 he was arrested and placed in the temporary detention center No. 1 of the Central Internal Affairs Directorate of Moscow; 12/02/2008 entered the Institution IZ-77/5 of the Federal Penitentiary Service of Russia in Moscow; 04/28/2009 transferred to Institution IZ-99/1 of the Federal Penitentiary Service of Russia in Moscow; 07/25/2009 transferred to Institution IZ 77/2 of the Federal Penitentiary Service of Russia in Moscow;

11/16/2009 transferred to the hospital FBU IZ 77/1 UFSIN, where he died on the same day.

The case file contains letters and appeals from Magnitsky S.L. :

From a letter from Magnitsky S.L. from 07/19/09 (vol. 3, Id 8-15): "... I myself am now feeling fine. Two weeks ago I had pains in the area just below the solar plexus, which seemed to pierce the body through and out at the back at two points at a distance of two fingers from the spine, on the ribs. But these pains were such that everyone had diagnosed me before as neuralgia, and they were not as sharp as they used to be (earlier such attacks happened once every two to three months), and, as before, they passed after I took no-shpa and spasmalgon, maybe not after 10-20 minutes, as happened before, but after 30-40 minutes ... But this time, I simultaneously had pains in the left hypochondrium and on the right, where, as I understand it, is the liver. The attacks of these pains occurred three times in 10 days, each time they started late in the evening or early at night and lasted several hours, so I couldn't even fall asleep almost until morning. The pains in the left hypochondrium were stitching, such as it happens that it hurts when you run for a long time and get out of breath, and it seems to me that the place in which it hurt was quite far from the pancreas, which local doctors told me about, and which, as I understand it, is located just below the solar plexus, almost in the center of the body, and it hurt much to my left and at the level of the solar plexus. The pains on the right side were three fingers below

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it was already two or three days after the bouts of pain I wrote about above have passed and nothing really hurt, so, from time to time, it tingles (and still tingles), but it doesn't hurt. After the study, I drank three tablets of mezim and baralgin three times a day for a week, then I did not drink anything for a

week, tomorrow I will start to drink the festival, which was recommended to me by a doctor who took me to an ultrasound. The other two doctors told me yesterday that I should not drink the festival, but rather the panzi-norm, which contains pancreatic enzymes, and today they said that I was prescribed cerucal so that after I finish taking the festival, I would drink this medicine –stvo. I'll clarify with them what I need: panzinorm or tserukal. All this time, while drinking mezim and baralgin, and when I stopped, I felt about the same. They told me that the pain can intensify if I eat something fatty or sharp. I ate fat, though not much, fat cheese - there was no change in well-being, but there was nothing sharp ... On several occasions, it seemed like a tingling on the left after I had smoked a cigarette, but that was only a few times, and I smoked several packs during this time ... Now I feel normal ... ”.

From a letter from Magnitsky S.L. from 08.13.09 (vol. 3, Id 16-17): “... My health is satisfactory, sometimes it tingles on my sides, as I wrote before, but not very much, so I don't have to drink a spur or spasmolgon . I continue to drink "Festal", it seems, nothing. But with the doctors there is a problem. For three weeks the doctor did not accept me, although I wrote both statements and complaints already. I was also assigned a control ultrasound examination in Matrosskoy Tishine, which was supposed to be performed in early August, but I can't even talk about it to the local doctors, because I haven't seen them even once, and the nurse's assistant, who sometimes comes to check in the mornings , says that they don't have any ultrasound equipment at all, and they don't even wonder why I need it and what kind of illness I have. I have vitamins, I drink them every day. Panzinorm was not given to me. The doctor in Matrosskaya Silence said that I can finish the Festal, I still have two weeks left, and then start drinking Panzinorm. I'll write a statement to allow Panzinorm, Tserukal and Creon, whom you write about, to be transferred, let Tim decide that I should drink, then pass on ... ”

From a letter from Magnitsky S.L. from 10.13.09 (vol. 3, Id 132-138): “... every night they give me an injection of no-shpa. In addition to these injections, the doctor prescribed me diclofenac, which I take one tablet 3 times a day, and nitrosorbide two tablets three times a day. I also continue to drink panzinorm three times a day, but this was prescribed to me even on Matrosskoy Tishine... My well-being has recently been satisfactory. The doctor with whom I spoke on Thursday said that the malfunctions in the area of the heart that I had last week were most likely not heart pains, but caused by intercostal neuralgia, because they were not accompanied by difficulty breathing and relieved if I raised my hand. The doctor gave me Corvalol so I could drink it if the pains recur, but I didn't have any more, so I did not drink Corvalol. For two days in a row my head hurt, but now she passed. The pancreas also does not bother much, apparently panzinorm helps. As for the ultrasound, the head of the medical unit does not say anything concrete, he only says that it is difficult to take me to Matrosskoy Tishine... I have not yet received a cardiogram either As I already wrote, my health condition is satisfactory ... ”.

From the statement of Magnitsky S.L. to the head of the Medical Unit of the Federal State Budgetary Institution FROM 77/2 Federal Penitentiary Service of Russia for Moscow on 05.10.09 (vol. 3, Id 139-141): “... I ask you to conduct my medical examination, the need for which is caused by the deterioration of my health condition which manifested itself as follows. On the night of October 2nd to 3rd, I have both, ^^ yaye ^ -b <shn. in the left hypochondrium, and pains appeared in the region of the heart, which lasted for two hours and were accompanied by vomiting. The medication I took, and Validol, did not bring significant pain relief, it turned out to be ineffective due to vomiting. Because of the pain, I couldn't

"At the morning hours." On the afternoon of October 3rd, I felt normal, alone

By midnight, I again had pains in my heart, more acute than the previous night, as well as pain in the solar plexus and vomiting. I took the medicines indicated above again, after which the pain in the solar plexus decreased, but the pain in the heart continued for several hours, which prevented me from falling asleep until about 3 a.m. In connection with the above, I ask you to conduct my medical examination, including a medical examination, an ECG examination, if necessary, prescribe treatment and give the necessary medical recommendations to improve my health, including taking the necessary medications ...".

From the record of the interrogation of the victim's mother Magnitskaya N.N. from 01.22.10 (vol. 3, Id 57-60): "... On July 25, 09, my son Sergei Magnitsky was transferred from the indicated remand prison to FSU IZ-77/2 of the Federal Penitentiary Service of the Russian Federation for Moscow. In a letter dated August 13, 2009, he wrote to me that he did not have a refrigerator, TV, hot water "and even the doctor has not been able to accept me for three weeks now, although I have repeatedly written statements about this and have already filed one complaint about this." In a letter to my sister dated August 13, 2009, Magnitsky: "But there is a problem with the doctors. I have never seen the local doctors here, and the feldsher, who sometimes comes to check in the mornings, says that they don't have an ultrasound, and don't even wonder why I need it and what kind of illness I have." 09/03/09 I was at a reception at the head of the medical unit of the Federal State Budget Institution IZ-77/2 ... Kratov with an extract from the Federal State Institution IZ-99/1 ... stating that on July 01, 2009 my son underwent an ultrasound scan. In this case, "calculous cholecystitis" was diagnosed. A surgeon assigned a follow-up ultrasound in a month and planned surgical treatment. Routine surgical treatment implies that he should have been prepared for surgery. Kratov, in turn, was outraged that S. Magnitsky transferred to FBU IZ-77/2 ... where there is no way to do an ultrasound. Kratov also explained to me that ... The issue will be resolved within 3 weeks. He said the same thing to S. Magnitsky. I turned to Kratov with a request to make S. Magnitsky ECG and listen to the heart, to which Kratov replied that they don't have an ECG, but don't have a cardiologist ... It's extremely difficult to get an appointment with a doctor or pass medication, as this can be done only once a week for two hours -sov ... at the next visit, I asked the doctor to do Magnitsky S.L. ECG. She said that it's possible to do, but there's no one to decipher ... medicines: panzinorm, aspirin, arbidol, validol, vitrum. However, during the week they were not transferred to him ... S. Magnitsky. Diclofenac was prescribed in 2 tablets. 3 times a day, which is contraindicated in his illness, and even in such large doses. Magnitsky S.L. I asked through lawyers if he could be accepted. I asked to transmit to Magnitsky S.L. I didn't take this medicine, but I don't know for how long he could take this medicine ... "

From the minutes of the interrogation of the witness T. Rudenko from 10.20.09 (vol. 3, Id 5-7): "... Magnitsky S.L. is my own nephew. About the detention I was recognized on November 27, 2008. My husband, Timur Yusufovich Huseynov, is a resuscitating doctor ... all his relatives turned to him for advice in the field of medicine. Magnitsky S.L., as far as I know, did not turn to him and did not complain about any chronic diseases. In January 2009, I began to correspond with S. Magnitsky ... there were no complaints about his health. At the same time, Magnitsky S.L. contained in the Federal State Budgetary Institution FROM 77/5 UFSIN of Russia in Moscow. In June 2009, I learned from S. Magnitsky's wife - Zharikova N.V. and from his mother - Magnitsky N.N., that the health of Magnitsky S.L. worse and pains appeared. At the same time, Magnitsky S.L. was in FB

so that my husband ... makes more specific recommendations. On July 19, 2009 I received from Magnitsky S.L. a letter in which he described in detail the nature of the pains, their localization and duration, and also described the methods of his ... examination, the diagnosis of inflammation of the pancreas that he was given, and the methods of treatment. The letter also contained the names of the drugs used to treat it. Then I showed a letter to my husband ... who agreed with the diagnosis ... and also with the drugs that were prescribed ... explained that there are more modern drugs for effective treatment, and also a certain diet is needed. After which I wrote a letter with the above recommendations ... In my next letter, S. Magnitsky. indicated that he received my letter on August 10, 2009, that is, he received recommendations in 20 days. All this time he did not know what kind of diet to adhere to him and how to eat. The next letter from Magnitsky S.L. I received October 13, 2008 (such an entry), but I would like to note that the letter was written on August 13, as evidenced by the postmark. In this letter, Magnitsky S.L. describes that he continues to drink the medicine - "Festal", and also that the doctor did not examine him for three weeks, despite the fact that he wrote statements and complaints. Also Magnitsky S.L. noted that the ultrasonic study, which was scheduled in August, has not yet been made, and also asks him to pass on the medications recommended by T. Huseynov ... Letter from Magnitsky S.L. of August 13, 2009 was the last ... I also want to add that in September 2009, being at the hearing of the court, I found out that S. Magnitsky, who was at that time in the FBU IZ 77/2 ... was experiencing severe bouts of pain, during one of these bouts, which lasted about five hours, the prison doctor prescribed Deklofenak, which he had to take two a day. Upon learning about this, my husband ... recommended not to take it, since this drug is contraindicated in the disease that suffered from Magnitsky S.L., which I tried to tell him about. I also want to transfer to the investigating authorities copies of letters from the correspondence with S. Magnitsky ... for ... presenting them during a forensic examination of the corpse of Magnitsky S. ...".

From the minutes of the interrogation of witness P. Borovkov from 12.01.10 (t. 3, Id 94-96): "... My duties include: being at the assembly point during the delivery of detainees, conducting personal searches of the delivered persons, as well as those held in jail ... November 16, 2009, I was at my workplace at the Federal State Budgetary Institution IZ-77/1 ... at about 19 hours ... Magnitsky S.L. was delivered ... was placed in an assembly point (assembly department). On the premises in the prefabricated compartment Magnitsky S.L. began to behave inadequately: to shout loudly, not to comply with the legal requirements of the administration of the institution. The assembly point was also attended by officers on duty ... On Magnitsky S.L. it was decided to handcuff and then call a psychiatric ambulance, since Magnitsky S.L. it became bad ... After that, Magnitsky S.L. was taken to the hospital building for medical care ...".

From the protocol of interrogation of witness Bazayev V.E. dated December 29, 2009 (vol. 3, Id 97-99): "... At about 4 pm on November 16, 2009 ... a convoy platoon from FBU-77/2 ... to FBU-77/1. ... Magnitsky S.L. was delivered ... In accordance with the job description, I had a conversation with the new arrivals ... orally. During the conversation, Magnitsky S.L. explained that he had entered ... for further placement in the hospital block FBU-77/1 ... After some time - 30-40 minutes, a reserve group was called up due to the fact that S. Magnitsky, who this time he was in the office of the assistant doctor on duty in a local fence, he began to behave inappropriately: he did not obey the requirements, a decision was made to exclude injuries as the Magnitsky staff put on ... Magnitsky SL special tool - | oily nadera ... After that the Mage

a chamber (chamber of a prefabricated compartment), in which ... there was one. DPNSI it was decided, taking into account the current situation, to call a psychiatric ambulance ... 16.11.2009 the call center operator called me and explained that S. Magnitsky it became bad and he was taken to building no. 7 - the hospital department of FBU-77/1 ... ”

From the minutes of the interrogation of witness A.Pluzhnikov from 01/19/10 (vol. 3, Id 103–105): “... In my official duties, I am in charge of ... inspectors in a separate corps department number 7 (special hospital). On November 16, 2009, I was at my workplace in the building of the special hospital No. 7. At about 21:00, the operator called my office phone and informed me that a remand prisoner was sent to separate building No. 7, who is in a heavy – distances. Further, the indicated arrested arrested was lifted to the emergency department by elevator to the 5th floor, where Gaus A.V. began his examination. At about 21 hours 00 minutes ... Markov D.F. called and ordered to draw up a report on the death of the investigator 'arrested ... After I compiled this report, I proceeded to the intensive care unit, where I signed the death certificate ...”.

From the minutes of the interrogation of witness Markov D.F. from 19.01.10 (vol. 3, Id 106-109): “... My job responsibilities include: implementing general management and organizing the work of the pre-trial detention center in the absence of the chief ... 11/16/2009 at approximately 19 about 30 hours I received a signal from the precast department of the Federal State Budget Institution IZ-77/1 ... that the investigative arrested ... Magnitsky ... delivered to the specified detention center ... was behaving inappropriately. I immediately arrived at the prefabricated department and saw that in the hands of S. Magnitsky there is a medical couch ... I, as well as the rest of the staff tried to calm Magnitsky S.L. and asked him to put the couch back on the floor. I also noticed that Magnitsky S.L. unconnected speech, and he does not quite adequately perceive the environment. What specifically said Magnitsky S.L., I ... did not remember. The surgeon on duty, Gaus, decided to call a psychiatric ambulance. I ... instructed subordinates ... to put on S. Magnitsky special means - handcuffs for his subsequent escort to the cell No. 4 (separate box). At the same time, I noticed that Magnitsky S.L. I already have traces of handcuffs on my hands ... At 8 p.m. on 11.16.2009 ... I received a report ... that S. Magnitsky calmed down and behaves appropriately. I ordered that S. Magnitsky handcuffs were removed, this instruction was executed ... At about 20 hours 10 minutes 11.16.2009 ... they reported that an ambulance arrived ... Between 20 hours 15 minutes and 20 hours 20 minutes 11.16.2009 they told me on duty that Magnitsky S.L. became ill, and the on-site surgeon Gaus decided to urgently hospitalize S. Magnitsky. in the intensive care unit for medical care. I immediately went down to the prefabricated ward and went to the cell in which Magnitsky S.L. was and was convinced that he was being taken to the intensive care unit. Handcuffs on Magnitsky S.L. they didn't put on at the time of transportation, as he was in an unconscious state, and he was transported on a stretcher ... At 20 hours 50 minutes November 16, 2009 ... Gaus A.V. called and reported that Magnitsky S.L. died...”.

From the minutes of the interrogation of the witness Larin A.E. from 19.01.10 (vol. 3, Id 110-112): “... My duties include photographing, obtaining samples of papil- divisions. Then, for no apparent reason, Magnitsky S.L. began to behave not to swear by obscene abuse, began to pick up a day-bed, standing nskim SL doctors at that time were talking at that time; A.V. and

paramedic Semenov. Also in the kama] 5ë ??? ^ ПН1 instruction ... apply to Magnitsky S.L. special tool – handcuffs

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the latter in solitary confinement No. 4 ... at that time I was next to the indicated chamber and watched S. Magnitsky. After some time, Magnitsky S.L. calmed down, I reported this to the DPNSI to Markov D.F., and he gave instructions to remove S.L. Magnitsky. handcuffs. After some time, Magnitsky S.L. said that he became ill, with specific symptoms Magnitsky S.L. didn't tell me. I immediately went after the paramedic Semenov ... ".

From the minutes of the interrogation of the witness E. Vorobyova dated December 29, 2009 (vol. 3, Id 100-102): "... I have been in the position of nurse of the surgical department of the hospital of the Federal Hospital 77/1 ... from 2002 to the present. My job responsibilities include: following the directions and appointments of a doctor, monitoring resuscitation patients. 11/16/2009 from 08:30 a.m. I was at my workplace in FBU-77/1 ... On the same day - 11/16/2009 after 18:00 (exact time ... I don't remember) in the intensive care unit of the indicated hospital Magnitsky S.L. was delivered, who was in an unconscious state. With Magnitsky S.L. the surgeon on duty Gaus and the therapist on duty Nafikov rose. Magnitsky S.L. transferred to a hospital bed, where they began to undergo resuscitation procedures: an Ambu bag was used, injections of adrenaline and atropine were given. These procedures were directly carried out by Gauss and Nafikov, and I assisted them, in particular, collected syringes for injections. The indicated procedures were carried out for 30 minutes, with Gaus and Nafikov doing Magnitsky S.L. Indirect massage. However, no improvement in S. Magnitsky's condition not observed. Soon after the above procedures, the biological death of S. Magnitsky was recorded. Question from the investigator: was Magnitsky S.L. wearing handcuffs during his delivery to the intensive care unit? Witness answer: At the time of the delivery of Magnitsky S.L. he was not wearing handcuffs in the intensive care unit, but there were traces of handcuffs on his wrists, and the traces of the handcuffs were not fresh. In the intensive care unit Magnitsky S.L. I didn't come to consciousness ... ".

From the extract from the medical history No. w / n dated 11.16.09 on the letterhead of the hospital of the medical unit of the Federal State Institution IZ-77/2 of the Federal Penitentiary Service of Russia in Moscow (vol. 3, Id 224): "... Surgeon examination: (time not indicated) Complaints of pain in the epigastric region on the right after eating. Ob-but: the general condition is satisfactory. The skin is of normal color. Breathing in the lungs vesicular on both sides, no wheezing. Heart - tones are clear, rhythmic. Pulse 72. NPV 18. HELL 120/80. 1 36.8 °. The tongue is clean, moist. The abdomen is soft, slightly painful in the epigastric region, there are no symptoms of peritoneal irritation. The liver along the edge of the costal arch, the usual consistency, is painless. Stool, urination within normal limits. Dz: hr. pancreatitis in the acute stage. Conclusion: an ambulance team was called for emergency hospitalization in a special hospital at FBU IZ-77/2 for examination and clarification of the diagnosis. Surgeon Khizriev M.Kh. "

From the ambulance call card (t. 3, Id 165-167): "... order number 904253, brigade 65/10, post 3, arrived on 11.16.09 at 20:00 on call, adopted at 19:30, an occasion: voices, excited, disoriented. Arrival at the gate at 20:00. Restricting access to the territory ... (the word is not legible). Upon arrival at MSC at 21:20, staff reported that the patient had died. The senior doctor of operas, department, has been notified. Dz: the patient died before the arrival of the ambulance ... ".

From the expert's opinion (corpse examination) No. 2052, produced from 11/17/09 (10: 00-11: 00) to 12/29/09 in the room of the Tanatological Department No. 11 of the Bureau of SME DZM by the forensic expert A. Borzova (experience of up to one year of expert work) (t. "■■■ The following questions were posed to resolve the examination: 1. What-

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to perform any independent actions (move, scream, etc.)? 6. Did the victim take alcohol shortly before death, and in what quantity? 7. What is the blood group affiliation? 8. What is the cause of death? When did death come? The circumstances of the case. From the decision on the appointment of the examination, issued on November 17, 2009, Art. as an investigator of a JI in VAO SU SK under the prosecutor's office of the Russian Federation for Moscow, a class 2 lawyer Cherny K.Yu., it is known that "on 11/16/2009 at approximately 21 hours and 50 minutes in the intensive care unit of FBU IZ-77/1 ... found the body of Magnitsky S.L. (the diagnosis is cholelithiasis, acute cholecystitis, acute pancreatitis) ... ". From the protocol of the inspection of the scene, compiled on November 17, 2009, Art. an investigator of the CO in the Eastern Administrative District ... a

class 2 lawyer Cherny K.Yu. (inspection started at 00:30, finished at 00:55), it is known that the corpse is located at the above address. "... **A corpse was found on the bed ... The corpse lies on its back, hands lie along the body, legs are extended. The corpse has black underpants and black socks. There are circular abrasions in the wrists. No other point damage was found on the corpse ...** " From the death certificate issued by FBU IZ-77/1 ... dated November 16, 2009 it is known that: "Department: PIT surgery. The attending physician is a captain of vn. Gaus A.V. service ... We state the death of Sergei Leonidovich Magnitsky, born in 1972, which arrived on November 16, 2009 at 21 hours 50 minutes. Cause of death: Toxic shock. Acute cardiovascular failure. Diagnosis: cholelithiasis. Acute calculous cholecystitis. Acute pancreatitis. Pancreatic necrosis? Acute psychosis. CCMT? No signs of violent death have been identified. There are no yellow metal teeth in the oral cavity. Traces of injections are the result of treatment No other information was available at the time of the study.

EXTERNAL RESEARCH. On the right upper limb of the corpse and on the left lower limb there is one tag with the record of employee 11 of the Tanatological Department :. "2052 Magnitsky 185". On the right upper limb there is a tag with the record of an employee of the Service for the Transport of Dead and Died Citizens ... Magnitsky Sergey Leonidovich. On the outer surface of the right lower limb there is a record of diamond green: "IZ-77/1 Magnitsky S.L. "Born 1972, Death 21:50 16 / X1 09". The following clothing was removed and investigated from the corpse: navy blue cotton underpants, black cotton socks. All things are worn in the correct order; average wear, damage and pollution were not found. The corpse of a man of proper physique, satisfactory nutrition, body length 185 cm. The skin is pale gray, dry, moderately elastic, cold to the touch in all areas. Rigor mortis is well expressed in the muscles of chewing muscles, in the muscles of the neck and limbs. **Cadaverous spots are plentiful, bluish-violet, spilled, located on the back of the neck, trunk, upper and lower extremities, when pressed with a finger, they disappear and restore their original color after 8 minutes. No damage to the scalp was found. The bones of the facial skeleton, cartilage of the nose to the touch are intact.** Eyes closed. The mucous membrane of the eyelids is whitish yellow. The cornea is dull, translucent, the pupils are round, isometric, and 0.4 cm in diameter. The external auditory canals, nasal passages, and oral cavity are free and clean. The mouth is closed, the tongue in the oral cavity, behind the closing line of the teeth. The transitional border of the lips is cyanotic dried up. The mucous membrane of the vestibule and the oral

cavity is bluish-gray, without damage, the frenulum of the lips without hemorrhage and damage. The teeth are natural, whole, there are no traumatic injuries of the teeth, teeth under the crowns of yellow metal were not found. The neck is formed correctly, in proportion to the body. The chest is cylindrical, symmetrical, the ribs to the touch are intact. The abdomen is slightly below the level of the costal arches. In the right iliac region there is an oblique-horizontal, oriented from left to right and from below 7.0×0.7 cm, grayish-whitish somewhat retracted after operation & soldered to the underlying soft tissues. Exudation to the external genital organs is formed correctly, without the release of pus and ulcers. The glans penis is smooth, without ulcers and scars. On faith Same 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st 32nd 33rd 34th 35th 36th 37th 38th 39th 40th 41st 42nd 43rd 44th 45th 46th 47th 48th 49th 50th 51st 52nd 53rd 54th 55th 56th 57th 58th 59th 60th 61st 62nd 63rd 64th 65th 66th 67th 68th 69th 70th 71st 72nd 73rd 74th 75th 76th 77th 78th 79th 80th 81st 82nd 83rd 84th 85th 86th 87th 88th 89th 90th 91st 92nd 93rd 94th 95th 96th 97th 98th 99th 100th

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the urethra, there is no discharge from it ... The anus is closed, the skin around it is not dirty or damaged. The bones of the limbs are intact to the touch.

DAMAGE. On the right upper limb in the projection of the wrist joint, a circulatory unevenly expressed bluish-violet bruise with clear borders, the width of the entire length of 0.7 cm; the surrounding soft tissues are somewhat swollen, slightly swollen. On the left upper limb in the projection of the wrist joint a circulatory located, sometimes intermittent bluish-violet bruise, with a width of 0.5 to 1.0 cm; the soft tissues around are somewhat swollen, slightly swollen, the borders of the blood line are clear; Against the background of the bruises described above, there are multiple strip-like horizontally abrasions ranging in size from 0.7x0.3 to 1.0x0.4, their surface is reddish-brown, dried up, and slightly sinks relative to the level of the surrounding skin; the borders of abrasions are clear. On the back surface of the left hand, in the projection of the metacarpal bone of the 5th finger, there are two similar types of abrasions of rounded shapes, 0.7 cm in diameter, their surface is reddish-brown, dried up, somewhat sagging relative to the level of the surrounding skin; the borders of abrasions are clear. On the back surface of the left hand in the projections of the heads of the metacarpal bones of the 2nd, 3rd, 4th fingers, a round-shaped bluish-violet blood-bruising in diameter of 0.8 cm was found; soft tissues are slightly swollen, slightly swollen, their boundaries are clear. On the anterior surface of the left tibia in the upper third, an oval-shaped abrasion 2.3 x 1.7 cm in size is vertically located, its surface is reddish-brown, dried up, and somewhat sinks relative to the level of the surrounding skin; abrasion borders are clear. On the inner surface of the right lower limb in the projection of the ankle joint, purple was found with a greenish tint around the periphery of the rounded bruise in diameter of 2.0 cm; its borders are fuzzy. In the underlying soft tissues in the projection and the lesions described above, there are shiny dark red hemorrhages with a thickness of 0.3 cm to 0.8 cm, with the exception of bruising on the inner surface of the right lower limb in the projection of the ankle joint, where hemorrhage dull, dry, reddish-brown in color, up to 0.1 cm thick. No other injuries were found during external examination of the corpse.

INTERNAL RESEARCH. The test for air embolism is negative. The inner surface of the soft tissues of the head is moist, shiny, gray-pink, without hemorrhages. The temporal muscles are grayish-red, moist, shiny, without hemorrhage. The bones of the cranial vault are not damaged. There is no blood between the bones of the skull and the dura mater. The dura mater is not tense, not damaged, grayish-whitish, smooth, shiny leaves freely from the bones of the skull, liquid dark red blood in the sinuses, no hemorrhages above and below it. Between the membranes of the brain, blood, fluid and adhesions were not found. The pia mater is smooth, shiny, transparent, moderately full-blooded, without hemorrhage, under it is a small amount of a clear, slightly yellowish liquid. At the level of the frontal and

parietal lobes at the interhemispheric fissure, it is focally thickened, grayish, opaque due to multiple friable granulations. The relief of the brain is uniformly expressed throughout. The substance of the brain in the sections is brilliant, with a clear anatomical pattern of the structure, the border of gray and white matter, does not stick to the knife. An abundant amount of liquid blood appears in the form of dots and strips drawn by the knife edge on the surface of the cuts from the gaps of the cut vessels. The lateral ventricles are slit-like, symmetrical, not a small amount of light transparent cerebrospinal fluid; in the third and even-trace of a transparent, light cerebrospinal fluid, no blood was found, internal -> Ж Ж й <??, C1b л fluttering. The vascular plexuses of the ventricles of the cluster, amyloid, fine-grained. The nuclei are light gray, the borders of the nuclei

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No areas of the brain have foci of softening, hemorrhage and cysts. Cerebellum on a section with a clear pattern of the structure, the border of gray and white matter, without hemorrhages. The vessels of the base of the brain are formed correctly, convoluted, with a moderate amount of dense whitish plaques on the inner surface. The pituitary gland is soft – elastic, with a bluish-gray section, without hemorrhage. Brain weighing 1400 g. The dura mater was removed from the bones of the base of the skull; the bones of the base of the skull are not damaged. The soft tissues of the neck, chest and abdomen were opened and examined in layers. **No hemorrhage was detected in the tissues.** The organs of the thoracic and abdominal cavities are located correctly. In the cavities of fluid, blood, there are no adhesions. The liver does not protrude from under the costal arch. The thickness of the subcutaneous fat on the front surface of the chest is 1.2 cm, on the abdominal wall is 3.5 cm. The parietal pleura and parietal peritoneum are smooth, shiny, moist, yellowish-gray. The standing height of the right dome of the diaphragm corresponds to 4 ribs, left 5th intercostal space. The stomach and loops of the intestines are not swollen, their surface is smooth, whitish-gray. The peritoneum is wet. The mucous membrane of the tongue is grayish-reddish with well-defined papillae, in the root of the tongue in the projection of the sublingual vein a punctured puncture wound with smooth edges was found, in the muscles it corresponds to a dark red shiny hemorrhage measuring 0.2 x 0.2 cm; Outside the described hemorrhage, the muscle in the section is gray-brown, without hemorrhages and cicatricial changes. Damage in the frenum of the tongue was not found. Entrance to the larynx and esophagus is free. **The hyoid bone and cartilage of the larynx are intact, the soft tissues around without hemorrhage.** Thyroid gland: left lobe with dimensions 5.0x1.8x1.5 cm, right lobe with dimensions 5, 0x 1.8x1.5 cm, dense-elastic consistency, dark red, fine-grained in the section. In the esophagus a small amount of grayish-blackish mucus, its mucosa is gray, moist, shiny, folded. The lumen of the trachea is free, in the lumen of the main bronchi a small amount of transparent mucus. The mucous membrane of the trachea and bronchi is gray, shiny. **The pulmonary pleura is smooth, shiny, not thickened, without hemorrhage** under it. The lungs completely occupy the pleural cavities, covering the organs of the mediastinum, test-air to the touch. The mass of the right lung is 550 g, the left is 600 g. The lung tissue in the section is dark red, without focal changes ^ a large amount of dark red blood and pink foamy liquid flows from the surface of the sections. The walls of the bronchi are somewhat thickened, their ends cut above rise to the surface of the incisions up to 0.3 cm, with pressure on the lung tissue there is no discharge from their lumen. The lumen of the pulmonary arteries and veins is free. Weight of the right lung 550 g, left 500 g (such a record). **Under the rib pleura, no hemorrhage was detected.** Lymph nodes of the roots of the lungs are not enlarged, to the touch of a dense-elastic consistency; on a section of gray-black color, without hemorrhage. **In the tissue of the anterior mediastinum, no hemorrhage was detected.** In the

cavity of the heart shirt about 20 ml of a transparent slightly yellowish liquid, its inner surface is smooth whitish. The heart is irregularly conical in shape, measuring 13.0 x 11.0 x 3.5 cm, weighing 400 g, flabby, the tip is rounded, the epicardium is thin, transparent, shiny, under it a large amount of adipose tissue. The ears of the atria are free. The oval window of the interatrial septum is overgrown. The thickness of the myocardium of the left ventricle is 1.8 cm, the right is 0.5 cm. The myocardium is flabby, dark red with an uneven yellowish tint, dull. The endocardium is pale gray, translucent, smooth. The valve flaps are thin, smooth, shiny, not spliced, the chords are thin, long. The perimeter of the aortic valve is 7.5 cm, the pulmonary artery is 8.5 cm, the bicuspid valve is 11 cm, the tricuspid valve is 13.5 cm. The papillary and trabecular muscles are slightly enlarged. The cavities of the heart are sharply expanded, they contain liquid dark red blood. The type of blood supply to the heart is mixed. The intima of the coronary arteries is pale yellow, smooth, shiny, somewhat unevenly thickened. The perimeter of the ARTA is at the level of the aperture of the diaphragm 4.5 cm. Intima of the aorta, celiac STVSh®ТНѠНШЗДЙ ^ of the mesenteric arteries are pale yellow, shiny with moderate, ethical, grayish-yellow spots. Clearance of the lower hollow; veins

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her intimacy is pale gray, smooth, brilliant. Spleen 14.0 x 6.0 x 3.0 cm in size, 100 g in weight, flabby, wrinkled capsule, gray, splenic dark red in section, without scraping. The adrenal glands are irregularly triangular in shape, with a clear boundary between the yellow cortical and semi-fluid brown medulla. The fibrous capsule of both kidneys is removed easily, exposing the red-brown smooth surface. Kidneys: right 12.5x5.5x3.0 cm, weight 120 g, left 12.0x5.0x3.0 cm, weight 115 g. The tissue of the kidneys in the section is red-brown, with a clear border between the cortical and medulla. The pyelocaliceal apparatus is not expanded. The mucous pelvis is gray-yellow, smooth, without hemorrhage. The ureters are passable throughout. The bladder is empty, folded mucosa, shiny, gray. In the stomach about 300 ml of liquid dark gray contents, its mucous membrane is gray, folding is well defined. The pylorus pass, in the duodenum 12, a grayish-yellowish liquid mass. In the gall bladder, about 10 ml of greenish-brownish bile. The mucous membrane of the gallbladder is whitish-grayish, somewhat thickened and thickened to 0.4 cm, moist, smooth, grayish-whitish. In the cavity of the gallbladder, multiple stony density yellowish-greenish formations with a rough surface ranging in size from 0.5x0.5 to 1.0x1.0 cm were detected. Liver measuring 28.0x16.0x19.0x8.0 cm, weighing 1800 g, tan dense to the touch, the surface is smooth, the lower edge is pointed. On a section the liver tissue is brownish-yellow, dark liquid blood flows from the cut vessels. The pancreas is located retroperitoneally in the form of a tightly elastic cord, measuring 20.0 x 5.0 x 5.5 cm, in section with a pronounced large and medium lobation, grayish with a yellowish tinge, without hemorrhage. The appendix is absent; in the place of its former location, an overgrowth of grayish-yellow tissue is noted. In the small intestine, a semi-liquid yellowish mass. In the colon, semi-formed greenish-brown feces in moderation, without pathological impurities. The intestinal mucosa throughout is gray, folded, shiny, serous, transparent, smooth, shiny. The prostate gland is of dense-elastic consistency, the incision is pale gray, fibrous. The testicles on the incision are yellowish, the seed threads stretch. The bones of the skeleton are intact. No odors were felt from the cavities and organs of the corpse. Blood and kidney are sent to a forensic chemical study to determine alcohol. Blood and internal organs (kidney, liver, stomach, and small intestine) are directed to a forensic chemical study to determine drugs, sleeping pills, and small tranquilizers. Pieces were sent for forensic histological examination: brain - 1, lung - 1, heart - 3, liver - 1, pancreas - 1. Blood was sent to the biological department to determine group affiliation. Pieces of organs are left in the histarch archive (brain, lungs,

heart, coronary artery, liver, kidney, spleen, thyroid gland, pancreas). A photograph was taken of the damage to the corpse by a digital camera ...

FORENSIC DIAGNOSIS. Underlying disease. Secondary cardiomyopathy: dystrophy and myocardial hypertrophy (heart weight 400 g, thickness of the left ventricle 1.8 cm), a sharp expansion of the cavities of the heart, obesity of the epicardium. Complications of the main disease. Plethora of internal organs, swelling of the soft meninges and the substance of the brain, pulmonary edema, liquid state of the blood. Concomitant diseases. Calculous cholecystitis. Fatty degeneration of the liver. Fibrosis of the meninges. Lipomatosis of the aorta and its large branches. Pancreatic lipomatosis. Bruising and abrasions of the upper limbs. Bruising and abrasion of the left lower end of the cavity. A salted wound of the root of the tongue in the projection of the hyoid vein. The condition after a long interventions is appendectomy.

E ^ dannoprV) ^ yes {body9, e. = Medical certificate of death ... a) acute cardiac non- 142 142).

.рпба ^^ и ^ 'e1жрб: chemical research No. 16377-g: in the blood and kidney from a corpse ^ silt and propyl alcohols were not found ...

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On December 2, 2009, the conclusion of the forensic histological study No. 14519 was received. Extract from the conclusion of the expert of the forensic histological study. The pancreas - the structure is preserved, there is an increase in adipose tissue between the lobules and inside the lobules, a slight thickening and fibrosis of the duct walls. Histodiagnosis. Secondary cardiomyopathy: proliferation of adipose tissue around the vessels, under the epicardium and between bundles of muscle fibers, alternating sections of several hypertrophied cardiomyocytes and thinned and wave-like deformed cardiomyocytes, sections of fragmentation of muscle fibers, perivascular cardiosclerosis. Marked hemocirculatory changes in the studied organs with small focal subarachnoid hemorrhages and hemorrhages in the myocardial stroma from clearly contoured red blood cells without a perifocal cell reaction. Pulmonary edema with a hemorrhagic component. Cerebral edema. Fatty hepatosis. Chronic active persistent hepatitis. Pancreatic lipomatosis. Poor perivascular and peribronchial pneumosclerosis. Fibrosis of the pia mater. SME Shakhina M.Yu.

... On December 28, 2009, the conclusion of the forensic chemical study No. 4732-x / 16377-g was received. In the stomach, liver, and kidney, studied separately, no derivatives of barbituric acid, morphine, codeine, dionine, heroin, hydrocodone, promedol, elenium, tazepam, seduxen, chlorpromazine, tizercin, triftazin, majeptil, diprazine were found, imizine. No morphine and its derivatives were found in the blood. Expert chemist Taranukha E.S.

... FORENSIC DIAGNOSIS (specified, after receiving the results of additional research methods).

Underlying disease. Secondary cardiomyopathy: myocardial dystrophy and hypertrophy (heart weight 400 g, left ventricular thickness 1.8 cm), a sharp expansion of the heart cavities, obesity of the epicardium (histologically - the growth of adipose tissue around the vessels, under the epicardium and between the bundles of muscle curl, alternating sections of several hypertrophied cardiomyocytes and thinned and wave-like deformed cardiomyocytes, fragments of fragmentation of muscle fibers, perivascular cardiosclerosis). Complications of the underlying disease. Anemia of the internal organs, swelling of the soft meninges and brain matter, pulmonary edema, a liquid state of the blood.

Accompanying illnesses. Calculous cholecystitis. Fatty degeneration of the liver. Fibrosis of the meninges. Lipomatosis of the aorta and its large branches. Pancreatic lipomatosis. Chronic active persistent hepatitis. Bruising and abrasions of the upper limbs. Bruising and abrasion of the left lower limb. Puncture wound of the root of the tongue in the projection of the hyoid vein. The condition after a long-standing surgery is appendectomy.

A final death certificate was issued in exchange for the preliminary ...

1. a) acute heart failure b) cardiomyopathy (I42.9)

CONCLUSIONS. 1. The death of citizen of Magnitsky Sergei Leonidovich, 37 years old, occurred in 12-15 hours, according to the severity of cadaveric phenomena at the time of the forensic medical examination of the corpse in the section hall of the Tanatology Department No. 11 at 10 hours and 10 minutes dated November 17, 2009 from acute heart failure that developed as a result of secondary cardiomyopathy - pathological changes in the heart muscle, as evidenced by morphological signs (dystrophy and myocardial hypertrophy, a sharp expansion of the cavities of the heart, obesity of the epicardium), and histological examination data (growth of adipose tissue around blood vessels, under the epicardium and between bundles of muscle fibers, alternating sections of several hypertrophied cardiomyocytes and thinned and wave-like deformed cardiomyocytes of fragmentation of muscle fibers, perivascular carda. ^^ =

2. During a forensic medical examination of a corpse, discover abrasions on the back surface of the left hand in the projection of the metacarpal 6th ® 1 and the lesions on the back of the left hand in the projections of the head

I 1

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3rd, 4th fingers; abrasion on the front surface of the left lower leg, bruising on the inner surface of the right lower limb in the projection of the ankle joint, which arose as a result of the shock and sliding action of a blunt solid object (s), shortly before death (except for bruising on the internal surfaces of the right lower limb in the projection of the ankle joint, which arose 3-6 days before the onset of death), which have signs of intravitality, and these injuries in living persons do not entail they are not a temporary disability or insignificant permanent loss of general disability and are not regarded as harm to health, they are not in a cause and effect relationship with death;

- bruising on the right and left upper limbs in the projection of the wrist joints; abrasions due to bruising in the projection of the right and left wrist joints occurred as a result of the squeezing and sliding action of a blunt hard object (s) with a limited traumatic surface, shortly before death, have signs of intravitality and these injuries in living persons do not entail a temporary disability or insignificant permanent loss of general disability and are not regarded as harm to health; they are not in a cause and effect relationship with death.

A puncture wound was also found in the root of the tongue in the projection of the hyoid vein, showing signs of intravitality, which was formed from the action of a sharp stitching object - a medical needle, as indicated in the death certificate issued by the Federal State Budgetary Institution IZ-77/1 of the Federal

Penitentiary Service of Russia for Moscow, and, being a necessary medical manipulation, a forensic medical assessment of the severity of harm to health is not subject.

3. After receiving the above injuries, the victim could have committed any active actions for an indefinite long time.

4. A bruise located on the inner surface of the right lower limb in the projection of the ankle joint appeared 3-6 days before the onset of death; it is not possible to establish the sequence of causing all other injuries because they were received in the same short the period of time until death.

5. During a forensic chemical study in the blood and kidneys from a corpse, ethyl, methyl and propyl alcohols were not detected.

6. In a forensic chemical study in the stomach, liver, and kidney, examined separately, no derivatives of barbituric acid, morphine, codeine, dionine, heroin, hydrocodone, promedol, elenium, tazepam, seduxen, chlorpromazine, tizercin, triftazine, mazeptyl were found diprazine, imizine; in the blood of morphine and its derivatives is not detected.

7. Blood was sent to the biological department to determine the group affiliation ...".

From the expert's opinion (forensic histological study) No. 14519, produced from 11/27/09 to 12/02/09 by forensic expert Shakhina M.Yu. (work experience 15 years) (t. 3, Id 129): "... Histological preparations were examined in an amount of 7, stained with hematoxylin and eosin. Brain (1) - in the presented preparation, a fragment of the cerebral cortex with a fragment of unevenly fibrosed pia mater, there is an expansion and plethora of cerebral vessels and pia mater with erythrosthesis in them, a moderately expressed expansion of perivascular and pericellular spaces; slight swelling and dis-

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mural arteries are not thickened, their lumen is not narrowed; there are alternating sections of a few hypertrophied cardiomyocytes and thinned and wave-like deformed cardiomyocytes. There are sites of fragmentation of muscle fibers. Dilation and plethora of stromal vessels is noted, in separate vessels there are fibrin thrombi. In the stroma, there are single small focal hemorrhages from clearly contoured red blood cells without a perifocal cell reaction. In one of the drugs, mild sclerosis of the endocardium is noted. Mild (1) - in the presented preparation, there is a sharp expansion and plethora of stromal vessels and interalveolar partitions, filling of some alveoli with a homogeneous edematous fluid mixed with contaminated red blood cells; around the bronchi and blood vessels there is a slight proliferation of connective tissue. Liver (1) - in the presented preparation, focal large-vacuole hepatocyte infiltration, mild connective tissue growth in triads with pronounced lymphohistiocytic infiltration of them, with an admixture of neutrophils and single eosinophils, are noted; in the lumen of individual ducts - neutrophils, the walls of some ducts are infiltrated by neutrophils. There is plethora of sinusoids and central veins. Cholestasis. The capsule of the liver is fibrosed, without overlay. Pancreas (1) - in the presented preparation, the structure structure is preserved, there is an increase in adipose tissue between the lobules and inside the lobules, a slight thickening and fibrosis of the duct walls, a mild growth of connective tissue around the ducts and blood vessels, a sharp expansion and plethora vessels of the stroma. G isst diagnosis. Secondary cardiomyopathy: the growth of adipose tissue around the vessels under the epicardium and between bundles of muscle fibers, alternating sections of several hypertrophied cardiomyocytes and thinned and wave-like deformed cardiomyocytes, sections of muscle

fiber fragmentation, perivascular cardiosclerosis. Marked hemocirculatory changes in the studied organs with small focal subarachnoid hemorrhages and hemorrhages in the stroma of the myocardium from clearly contoured red blood cells without perifocal cell reaction. Pulmonary edema with a hemorrhagic component. Cerebral edema. Fatty hepatosis. Chronic active persistent hepatitis. Pancreatic lipomatosis. Weakly expressed perivascular and peribronchial pneumosclerosis. Fibrosis of the pia mater. SME Shakhina M.Yu. December 2, 2009 ... ".

From the medical record No. w / n, on the title, the seal of the institution FGU IZ-77/5 (the date of the beginning of its compilation 02.12.08) addressed to Magnitsky SL, born in 1972: "... Examination of the doctor on duty : Height 181 cm, weight 105 cm, skin clean, sanitization passed. Pediculosis - ab3; tuberculosis, Botkin, HIV infection, syphilis - neg. No injuries were found at the time of inspection. Diagnosis: almost healthy.

03/16/09: complaints of weakness, runny nose, sore throat, cough, headache. A state of moderate severity ... The pharynx is hyperemic. In the lungs, vesicular breathing, no wheezing. Heart - clear, rhythmic tones, heart rate 80. HELL 130 / 90.1 37.7. The abdomen is soft, b / w. Fiz. Departures are normal. Dz: about. nasopharyngitis. Aspirin 1t.kh 2r., Bromhexine ... furatsilin d / gargle; rr analgin ... Spr - lib. March 16-18, 2009

03/19/09: diagnosis: acute nasopharyngitis. T 36.6. Issued Bromhexine, pectusin.

03/23/09: diagnosis: acute nasopharyngitis, recovery. Multivitamins.

a cold. Doctors use the term **nasopharyngitis** specifically to refer to swelling of the nasal passages and the back of the throat.

04/28/09 stamp: no complaints, the skin is clean, the abdomen is soft, b / w, pediculosis, scabies are not detected, contact with infectious patients is denied. Sun processing passed.

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05/14/09: a call to the camera at 11:30: complains of pain in the region. backs with irradiation in the region. heart on the left, and stomach on the right, pain with a deep breath in the form of a cross. HELL 130/80. I 36.2. In the anamnesis: osteochondrosis and neuralgia, previously felt & have been analgesics. Suffers from a similar disease ~ 2 years Heart - tones are clear, rhythmic. Pulse 94, tachika]

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The tongue is wet. GIT without features. Palpation pain at paravertebral points in TB 9-10-11. Pain in the V intercostal space, along the intercostal nerve on the left. When you touch the chest, the pain intensifies. D-z: osteochondrosis of the n-ka with radicular-pain syndrome – type of intercostal neuralgia

on the left, pronounced intensity. Treatment: r-r Ketorol 1.0 in / m odnokr .; T. spasmolgon 1x2x5 days; T. tempalgin 1t. evening x 5 days; T. diclofenac 100 mg 1 t / day 17 days until 05/29/09; Diclofenac ointment 1 tube.

05/20/09: the patient notes an improvement. Appointed: continuation of treatment for 5 days, + ketans 1x3 5 days. Diclofenac ointment 1 tab - topically.

05/25/09 treatment is over, recovery.

07/01/09: complaints of girdle pain in the left hypochondrium. According to the words, a history of pancreatic disease. Recommended ultrasound of the pancreas.

07/01/09 Ultrasound of the abdominal organs: Liver: the contours are smooth, clear; dimensions: right lobe vertical 135 cm (such a record), left lane per / rear. 81 cm (such a record), not enlarged; parenchyma of moderately increased echogenicity, homogeneous structure. Vascular pattern is not changed, portal vein. 10 cm, lower hollow 16 cm (such a record); total gastric duct 4 mm. Gall bladder: the form is not changed. The walls are sealed, thickened 5.6 mm (normally up to 2 mm). The content is heterogeneous, increased echo density, stones at least 6 from 4 to 7 mm. Pancreas: the contours are even, clear, sizes 31x20x28 cm, enlarged. Parenchyma of increased echogenicity, homogeneous structure. Wirsung duct 1 mm. Spleen: dimensions 102x48 cm (such a record). Conclusion: echoes of hr. pancreatitis, calculous cholecystitis.

07/02/09: taking into account the results of an ultrasound scan of 07/01/09, it was prescribed: Baralgin 1 ThX 7 days, Mezim 1 Thx 7 days.

07/13/09 surgeon: complaints of recurrent pain in the epigastrium of herpes zoster, severity in the right hypochondrium. Sick for a long time. Ultrasound revealed a cholelithiasis. The abdomen is soft, not swollen, painless on palpation in all departments. There are no peritoneal systems. Stool and diuresis in N. D-z: ZhKB. Chr. cholecystopancreatitis. Recommended: ultrasound control after 1 month. Routine surgical treatment. No-spa 1 t. X 3 p. in a day. Tserukal 1 t. X 3 p. in / d.

07/18/09 inspection on the roundabout: complaints of pain in the epigastrium. Heart and lungs in N. The abdomen died, swollen, painful in the projection area of the w / bladder and in the epigastric region. Dz: ZhKB. Chr. cholecystopancreatitis. Treatment: Mezim-f 1 t.hZ r / d, Noshpa 1 t.hZ r / d until 1.08.09.

07.24.09: stamp: San passed processing. The skin is clean, the abdomen is soft, b / w. Stool N. No contact with infectious patients. There are no complaints. Dz: almost healthy. A step can follow.

07/25/09: stamps: Pulmonary tuberculosis, dysentery, sexually transmitted diseases - deny. External manifestations of sexually transmitted diseases have not been identified. No physical injuries were detected during a physical examination. No complaints at the time of inspection. T S HELL N.

10/07/09: Dz: cholelithiasis. Chr. cholecystopancreatitis. Osteochondrosis of the thoracic spine with radicular-pain syndrome according to the type of intercostal neuralgia. Transfer to 3 therapeutic departments for the purpose of examination and treatment.

11.16.09 at 18:30 the surgeon on duty: diagnosis: acute cholecystopancreatitis? Hospitalization for dynamic observation in the surgical department.

11.16.09 at 19:00 the surgeon on duty: the patient behaves inappropriately. Talking ^^ oriented. Screaming that they want to kill him. The condition is regarded as ^^ the general psychiatric team "03", dress number 904253.

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- extracts from a medical record without a stamp, date and card number, signed by a doctor FBU IZ-77/2 of the Federal Penitentiary Service of Russia in Moscow L.A. Litvinova, similar to the extract from 11.16.09, available in the medical history No. 352 (see below);

- referrals for a blood test for the presence of antibodies to HIV from facility IZ 99/1, date of blood collection 05/04/09, date of the study 05/18/09, antibodies to HIV in ELISA were not found;

- blood test, the date of taking the material 04.05.09, 99/1, the date of issue of the analysis 12.05.09 Dermatovenerologic Dispensary No. 6: the microreaction of precipitation to syphilis is negative.

There are no other records, any forms of blood and urine tests in the card.

From the medical history No. 318 from FBU IZ 77/2 it follows that Magnitsky S.L., born in 1972, was received on 10/07/09 at 20:00, was discharged on 12/11/09, and 36 days were spent. "... Diagnosis at admission: cholelithiasis, cholecystopancreatitis, chronic osteochondrosis of the thoracic spine. Diagnosis (main): Gallstone disease, chronic cholecystopan-creatitis, exacerbation. Concomitant diseases: Osteochondrosis of the thoracic spine with a radicular-pain syndrome of the type of intercostal neuralgia.

Complaints of the patient upon admission: pain in the left iliac region after eating, girdle pain, pain in the intercostal space on the left, passing with spasmolytics. Anamnesis: Considers himself sick since March, when the above complaints appeared, an ultrasound org. abdominal cavity - delivered dz - ZhKB, hr. pancreatitis, calculous cholecystitis. Also in the history of hr. osteochondrosis of the thoracic spine with radicular pain with type of intercostal neuralgia. Satisfying condition, normal nutrition, I 36.6 °. The skin and subcutaneous tissue are clean, rash, edema, acrocyanosis no. Subcutaneous tissue is developed normally. Visible mucous membranes of a physiological color, no edema. The musculoskeletal system and joints without a visible pathology. On palpation, pain in the thoracic spine. The chest of the correct form, evenly participates in the act of breathing. NPV 18, with auscultation, vesicular breathing, no wheezing. The borders of the heart are not expanded, with auscultation - heart sounds are clear, rhythmic, no noise. Heart rate 70. HELL 130/80. The tongue is moist, with a grayish coating at the root. The abdomen on palpation is soft, moderately painful in the right hypochondrium. There are no irritations of the peritoneum. The chair is normal. Lymph nodes are not large, the edge of the liver on palpation is soft, protrudes 1 cm from the edge of the costal arch; the spleen is not palpable. Diuresis is normal. Cm "striking" "-" on both sides. Consciousness is clear. There are no meningeal symptoms, no focal symptoms.

08.10: previous complaints: moderate pain in the left hypochondrium, nausea after eating, pain in the lumbar spine. Ob-but: satisfactory condition, 1 36.7 ° C ... NPV 16. Heart - tones are clear, rhythmic. Heart rate 75. HELL 130/75. The abdomen on palpation is moderately painful in the epigastric region. There are no signs of peritoneal irritation ... Stool, diuresis is the norm. Neurological status b / o. He receives treatment.

12.10: complaints of moderate pain in the left hypochondrium, a feeling of heaviness after eating. Ob-but: the condition is closer to satisfactory, C 36.7 ° C ... Heart - tones are clear, rhythmic. Heart rate 75. HELL 135/75. The abdomen on palpation is moderately painful in the epigastric region. There are no irritations of the peritoneum ... Stool, diuresis is the norm ...

15.10: complaints of nausea after eating. Ob-but: satisfactory condition, I 36.4 ° C ... Heart rate 78 per min. HELL 125/75. The abdomen on palpation is moderately painful in the right hypochondrium. The edge of the liver stands for reb. an arch on 1 cm, at a palpation soft, moderately painful. The spleen is not palpable. Stool, diuresis - the norm ..

10.19: complaints of a feeling of heaviness in the region. epigastrium ^ nPseltriema Zhg x GOP A TT LTH CONSEQUENCED ONE ITALY *

satisfactory standing, I 36.5 C. HELL 125/70. The abdomen is deeply painful in the region of the right hypochondrium ... For the rest of the org dynamics ...:

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10.22: complaints of discomfort in the epigastric region after eating. Ob-but: satisfactory condition ...

From 10/26 to 11/11: No complaints. The condition is satisfactory. T 36.7 ° C. Skin and visible mucous membranes of physiological color, edema, cyanosis no. The breath is vesicular, no wheezing. NPV 16. Heart - tones are clear, rhythmic, no noise. HELL 125/75. Pulse 76. The abdomen on palpation is soft, b / w in all departments. Liver along the edge of the costal arch. Stool, diuresis is the norm ...

12.11: ... The patient is conscious, adequate. Conclusion: the patient is discharged in satisfactory condition with a diagnosis of hr. cholecystopancreatitis without exacerbation. Recommended: diet table No. 1, cholenzyme, panzinorm-forte, ranitidine.

From the list of appointments from 08.10 to 12.11: general mode, table 76, 1) Tab. Panzinorm-forte 1 t. X 3 p. (on hands); 2) Tab. Diclofenac 1 t. X 3 p. (on hands) (until 19.10); 3) Tab. Nitrosorbide 2 t. X 3 p (on the hands); 4) No-spa 2.0 v / m n / a (according to 15.10); 5) Ranitidine 1 t. X 3 p. (from 14.10) 6) R-vit. B12 - 2.0 v / m No. 10 (according to 15.10).

In the history of the disease there are forms: - a curve of temperature, pulse and respiration, on which indicators of body temperature from 07.10 to 12.11 are noted: maximum rises are noted in the evening of 13.10 and 08.11 to 37.6 ° C; - electrocardiograms from 10.21.09, on which the entries were made in blue ink: RK-0.12, pK.8-0.08, (D-0.38, heart rate medium, sinus rhythm, correct, 66 per minute, EOS-K1; and with a simple pencil: the only copy, there are changes, but of a minor nature. "There are no blood and urine test forms, there are no other entries on the map.

From the medical history No. 352 from the Federal State Budgetary Institution FROM 77/2 it follows that Magnitsky S.L., born in 1972, was admitted on 11/13/09; Diagnosis at admission: cholelithiasis, chronic cholecystitis, chronic pancreatitis, exacerbation. Diagnosis (primary): Cholecystopancreatitis, exacerbation.

Examination 16.11.09: patient complaints upon admission: for pain in the epigastrium, in the right hypochondrium with irradiation in the back, nausea, vomiting. Anamnesis: suffering from cholelithiasis, xp. cholecystitis, hr. pancreatitis since March 2008, the last exacerbation (12) 11/13/09 (corrected),

when, after an error in the diet, the above complaints appeared. TVS, HIV-inf., Veins. forgot, viral hepatitis denies. From 11.13.09 to 11.16.09 spasmolytic therapy was carried out. When examined on November 16, 2009 at 09:00, the condition is moderate, $t 36.5^{\circ} \text{C}$. The skin and subcutaneous tissue are pale. Visible mucous membranes of physiological color. The musculoskeletal system without apparent pathology. In the lungs, vesicular breathing, no wheezing. NPV 16. Heart - tones are clear, rhythmic. HELL 120/80. Pulse 86, satisfactory properties. The tongue is wet, coated with a white coating. The abdomen is slightly swollen, participates in the act of breathing, with palpation it is slightly tense and painful in the epigastrium and right hypochondrium. Mr. Ortner, Murphy - positive. There are no irritations of the peritoneum, peristalsis is heard, the gases go away, there is no dysuria. Liver "+" 3 cm from under the edge of the costal arch. The spleen is not palpable. Diuresis is normal, with "striking" on both sides (symptom is not indicated). Consciousness is clear. There is no meningeal, focal symptomatology, there are no disorders of sensitivity.

11.16.09 at 09:00: examination in the department: moderate severity, $t 36.7^{\circ} \text{C}$, no injuries. Complaints of pain in the epigastrium, in the right hypochondrium of herpes zoster, nausea, vomiting. The skin and visible mucous membranes of normal color, somewhat pale. In the lungs, vesicular breathing, no wheezing. Hemodynamics is stable. HELL 110/70. Pulse 84. The tongue is moist, coated with a white coating. The stomach is unknown

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From the list of appointments from 13 to 16.11: 1) No-shpy solution 2.0, Papaverina 4.0 - im 1 r.x1; 2) Diet - hunger; 3) Cold on the stomach.

In the medical history there are forms:

- a curve of temperature, pulse and respiration, on which indicators of body temperature are noted: 36.8°C 13.11, 37.8°C in the evening of 14.11, then 36.8°C 16.11;

- extracts from the medical record dated 11.16.09, signed by L.A. Litvinova: "Magnitsky ... is under observation in the therapeutic department of FBU IZ-77/2 ... with a diagnosis of cholelithiasis, cholecystopancreatitis, exacerbation. When examining bodily injuries were not detected. Anamnesis: Considers himself ill since March 2008, when the above complaints appeared. He was hospitalized in City Clinical Hospital No. 36, where he was examined; diagnosed with cholelithiasis, chronic pancreatitis, calculous cholecystitis. He is receiving treatment: Panzinorm Forte, Nitrosorbide, No-Shpa, Fosfoliyugel, Allohohol. Currently complains of sharp pains of herpes zoster, vomiting every 3 hours. Objectively: General state of moderate severity ... The abdomen is of the usual form, participates in the act of breathing. On palpation, sharply painful in the region of all departments of epigastrium. The liver protrudes beyond the edge of the costal arch by 3 cm. The edge of the liver is hard, sharply painful on palpation. Symptoms of Ortner, Murphy, Vasilenko - negative (such a record). Physiological administration without features. The symptom of striking is negative ... Diuresis is normal. Neurological status without features. Conclusion: Against the background of the therapy, the phenomena of gastric dyspepsia are increasing, complaints have appeared of acute pain, frequent vomiting, and the symptoms of hypovolemia are increasing during the last day. Patient Magnitsky S.L. with a diagnosis of Acute pancreatitis (?), calculous cholecystitis (?) is sent to the surgical department of the hospital FBU IZ-77/1 UFSIN of Russia in Moscow ... ". There are no other records, forms of blood and urine tests in the card.

From the medical history No. 554 from the hospital of the medical unit of the institution IZ 77/1 it follows that Magnitsky S.L., born in 1972, arrived from 77/2, was received on 11.16.09 at 21:20 (such an entry), died on 16.11. 09 at 21:50, spent 30 minutes. Diagnosis at admission: ZhKB. Acute calculous cholecystitis. Acute pancreatitis. Pancreatic necrosis?

Inspection by a surgeon at the prefabricated ward on 11.16.09 at 18:30 (such an entry): complaints of: weakness, nausea, repeated vomiting, pain in the epigastrium, both hypochondria, herpes zoster, chills. Medical history: Sick for 4 days when the above complaints appeared. Delivered to SMEs ... History: ZhKB. The medical history is calm. The condition is closer to moderate. In the mind, adequate. T 36.6 ° C, heart rate 82, blood pressure 120/70. The skin is pale, visible mucous membranes of normal color. Peripheral I / nodes are not palpable, painless. Vesicular respiration in the lungs. Heart sounds are deaf, the rhythm is correct. The tongue is dry, covered with a white coating. The abdomen is tense in the epigastrium, painful on palpation in both hypochondria. Peristalsis is heard. There are no symptoms of peritoneal irritation. The chair was 11/15/09, decorated. Urination is painless, not frequent. Dz: ZhKB. Acute calculous cholecystitis. Acute pancreatitis. Pancreatic necrosis? No injuries were detected, except for traces of the handcuffs on both wrists.

Inspection at the national team at 19:00: the patient's condition deteriorated sharply. The patient behaves inappropriately, is excited, disoriented. Conducts a dialogue with the "voice". Screaming that they want to kill him. The condition is regarded as acute psychosis, the psychiatric team "03", order number 904253, is called.

Inspection by the surgeon on duty at the prefabricated ward at 19:30: V / vinfsiya impossible because of the aggressive inadequate behavior of the patient. Sedagi ^ yzhch ^ rag

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soot of the heart, mechanical ventilation with an Ambu bag). The patient was urgently delivered to the ICU at 21:20, where resuscitation was continued (closed heart massage, IV L, hormones, adrenaline 0.1% - 5.0, atropine 0.1% - 1 (or 5 corrected) , 0) for 30 minutes, without effect. 11.16.09, at 21:50, the biological death of the patient was ascertained. No corpse transport order 510925.

The following forms are enclosed in the medical history:

- a posthumous epicrisis without a stamp and signatures: "Patient Magnitsky ... IS No. 554 arrived from IZ -77/2 via the NSR with a direct diagnosis of Acute cholecystopancreatitis. Previously examined in City Clinical Hospital No. 36, where he was examined, diagnosed with cholelithiasis. Chronic calculous cholecystitis. Chronic pancreatitis (2008) ... The condition upon admission is closer to moderate, in consciousness, is adequate. T of the body in N. Heart sounds are rhythmic, muffled, blood pressure 120/70, PS 82. The vesicular breathing is carried out in all parts of the lungs. The tongue is dried, coated with a white coating. The abdomen is tense in the epigastrium, painful in both hypochondria. Peristalsis is heard. There are no peritoneal symptoms. The chair is normal, decorated .. 11/16/09 at 19.00 the patient's condition deteriorated sharply, the patient behaves inappropriately, is excited, disoriented, maintains a dialogue with a "voice". Given the inadequate condition of the patient, the psychiatric team on the "03" patient is urgently called before arrival It was planned to conduct spasmodic therapy for the psychiatric team, however, the conduct was impossible due to aggressive behavior. At 21.15 again examined in connection with the deterioration of the patient. When examined by a psychiatrist, the

patient's condition sharply and suddenly worsened - the patient lost consciousness. Resuscitation measures have begun (indirect heart massage and artificial ventilation of the lungs with Ambu pillow). The patient was taken to the ICU, where resuscitation measures, IV L, hormones, adrenaline (total dose 0.1% 5 ml) were continued. Resuscitation measures for 30 minutes without effect. 11.16.09 at 21.50 biological death was observed. Diagnosis: cholelithiasis. Acute calculous cholecystitis. Acute pancreatitis. Pancreatic necrosis? Acute psychosis. Toxic shock. Myocardial infarction? ”;

- Ambulance cover sheet No. 782896 and coupon thereto: Diagnosis: Acute cholecystopancreatitis, delivered to the Federal State Budgetary Administration FROM 77/1 special. bol. 11/16/09 at 18:30 on the call accepted at 14:57. HELL 160/80;

- a report addressed to the head of the Federal Penitentiary Service of Russia for Moscow, Major General of the Internal Service V.A. Davydov from 11.16.09 with a request for permission to export Magnitsky S.L. for emergency hospitalization in a special hospital with a diagnosis of Acute pancreatitis?

What is cholecystitis? An extract from the medical card with the reason for the export on 2 sheets is attached to the report. The report is signed by the deputy. Head of the DMR FBU IZ-77/2 UFSIN Kratov DB, Deputy. Chief of Operations FBU IZ-77/2 UFSIN A.V. Ostrikov, Head of the Federal State Budgetary Institution IZ-77/2 UFSIN D.V. Komnov.

- extracts from the medical record without indicating the date and stamp, signed by the doctor FBU IZ-77/2 of the Federal Penitentiary Service of Russia in Moscow L.A. Litvinova: similar to the extract dated 11/16/09, available in the medical history No. 352. There are no other records, forms of blood and urine analysis in the card.

02/09/10 an archive of pieces of organs from the thanatology department No. 11 was requested for histological examination.

02.16.10 with investigator K.Yew. Black by facsimile and mail (outgoing No. 197) requested: medical documentation in the name of Magnitsky S.L. from medical prophylaxis, in which Magnitsky S.L. turned and where was observed until

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skomu S.L. in a terminal state, consent to the inclusion in the commission of specialists who do not work in the Bureau of SME. 02.17.10 the investigator additionally requested a protocol for examining the scene of the incident, a death certificate issued by FBU IZ 77/2.

updated.

I will suspend the examination until the requested two ^^^^ are submitted. /

02/17/10

Experts:

K.K. Stogova

Repeated forensic histological!

histopreparation

No. 2125 / 2052-10: "To resolve questions posed to the experts of the commission of forensic medical examinations on the fact of the death of Magnitsky SL, 37 years old in the judicial histological department from archival material presented from TO No. 11 in histological cassettes with the marking "2052" in the form of 13 objects of internal organs, histologic preparations No. 2125 / 2052-10 were made and their forensic histological study was carried out. A total of 15 research objects were examined, stained with hematoxylin-eosin and according to Rego, paraffin embedding.

Brain (2). Weak blood vessels in the moderately fibrosed pia mater. Lympho-histiocytic moderate infiltration of the meninges with single and groups of neutrophils among them. Plethora of brain matter of the cerebral hemispheres and subcortical structures, single perivascular hemorrhages in the white matter. Expansion of perivasculature and pericellular spaces. Dystrophy of neurons with puckering and ischemic changes in some neurons.

Easy (2). Anemia of the parenchyma. Focal, emphysema with areas of distelectasis. In the gaps of the alveoli, the serous edematous fluid with hemorrhagic myocardium is uneven within the preparations; single alveoli macrophages with brown cytoplasm. Desquamation of brotdertellia, in bronchial tubes, desquamated epitheliocytes with traces of mucinous myocardium - macrophages with brownish cytoplasm. The walls of the bronchi are weakly sclerosing '~ with the Lymphohistiocyte Groups. Pleura is free of overlays.

Coronary Artery (1). The artery wall is sclerosed, unevenly narrowing the lumen of the artery about 30%.

Heart (2 + 2 according to Rego). The growth of adipose tissue in the epicardium. Weak sclerosis of the wall of the extracardiac artery. Anemia of the vessels of microhemocirculation of adipose tissue of the epicardium. Weak sclerosis of the walls of single intramural myocardial arteries in the absence of foci of thickening of the walls of most arteries. Uneven blood supply to the myocardium. Perivascular fibrosis, foci of adipose tissue in the perivascular spaces and stroma of the myocardium. Weak net cardiosclerosis with groups of lymphohistiocytes in single fields of view. Weak endocardial fibrosis. The combination of foci of atrophy and moderate hypertrophy of some cardiomyocytes. Uneven color, tortuosity of contours with zones of wave-like deformation, with fragments of dark staining of some cardiomyocytes according to Rego and fragmentation of cardiomyocytes.

Liver (1). The capsule is free of overlays. Moderate venous plethora parenchyma; accumulations of leukocytes in separate sinusoids. Focal-distributed multi-droplet fatty degeneration of hepatocytes. Gantry tracts with interlayers ^

Kidney (2). Uneven plethora of layers. Weak sclerosis of the walls edmshchy ^ | 1 ^ ma) and |. sclerosis of single glomeruli, capsules of single glomeruli; str'bmaM ^

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ABOUT

Spedov.? / Sg »G

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mi sclerosis. Granular and vacuole dystrophy of tubular nephrocytes, brownish staining of the cytoplasm of the epithelial cells of some tubules, in the lumens of individual tubules, eosinophilic with a brownish mass component. Cups not shown. Spleen (1). The spleen is presented in the form of many small fragments with a relatively moderately full-blooded red pulp and preserved histostructure.

Pancreas (1). Moderate plethora of stroma. In the course of the stroma, moderate layers of connective tissue with foci of proliferation of adipose tissue.

Thyroid gland (1). Anemia of stromal vessels. Follicles are polymorphic. The epithelium lining the follicles is cubic. In the gaps of the follicles eosinophilic uneven density secret.

FORENSIC HISTOLOGICAL DIAGNOSIS: combination of foci of atrophy and moderate hypertrophy of some cardiomyocytes, perivascular fibrosis, focal myocardial lipomatosis, weak reticular arteriosclerosis, weak endocardial fibrosis, fatty tissue outgrowth in epicardiosis, and non-cardiomyopathy myocardium (signs of cardiomyopathy); uneven blood filling of the myocardium, contracture lesions, wave-shaped deformation zones and fragmentation of cardiomyocytes. Uneven venous plethora in organs; edema of brain matter, single extravasates in the white matter of the cerebral hemispheres, dystrophy of neurons; pulmonary edema, focal emphysema with areas of disteclases; vacuole dystrophy of some nephrocytes with a very weakly expressed excretory component. Chronic persistent hepatitis with minimal activity; focal widespread fatty degeneration of hepatocytes. Moderate fibrosis and pancreatic lipomatosis. Fibrosis of the soft cerebral meninges

3,66795; 03/23/10 the criminal case was transferred to the investigator upon request, returned to the department of commission expert examinations on 03/26/10. When analyzing additional materials presented, it is known:

04.24.09 From a letter from Magnitsky S.L. from 04.24.09 (vol. 1, Id 235-236): "... there is neuralgia, and quite often - once or twice a week, but it passes quickly, about 15-20 minutes after taking the medicine ...".

07. 01. 09 From a letter from Magnitsky S.L. from 07. 01. 09 (vol. 1, Id 238-239): "... last night there was an attack of neuralgia, but now everything has passed and I feel good ...".

07/06/09 From a letter from Magnitsky S.L. from 07/06/09 (vol. 1, Id 242-243): "... In the past week, I had several episodes of neuralgia. Doctors performed an ultrasound, they say that there are stones in the gallbladder and there is inflammation of the pancreas, this also causes pain, but they said that no special treatment is needed yet, that you need to observe the process in dynamics. So far, for a week I have been prescribed three times a day to drink baralgin and some enzymes. It is unclear whether this helps or not. Sometimes the pain was o0 S.L. from 08/14/09 (vol. 1, Id 247-250): "... The doctor ... said

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08.23.09 From a letter from Magnitsky S.L. counsel Kharitonov D. The. from 08.25.09 (vol. 4, Id 144-151): "... On August 23, 2009, at about 16:30, I felt pain in the solar plexus, which usually accompanies my attacks intercostal neuralgia ... there was a bench in the courtyard, so I could lie down on it and endure

the pain. After returning to the cell, I immediately took the medicine and went to bed. Despite this, the attack intensified, severe pain began in the area of the ribs on the back, so that at times they could be transferred only while squatting, bending over. The attack was accompanied by pain in the heart and the inability to inhale the air with a full chest, as this exacerbated the already sharp pain in the solar plexus. After about an hour, I took the medicine again, but it seemed that I did not feel any relief from them. Nevertheless, by 20:00 the pains disappeared, I began to feel better ...

August 24 at about 16:00 ... a new attack began with the same symptoms, so I could not even lie, I walked by camera or squatting, bending over. I was drinking medicine again, but I didn't feel any relief ... at about 9:00 in the evening ... by the overseer ... he led me to the prefabricated ward, where, as it turned out, there was a doctor's office ... there was a doctor ... asked me what happened to me. I described my pains, she said that I probably stuck my back, but I explained that these pains were of a spasmodic nature, that I had had the same attacks every three to four months, as I treated them, and that now they are repeating for four days in a row, and the medications do not help. The doctor said she would give me a stronger medicine, and gave me three Melokan tablets. I also complained that I was not examined by a doctor upon arrival at the pre-trial detention center, that I had repeatedly submitted applications for admission by a doctor, but no one accepted me, said that I had been prescribed a medical examination, but they didn't conduct it ... I said: "What treatment do I need with these diseases now, and what needs to be done to get it?" - "I don't know, write a statement so that the surgeon will accept you I was returned to the cell. I took the pill that the doctor gave me. The pain not only did not subside, but even intensified, possibly due to the fact that I had to go back and forth and stand there in front of this doctor. After half an hour, I had vomiting, accompanied by severe pain in the chest and back, but immediately after that it seemed to me to feel better. I lay down on the bed, the pain still remained, but not so acute ...".

08.10.09 From a letter from Magnitsky S.L. from 08.10.09 (vol. 1, Id 251-253): "... Yesterday, they also brought me the medicine that my mother gave me. True, I did not quite understand how to take them. He asked the person who brought them (it seems to be the head of the medical unit), and he ... says: "read the annotations." I read them, and it says that Tserukal is an antiemetic. I have vomited a couple of times, but I don't think it is so serious that I take antiemetic pills three times a day. But Creon 10,000 and pan-norms of 20,000 are, it seems, the same thing. Both drugs have an active substance - pancreatin. And it is not clear at what doses to take it. For both drugs in the annotations it is written that the doses are selected individually, depending on the severity of the disease and diet. And what is the severity of the disease? Three weeks ago, I had a stab in my side after eating. Two weeks ago, the pain was constant, though not acute, but now it seems it doesn't hurt at all, it just happens a little after meals ... while I drink Creon 10000 three times a day with meals ..."

From the complaint of Magnitsky S.L. To the Prosecutor General (date is not indicated) (vol. 2, Id 159-165): "... While in FBU IZ-77/1 UFSIN ... permissible ... violations of my rights: 1) failure to conduct an initial medical examination and sanitary treatment upon admission to a pre-trial detention center; 2) not providing me with medical care, which was expressed in the fact that for the first time I got to see a doctor only 30 days after applying with a written statement about this, in the absence of a medical examination prescribed to me earlier and planned surgical treatment.

09.20.09 From the appeal of Magnitsky S.L. from 09.20.09 (vol. 4, Id 152-193): "... Medical support. During my stay in Matrosskoy Tishine , around June 2009, my health condition worsened. A medical

examination conducted in late June - early July 2009 revealed stones in my gall bladder, was diagnosed with calculous cholecystitis, a second medical examination was scheduled for the first days of August 2009 and planned surgical treatment. Until I was taken into custody, I did not have these diseases or their symptoms. MT doctors provided me with medical assistance, daily necessary medicines were given and consultations were given regarding the receipt of other drugs that were not in the medical unit of the MT, and which I could receive from relatives. Upon arrival at BT, I immediately, on July 26, 2009, contacted the administration with a written application to see me as a doctor, as the doctor did not examine me on the day I arrived at BT, although this is mandatory in accordance with the Internal Rules (hereinafter "TAP"), which regulates the activities of pre-trial detention facilities. Neither that day nor the subsequent doctor took me ... I managed to get the medicine only on 09/04/09. 08/24/09 my pain intensified so much that I could not even lie ... I was taken to the doctor only after 5 hours. I informed the doctor about my illness, complained that during the whole month of my stay in BT I had never been examined by a doctor ... asked if I needed diet food, and what should be done so that his doctor she said that she didn't know that I should make an appointment for a question ... Until now, no medical care (to distribute to me medicines bought by my relatives) in connection with

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I didn't get any diseases in MT despite the fact that I spent here already 8 weeks and literally the next day after arriving here I asked for medical help. adopted by a surgeon, I was not only not assigned a diet, but I did not even consider whether I needed it or not ... "

From the minutes of the interrogation of the witness Zharikova N.V. from 12/09/09 (vol. 1, Id 231-253): "... Question of the investigator: did S. Magnitsky suffer? any chronic diseases before the election of a preventive measure in the form of detention? Answer: we have been living together since 1996, since that time he has not applied to medical facilities for any health problems. He underwent an operation to remove appendicitis in 1996. He also did not have a medical card in the district polyclinic at his place of residence, as far as I know. Around the summer of 2008, he complained of pains, which he commented on as pains, possibly related to neuralgia. He accepted no-shpa, the pains passed and he was no longer bothered, he did not contact medical institutions on this issue. Question from the investigator: how long after his detention at the Magnitsky S.L. started having health problems? Answer: approximately in April 2009 ... "

From the minutes of the interrogation of witness Huseynov T.Yew. from 11.02.10 (vol. 4, Id 28-30): "... In 1977 I graduated from the First Moscow Medical Institute ... majoring in medical science ... entered the residency specializing in anesthesiology- rheumatology. At the moment I am a candidate of medical sciences in this specialization ... At my service Magnitsky SL once, about seven years ago, due to back pain. I diagnosed him with lumbalgia (sciatica) and carried out a number of medical procedures, after which the symptoms of the disease went away ... In June 2008, I learned from my wife, T. Yu. Rudenko, that Magnitsky's state of health ... was much worse pain and pain. At the same time, Magnitsky ... was in FBU FROM 77/2 UFSIN ... suggested that his wife ... ask Magnitsky ... to describe in detail the symptoms that is connected with the manifestation of malaise in order to give recommendations (such a note) I read a letter from Magnitsky ... in 1SHeOyisyv <| the nature of the pain, its localization and duration, and we did it ... examination, diagnosis (inflammation of the gastric bladder,

nor in the gastric bladder, inflammation of the pancreas), which he was given and the methods of treatment. The letter also contained the names of the drugs with which he is being treated. In his letter, Magnitsky ... described the characteristic signs of cholecystitis and pancreatitis, as well as the names of the drugs that treat him. I agreed with the diagnosis, but suggested more modern drugs and a diet, which is mandatory for this disease. Further, as far as I know, Rudenko ... set out my recommendations in a letter to Magnitsky ... After some time, I learned from my wife ... that Magnitsky ... was prescribed diclofinac, since the prison doctors in FBU IZ 77/3 ... appointed him about osteochondrosis. To which I replied that this drug was contraindicated for him, which could provoke an exacerbation of pancreatitis ... ”

From the minutes of the interrogation of the witness Oreshnikova E.A. from 01.29.09 (v. 4, Id 7-14): “... 11/25/2008 Magnitsky S.L. He was charged with a crime, and on November 26, 2008 ... he was selected as a preventive measure in the form of detention. Magnitsky S.L. He was placed in FBU IZ-77/5 UFSIN RF in Moscow. At the time of the detention of complaints from Magnitsky S.L. no ill health has been reported. FBU IZ-77/5 ... was held until the end of April 2009 ... For the period of his stay in the indicated pre-trial detention center, S. Magnitsky periodically complained about the state of health, however, these problems were not regular in nature and did not cause concern. In the end of April 2009 Magnitsky S.L. He was transferred to FBU IZ-99/1 UFSIN ... where he developed pains in the solar plexus, which began to appear quite often, and as a result, on July 01, 2009, S. Magnitsky an ultrasound study was performed, which was diagnosed as calculous cholecystitis (such a record) ... in FBU-99/1 ...:

According to information from S. Magnitsky he had no problems with medical care in this isolator. After the detection of diseases Magnitsky S.L. appropriate treatment was prescribed, as well as a month later, that is, August 1, 2009, a follow-up ultrasound scan and surgical treatment.

25-th of August 2009 ... Magnitsky S.L. was transferred to FBU IZ-77/2 of the Federal Penitentiary Service of the Russian Federation for the city of Moscow ... After the transfer of Magnitsky S.L. in FBU IZ-77/2 ... his conditions of detention were significantly worsened, including in terms of providing him with the necessary medical care. Magnitsky S.L. in this detention center he repeatedly applied ... for conducting his initial medical examination, which was not performed during the transfer, but starting from August 1, 2009, also about conducting a previously re-assigned ultrasound and deciding on his further treatment. .. Being in the indicated pre-trial detention center ... did not allow him ... to receive the necessary medicines on time ... I know that S. Magnitsky So the appointed ultrasound was not performed ... real medical assistance to Magnitsky S.L. it was not rendered ... Magnitsky S.L. was placed in the hospital department of FBU IZ-77/2 ... where no examination was carried out against him, and the main treatment consisted in the appointment of painkillers. This information became known from the words of Magnitsky S.L. ”

12.04. 09 From the minutes of the interrogation of witness E. Gasparyan from 04.12. 09 (vol. 1, Id 200-204): “... I was detained in cell 267 from 07.25.2009 to 09.09.2009 FBU IZ-77/2 of the Federal Penitentiary Service of Russia in Moscow ... Together with me Magnitsky S.L. During the detention from Magnitsky S.L. I learned that before he was detained, he had problems with his stomach ... he began to complain about his health from the first days of our meeting. During his detention in the cell at Magnitsky S.L. several times there were severe bouts of pain in the stomach. Several times, I can't name the dates, the deputy came to our cell. the chief of medical work and the doctor ... He demanded that

he be examined with the use of equipment, and not only given out a tablet .. In his cell I saw a large package of various medicines, in

quality for headache, medicine for the stomach, medicine ^ ^ D ^ T ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ and

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case with acute pain in the stomach. Upon returning from the medical unit, Magnitsky S.L. complained to me that he did not receive the help that he wants to receive, namely: they did not examine him using modern equipment and did not provide him with proper conditions of detention ... Last time I saw S. Magnitsky. L. approximately in mid-October 2009 in the chamber of the prefabricated department At the same time, Magnitsky S.L. he looked very pale, he had a sick look. I asked him what happened to him. However, Magnitsky S.L. did not answer me anything ... Magnitsky S.L. he never complained of pain in my heart, but he had a "validol" in a package with medicines ... "

From the explanation of Gaus A.V. from 11.17.09 (v. 1, Id 84-85): "... Place of work and position: surgeon x / department. FBU FROM 77/1, captain int. service ... 11/16/09 at about 18 hours 25 minutes. from the duty on headquarters received a call to hir. Dep. to the residency room, and she reported that the institution received the z / c S. Magnitsky from FM 77/2. Transportation of the patient was carried out on MSP with a diagnosis of acute cholecystopancreatitis. At about 6 p.m. 30 minutes. I examined the patient and decided to hospitalize him in chir. Dep. Inspection took place at the prefabricated compartment in the dezh office. paramedic. During filling - honey. documents at about 19 hours. 00 minutes the patient began to behave inappropriately, aggressively, was disoriented (he heard a "voice" that said that they wanted to kill him, to poison him). I called up a reserve group, upon arrival of which the sick Magnitsky was handcuffed and escorted from the assistant's office to cell No. 4 of the precinct. At about 7 p.m. 30 minutes. I called the psychiatric care team 03 for a consultation to resolve the issue of further patient management tactics. Then I went to my workplace in chir. branch. No infusion therapy was carried out. the patient could not be well fixed, and the introduction of sedative pr-in was not carried out before the arrival of psychiatrists. At about 21:15 I was called to the gathering, Dep. due to a sharp deterioration in the patient's condition. The patient was urgently transferred to PIT chir. Dep. due to lack of breathing and loss of consciousness. Resuscitation measures without effect and at 21 hours 50 minutes I ascertained the biological death of S. Magnitsky ... "

From the record of the interrogation of the witness Gaus A.V. from 12.15.09 (vol. 1, Id 217-220): "...

11/16/2009 I was in a pre-trial detention center-1 on a daily basis. At about 18 hours 20 minutes a call arrived ... about the patient's admission Magnitsky S.L. with a diagnosis of pancreatitis ... Having arrived at the prefabricated ward, I examined the patient in the nurse's office. During the examination, the terms of the disease were established, the patient's complaints: complaints of pain in the epigastrium, both hypochondria, nausea, repeated vomiting, decreased appetite. These complaints are characteristic of his disease - pancreatitis. It was found that he was ill for four days and received treatment in the Butyrsky pre-trial detention center. After the examination, I took the accompanying sheet of the ambulance team that delivered the patient, and took the patient to the state hospitalization. Having accepted the patient for hospitalization, I proceeded to fill out medical documents in the nurse's office, that is, where I examined the patient, while the patient himself was in the metal cage installed in this office, I was at the desk ... in this office. In the cell where the patient was, a medical couch was installed ... as well as floor scales. In the process of filling out medical documentation, I took a receipt from the

patient about his consent to hospitalization, and continued to fill out the medical history. In the process of this registration of documents, the patient began to behave inappropriately ... began to speak in raised tones ... I went to the next office in order to finish the preparation of medical documents?

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brought here. " Hearing these words, I looked into the office where he was and saw that he was running around the cage, covering his face and head with a plastic bag, as if guarding himself from certain people. The package was given to him earlier, because he said that he had the urge to vomit. Then he throws the bag, takes a wooden couch with both hands and begins to beat it on the bars. Il Nafikov also observed what was happening, who, together with me, looked into the office when he heard a pgum. Suspecting that the patient had acute psychosis, I ran to the headquarters so that the duty officer would call up the reinforced convoy. A reinforced convoy arrived at the place ...

at about 19 hours 30 minutes, I called the psychiatric ambulance service by telephone 03, then I went into the office of the patient who was in the same cell, he was already handcuffed in place was Markov D.F. I informed him that I called an ambulance for psychiatric help, after which I went up to the surgical department to my workplace.

At about 21 hours 20 minutes I received a call and was informed that the patient Magnitsky S.L. it became bad ... I ran down the corridor of the prefabricated department, in the part where the cameras are placed where people are placed before being sent somewhere ... I saw a group of people. I went into one of the cameras. Magnitsky S.L. lay on the floor of the cell, as I later learned - this is cell number 4, with him was Markov D.F. The assistant paramedic, whose name I don't know, the name is Alexander, made the patient mechanical ventilation with the "Ambu bag". I began to feel the pulse, it was not on the radial arteries, but it was felt on the carotid artery. I ordered that he be urgently taken to the intensive care unit, that is, to the surgical room ~ on the third floor, since the means for resuscitating the patient to ^ Terno ^ T'OTDeTgenTyy'netGego'ponesTGin ^ carried across the street, I ran forward vhhh ^ r ^ fond devotion ^ for tbgo ^ WHATBBG Prepare funds for resuscitation.

Question from the investigator: how long does it take to get the patient from the prefabricated ward to the hospital? Answer: I find it difficult to say for sure, I think about five minutes ... After it was brought, resuscitation measures were started, which were carried out by me together with the doctor on duty I. Nafikov - Indirect cardiac massage, artificial ventilation of the lungs with an "Ambu bag", administration of adrenaline and atropine. By fractional? the list of resuscitation measures and introduced Magnitsky S.L. The drugs are listed in his medical history. Resuscitation measures did not give effect, and at 21 hours 50 minutes clinical death was ascertained. An act of death was drawn up.

Question of the investigator: exactly where did the clinical death of S. Magnitsky come about? Answer: the clinical death of the patient Magnitsky S.L. came in the intensive care unit of the surgical department of the hospital FBU IZ-77/1 ... ".

From the protocol for the interrogation of witness Dunaeva C.V. from 12/11/09 (vol. 1, Id 221-223): "... I am a paramedic of the ambulance service of the city of Moscow ... 11/16/2009 I was on daily duty as part of a linear visiting paramedic brigade ... there was no doctor in the brigade, as it was a specialized paramedic team. At about 14 hours 40 minutes I was given a call to the Butyrsky pre-trial detention center, the reason for the call was the need to transport the patient from the specified special institution to the hospital FBU IZ-77/1. Having received this call, we arrived at 14 57 hours. Arriving in the Butyrsky pre-trial detention center, we went to the hospital ward, where we also brought the patient Magnitsky S. The pre-trial detention center doctor, whose last name I don't remember, explained to me the situation: the patient was diagnosed with exacerbation of cholecystopancreatitis, he was treated for three days and examination in the isolation ward, at present there is a need for his transportation to the hospital FBU IZ-77/1 in Moscow, because they don't have a surgical department and a surgeon, and the patient needs treatment for free ^ ebor <et t P

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allowed to do this. I informed the attending physician that I did not see any obstacles to transporting the patient, and I began to expect the patient at the medical center, and they began to prepare him for dispatch. For a long time I had to wait until the convoy was ready, the waiting time was 2 hours 35 minutes, from the time of arrival. When the convoy was ready, the patient was brought down. He refused to lie down on a stretcher, and said that he would "get it himself" ... In the car he was put on a stretcher, because this is the procedure for transporting patients to a hospital. Together with him in the cabin were two employees of the convoy, and the patient himself was handcuffed to a stretcher. During transportation, no complaints were received from the patient. We arrived at FBI IZ-77/1 at 6.20 p.m., about 30 minutes it took us to search and draw up documents at the checkpoint. The very procedure for the patient's delivery passed very quickly, literally in a few minutes, at 18 56 hours, I called the substation through the work telephone of the reception department and informed that the patient had been handed over to the doctors of the hospital FBU IZ-77/1. The patient got out of the car himself ... Dr. Gaus A.V. took the patient, she examined him for a diagnosis and said "leave". After that I left the SI building

ZO ... "

From the act on the use of handcuffs dated 11.16.09 19:30 (v. 1, Id 109): "... at the prefabricated department ... a rubber stick was used in relation to ... Magnitsky ... Bracelet -niki were used in connection with the threat to commit an act of self-harm and suicide. The handcuffs were taken off at 20:00 on 11.16.09 ... "

01/16/09 From the extract from the medical record from the institution FBU IZ 77/5 of 11/18/09 without the seal of the issuing institution (t. 1, Id 111-113): "... on. 01/16/09 he complained of general

weakness, runny nose, soreness sore throat, cough, dizziness. Diagnosed with Acute nasopharyngitis. Prescribed treatment.

03/19/09 DZ: Nasopharyngitis, drugs for treatment are given.

April 28, 2009 was a physical examination.

04/14/2009 Call to the camera. Complaints of back pain with radiation to the region of the heart on the left and stomach on the right. Pain with a deep sigh in the form of a cross. DZ: Osteochondrosis of the spine with radicular pain syndrome according to the type of intercostal neuralgia on the left, pronounced intensity. Treatment: Ketorol, spaz-malgon, tempalgin, diclofenac. 05/20/09 the patient notes deterioration. Designated to continue treatment. Ketanov 1t Sp 5 days, Diclofenac ointment.

05/25/09 Treatment is over - recovery. 07/01/2009 Complaints of girdle pain in the left hypochondrium. According to him, a history of pancreatic disease. Pancreas ultrasound recommended. 07/01/09 Abdominal ultrasound - Echo signs of chronic pancreatitis, calculous cholecystitis.

07/02/09 No complaints. The planned consultation of the surgeon is appointed. Antispasmodics. Mezim Forte.

07/10/2009 DZ: ZhKB. Chr. Cholecystopancreatitis. Osteochondrosis of the thoracic spine with radicular-pain syndrome according to the type of intercostal neuralgia. Transferred to the III therapeutic department for the purpose of examination and prescribing treatment ... Extract from the medical record. From the anamnesis, he considers himself an art of 2608, when complaints first appeared. He was hospitalized in ^^^ Zy ^ t ^ ^ & vyvelen ^ ZhKB. -Chr. pancreatitis, chronic calculous cholecystitis. For SJ, he complains of girdle pain, vomiting, vomiting, conservative antispasmodic, enzyme-negative therapy, negative dynamics were observed, in connection with / G §

07/13/2009 Consultation of a hospital surgeon. Complaints of periodic pain in the epigastrium, herpes zoster, severity in the right hypochondrium. According to the ultrasound revealed ZhKB. Chr. cholecystopancreatitis. On examination, the abdomen is soft, not swollen, not tense, painless in all departments. There are no peritoneal symptoms. DZ: ZhKB. Chronic calculous cholecystitis. Chr. pancreatitis Recommended: ultrasound monitoring in a month. Planned surgical treatment. No-spa 1 txZraza per day. Tserukal 1 tkhZ once a day.

07/18/2009 Inspected in / round. Complaints of pain in the epigastrium. The abdomen is moderately swollen, painful in the projection area of the w / bladder and in the epigastric region. DZ: ZhKB. Chr. cholecystopancreatitis. The treatment is supplemented (such a record). 07/24/2009 Medical examination in IZ 99/1 - Almost healthy. 07/25/2009 No complaints at the time of inspection.

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with what the patient was discharged and transferred to the surgical department of FBU IZ 77/1. 11.16.09 18.30 examined by the surgeon on duty. DZ: Acute cholecystopancreatitis. Hospitalization in x / o for dynamic treatment and observation.

11.16.09 19.00 The patient leads himself inappropriately, speaks with a "voice" disoriented, shouts that they want to kill him. The condition is regarded as acute psychosis, a psychiatric team called "03", order number 904253. The injuries are not present, with the exception of traces of handcuffs on both wrists. Before the arrival of the psychiatric team, the patient was scheduled to undergo antispasmodic therapy, however, the conduct was impossible due to aggressive behavior.

At 21.15 again examined in connection with the deterioration of the patient. When examined by a psychiatrist, the patient's condition sharply and suddenly worsened - the patient lost consciousness. Resuscitation measures have begun (indirect heart massage and artificial ventilation of the lungs with Ambu pillow). The patient was taken to the ICU where resuscitation measures, mechanical ventilation, hormones, adrenaline (total dose 0.1% 5 ml) were continued. Resuscitation measures for 30 minutes without effect. 11.16.09 at 21.50 biological death was observed. Diagnosis: cholelithiasis. Acute calculous cholecystitis. Acute pancreatitis. Pancreatic necrosis? Acute psychosis. Toxic shock. Myocardial infarction? ...".

From the explanation of Litvinova L, A. from 11/18/09 (t. 1, Id 117-119): "... Place of work (position): Head of the therapeutic department of FBU IZ-77/2 ... My responsibilities include monitoring and prescribing treatment persons in custody, as well as the adoption of decisions on the hospitalization of persons in need of in-patient treatment in specialized hospitals. Upon receipt of July 25, 2009 Magnitsky S.L. in FBU IZ-77 \ 2 ... there were no bodily injuries. KDU No. 7 and HIV No. 111707 of 02/02/08 are negative. Fluorography dated 10.07.09 - without pathology. With the content of Magnitsky S.L. medical observation of the specified person, from the moment he received an appeal from him about the deterioration of his health until the moment of hospitalization, was carried out by me. So, 07.10.2009 Magnitsky S.L. He turned to the medical unit of SIZO-2 with complaints of pain in the epigastric region and nausea. With a diagnosis of cholelithiasis, chronic cholecystopancreatitis, he was transferred to the therapeutic department of the medical unit FBU IZ-77/2 ... to provide medical care. Objectively: satisfactory condition, temperature 36.6 ° C, skin and visible mucous membranes of physiological color, no edema, no rash. On palpation in the thoracic spine, moderate soreness is noted. The vesicular breathing, no wheezing. The borders of the heart are normal, the tones are clear, rhythmic, there are no noises. Heart rate 70 beats. in minutes HELL 130/70 mm Hg ECG from 10/21/2009 - sinus rhythm, correct, EOS - normal. The abdomen with palpation is moderately painful in the epigastrium and right hypochondrium. The borders of the liver - along the costal arch. Physiological administration - without features. The symptom of tingling is negative on both sides. The consciousness is clear, there is no meningeal and focal symptomatology. He received treatment according to the clinical diagnosis. During treatment 12.11.2009, a moderately positive dynamics of the clinical picture was noted. No active complaints. The deterioration of his state of health on November 13, 2009, when he was again hospitalized in the therapeutic department of FBU IZ-77 \ 2 ... according to the patient, is connected with psycho-emotional stress about the forensic investigative actions. November 16, 2009 examination in the department: the condition of the patient of moderate severity. Temperature 36.5 gr. C. No injuries. When observing a complaint: pain in the epigastrium, right hypochondrium, herpes zoster, nausea, vomiting. Objectively: the state of the patient is moderate. Temperature 36.5 gr. C. The skin and visible mucous membranes are of normal color, somewhat pale. In the lungs - vesicular breathing,

desquamation, gases depart, the chair was in the morning, there is no dysuria. Conclusion: Diagnosis: Exacerbation of chronic cholecystopancreatitis. November 16, 2009 a decision was made to hospitalize Magnitsky S.L. to the special hospital FBU IZ-77/1 of the Federal Penitentiary Service of Russia in Moscow, in connection with which an ambulance team was called up, when examined by emergency doctors, the diagnosis was confirmed: Chronic cholecystopancreatitis, exacerbation, but the general condition was assessed as being closer to satisfactory. Ambulance Patient

November 16, 2009 was hospitalized on an emergency basis in a special hospital FBU IZ-77/1 ... in the surgical department. When boarding a car and while in a pre-trial detention center, he moved independently, behaved and reacted adequately to the situation. The adequacy of the treatment is confirmed by the positive dynamics of the clinical picture during the period from 10/07/2009 to 12/12/2009, when he was discharged from the therapy department in a satisfactory condition. Supplement: from the moment of admission to SIZO-2 until the moment of hospitalization in the hospital of the therapeutic department of the MCH FBU IZ 77/2 Magnitsky S.L. I didn't address active complaints ...".

From the minutes of the interrogation of witness L.A. Litvinova from 04.12.09 (t. 1, Id 188-195): "... I was the attending physician of the arrested and arrested Magnitsky S.L. The indicated patient was hospitalized in the hospital on October 7, 2009. The reason for hospitalization was on a planned round-trip ... Magnitsky S.L. complained of back pain and poor health. On the same day Kratov D.B. was examined ... I was given ... an order to administer this patient, he was hospitalized by the decision of Kratov D.B. 07.10.2009 I conduct an examination of the patient, I look at him illnesses. Based on the medical card of Magnitsky S.L., his examination and oral explanations, he is diagnosed with gallstone disease (cholelithiasis), chronic pancreatitis, calculous cholecystitis. After state capitalization, Magnitsky S.L. treatment is prescribed according to the clinical diagnosis ... In the hospital Magnitsky S.L. was until 12.11.2009, while starting from 10.26.2009 there were no active complaints about the state of health. On or about November 11 or 10, he received a certificate from me on hand that he was being treated in a hospital for trial.

November 12, 2009 he was discharged from the hospital, did not present any complaints, since the patient's condition was satisfactory (remission). During the treatment, I repeatedly made suggestions ... about his transfer to the hospital FBU IZ 77/1 for examination, however the latter refused ... during his stay in the hospital he underwent an ECG, which did not reveal any significant cardiac abnormalities. ECG dated 10.21.2009 ...

11/16/2009 ... I found out that Magnitsky S.L. According to the paramedic ... I learned that on November 13, 2009, at about 10 p.m., after judicial investigations, Magnitsky S.L. He complained about his health, namely: deterioration ... She ... translated Magnitsky S.L. from the camera to the hospital with a diagnosis of chronic cholecystitis, chronic pancreatitis in the acute stage. After the transfer, he was prescribed treatment similar to that which he had received before, treatment was prescribed by Pridanova O. ... treatment led to positive results - to a positive dynamics in the clinical picture. November 16, 2009 Magnitsky S.L. was examined by me, he complained of back pain and nausea ... he explained that he had violated the diet recommended to him earlier, was in a very confused and depressed state ... explained that ... he was outraged and shocked the course of the judicial investigation ... Visually, his appearance and behavior really differed from the previous one: he was extremely depressed, confused, dejected and at the same time outraged by what had happened ... I called a

surgeon to examine the patient, his condition, in my translation to the surgical department of the hospital for examination and vomiting, which is impossible to provide in the conditions of our institution
gada of ambulance ... for his hospitalization in the hospital (surgeons SLTo'Rzhe! Magnitsky S.L. departed ... walked on his feet ...

Question a) Kli Magnitsky S.L. any medications other than those of certain documents? Answer: The patient had "mezim, alachol" on his hands;

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according to the information I have, he also had panzinorm-forte, a drug for stabilizing the pancreas. He had this drug upon admission to the hospital, and then was prescribed during treatment ... "

From the Medical Certificate signed by L.A. Litvinova dated 11.16.09 (vol. 1, Id 266): "Magnitsky ... cannot take part in forensic investigative actions for medical reasons (Diagnosis: acute pancreatitis)".

From the explanation of Stevekin A.M. from 11/18/09 (vol. 1, Id 120-121): "... for escort to SIZO-1 for hospitalization of the suspect Magnitsky ... I gave the command ... to handcuff the suspect and check that they are loosened and do not press on the wrists. On the whole route Magnitsky behaved satisfactorily, without violating the TAC ... Upon arrival at SIZO-1 ... I took his handcuffs off ... At 18:43 the doctor of SIZO-1 examined him and accepted a medical card ... During the movement Magnitsky followed in a bent position, his stomach ached badly ... "

From the minutes of the interrogation of witness A. Stevekin from 10.02.10 (t. 4, Id 31-33). "... November 16, 2009 at about 15:00 ... I received Magnitsky S.L. under temporary control ... put on the investigatively arrested Magnitsky SL special equipment - handcuffs ... Arriving at FBU FROM 77/1 ... I immediately from Magnitsky SL and informed the duty officer (such a record) ... he called the doctor ... who made a medical examination of S. Magnitsky. in the sanitary unit. To start the inspection Magnitsky S.L. he lay down on the couch, after which the doctor palpated the abdominal region of Magnitsky S. L., while he ... complained of vomiting ... "

19:40 From the minutes of the interrogation of witness V.V. Kornilov from 08.12.09 (vol. 1, Id 210-213): "... I am a psychiatrist and psychiatrist of the visiting brigade of the SPP in Moscow ... 11/16/2009 I took up daily duty ... Together paramedic Morozov S. and the driver were on duty with me ... At 19 hours 40 minutes November 16, 2009, when we were in the ambulance substation ... we received a call to the Matrosskoy Tishine.-, we went ... and were at the place at 20 hours 00 minutes, about which the corresponding entry was made in the call card. However, the indicated time is not the time of passage to the SIZO territory, but the time of our arrival at the checkpoint of this institution. There were problems with our passage to the pre-trial detention center ... We waited more than an hour at the entrance to the pre-trial detention center. I repeatedly asked the duty officer the question of when the ambulance would be arranged, noting that there is a person in the detention center who needs emergency assistance. After more than an hour, we were allowed into the pre-trial detention center without a car ... we walked ... the man took us to the pre-trial detention center, and then we went on our own, because ... we knew exactly where the medical office is for examining patients with mental illness . the patient was not In the specified office of medical workers. After some time, how much I find it difficult to explain, the same medical worker came to meet us at the checkpoint. I asked him to explain in more detail the reason for our challenge, that is, what exactly is the absurdity of Magnitsky's behavior and

statements, as well as information about his math health condition. To this request, he presented me with a medical card for the patient Magnitsky, who, according to him, was transferred on November 16, 2009, a few hours before our call, from the Butyrsky pre-trial detention center in Moscow. In the extract from the medical record attached to the medical record itself, it was indicated that the condition of the patient on 16.11.2009 sharply worsened, due to a pain attack of cholecystopancreatitis, that is, the patient, according to the profile of this pathology, should have been in the SIZO hospital Matrosskaya silence . It was also explained to me that the indicated patient was in an extremely excited state today, shouting, saying that "you want mine with

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Staying impossible due to the absence of the patient. In fact, in this situation, I would have to leave the pre-trial detention center due to the absence of the subject of a medical examination, but in order to make sure that the person does not currently need (or needs) resuscitation, I and feldsher Morozov S. and the aforementioned medical worker of the pre-trial detention center proceeded to the patient on the first floor cell. The patient was not in the hospital, but in an ordinary cell on the ground floor of the main building. Entering the camera, I saw that the patient was sitting on the floor, as far as I remember, was half-undressed - that is, he was shirtless, but in trousers, leaning his back against the bunk. In the camera, as far as I remember, there were handcuffs. I don't remember whether they were fastened to the corpse's hand or fastened to the bunks, but the general picture seemed to be that these handcuffs were recently unfastened, was apparently fastened to his left hand because it was bluish.

The head of the corpse was tilted towards the left shoulder, the eyes were open, the pupils were wide, the corneal reflexes were absent, that is, the pupils did not react to either light or pain stimulus, this was checked by me personally. There was no pulse, the heartbeat was not audible, there was no respiration, and arterial pressure was not audible. The skin is pale, already cool to the touch, which indicates the onset of biological death more than 15 minutes before the examination. A check was also made on the "cat pupil symptom", that is, I pressed the corpse on the eyeball, it contracted and did not take its original form, which also indicates the occurrence of biological death at least 15 minutes ago. There were no cadaverous spots on the body, at least visually. Having ascertained this situation, I informed the ambulance substation and the jail doctors present that the patient died before the ambulance arrived. After making sure that it was impossible to carry out any resuscitation measures, we left the detention center. Question of the investigator: with whom did you go to the pre-trial detention center? Answer: I and the paramedic Morozov S ... came into the pre-trial detention center. "

From the minutes of the interrogation of witness Morozov C.V. dated 08.12.09 (vol. 1, Id 214-216): "... I am a medical assistant of the visiting team of Moscow SPI ... 11/16/2009 I joined the daily duty ... A doctor was on duty with me Kornilov V.V. and the driver ... At 19 hours 40 minutes November 16, 2009 we received a call to the pre-trial detention center. Matrosskoy Tishine... we drove to the indicated address and were at the place at 20 hours 00 minutes ... We waited more than an hour at the entrance to the pre-trial detention center - from about one hour to an hour ten minutes. After the indicated time, the checkpoint employee ordered us to drive the car out of the checkpoint gate and walk to the detention center, which the doctor and I did when we went through the main entrance of the building overlooking ul. Matrosskoy Tishine. At the checkpoint for citizens we were met by an escort who led us to the medical office to examine the patient. The specified office was closed, there was nobody there ...

I asked the employees of the pre-trial detention center what kind of person we had been called to, such as whether they were alcohol, a schizophrenic, and I was told that he was arrested for tax crimes. At this time, a medical assistant appeared, who opened a medical room and, together with the doctor, went into this office to study the patient's medical documentation. As far as I remember, the medical assistant stayed in the room, ordering the security guard to bring the patient ... The security guard went after the patient, after a while he returned and said "but he seems to have died." Together with the paramedic and the doctor, I proceeded to the place where the patient was. It was an ordinary cell on the ground floor of the building. Entering the camera, I saw that the patient was sitting on the floor, there was a puddle under him, as I understood, he had an involuntary urination. In my experience of EMERGENCY WORK, I CAN say that after the death of a person

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expanded, the reaction to light is negative, a symptom of Beloglazov (cat's eye), heart sounds were not heard, the pulse on large major vessels was absent. When we tried to measure the pressure of the patient, partial rigor mortis was felt, which indicates the onset of biological death 15-30 minutes before the fixation of this symptom. Question from the investigator: was the corpse dressed? Answer: as far as I remember, the clothes on the corpse were, because when we tried to measure the pressure, we rolled up the sleeve on our left hand. I couldn't explain whether it was a shirt or a sweater, I don't remember ... ".

11.11.16 From the ambulance calling card (t. 4, Id 108): "... outfit No. 782896, brigade 13, post 11.11.16 on the call received at 14:29 arrived at 14:57, an occasion : about. pancreatitis Waiting for the convoy 2 hours 35 m ... Дз: о. cholecystopancreatitis. Delivered to b-tsu FBU FROM 77/1 - special. b-tsa. Complaints of pain in the right, left hypochondrium, in the epigastric region, nausea. Sick for 3 days, undergoing treatment and examination in the detention center, the condition has not improved. Transferred to the Matrosskoy Tishine Hospital. A history of chronic cholecystopancreatitis. Objectively: the general condition is satisfactory, cf. gravity, clear consciousness, passive attachment. The skin is obgch. coloring ... T 36.6. Breathing is free, rhythmic, vesicular, rales are absent. NPV 18. Pulse = HR = 78, rhythmic. HELL 150/80, the usual 130-140 / 80. Heart sounds are clear, noises. The tongue is wet, coated with plaque. The abdomen of the correct form, soft, b / disease. Positive s. Ortner left and right. Peristalsis is not broken. The liver is not enlarged. The spleen is not palpable. No vomiting. Chair decorated., Reg. The behavior is calm, contact, sensitivity is not broken. The speech is intelligible. The pupils are ordinary, 00 = 08, the reaction to the light is alive. Meningeal symptoms neg. Focal symptoms are absent. Coordination is not broken. Genitourinary system b / pathology. Cm striking neg. at both sides. 1. Inspection. 2. The cold. 3. Hospitalization in FBU IZ 77/1 - Special, btsu, transportation without impairment ... ".

11/17/09 From the protocol of the inspection of the scene, compiled on 11/17/09 from 00:30 to 00:55 (vol. 1, Id 124-125): "... The inspection was carried out under artificial lighting. Inspection found: the scene of the incident is the intensive care unit in the hospital building of FBU IZ 77/1. On the bed was found the corpse of Magnitsky S.L., born on 08.04.1972 The corpse lies on its back, hands lie near the body, legs are extended. There are ... panties and ... socks on the corpse. There are circular abrasions in the wrists. No other bodily injuries were found on the corpse ..." Attached to the protocol are 6 photoTabs on 4 pages.

From the death act of 11.16.09 (vol. 1, Id 20): "... Department: PIT surgery ... Cause of death: toxic shock. Acute cardiovascular failure. Diagnosis: cholelithiasis. Acute calculous cholecystitis. Acute pancreatitis. Pancreatic necrosis? Acute psychosis. No signs of violent deaths have been identified. There are no yellow metal teeth in the oral cavity. Traces of injections are the result of the treatment ... "

From the Conclusion of the internal audit according to the information set forth in the article "The lawyer died in prison" and in the complaint of the accused S. Magnitsky (t. 4, Id 115-128): "... the commission for conducting an internal audit examined the following issues:

1. Was there any legal basis for keeping the accused Magnitsky S.L. in custody and for his movements between pre-trial detention centers in Moscow?
2. Under what conditions was Magnitsky SL detained? Did these conditions comply with the requirements of the current legislation? Did Magnitsky S.L. to the administration of pre-trial detention center No. 2 with complaints about the conditions of detention? Which of the pending complaints has been taken?
3. Has the Mage ?? of Detention provided medical assistance, and what? Is obr ^^ the administration of the pre-trial detention center No. 2 complaining about the state of health care? By whom and how were complaints addressed?

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S.L. He was detained legally, his movements between pre-trial detention facilities were carried out in accordance with the decisions of the authorized bodies and persons in charge of his criminal case.

2. During his detention in pre-trial detention center No. 5 and in pre-trial detention center No. 1 Magnitsky S.L. I didn't apply with complaints and statements about the conditions of detention ... During the period of detention in remand prison No. 2, Magnitsky SL was sequentially placed in cells No. 52, 267, 59, 35, 61, 708, 714, 305, 714. The Commission studied the conditions of detention and the circumstances of the movements of Magnitsky S.L. between the cameras ... Camera No. 708 of the medical part of the institution with an area of 11 square meters. meters, equipped with 4 sleeping places (2 bunk beds) ... At the time of the inspection, the cell was undergoing current repairs, and therefore, it is not possible to assess its sanitary and hygienic condition. Magnitsky S.L. He was detained in cell no. 708 from 10/07/2009 to 10/30/2009. For the indicated period, together with it it was contained: from October 7, 2009 to October 14, 2009 - 3 people (the size of the living area per one contained 3.7 square meters); from October 14, 2009 to October 29, 2009 - 2 people (the size of the living space per one contained 5.5 square meters); from 10/29/2009 to 10/30/2009 contained only Magnitsky S.L. (living space on one contained 11 sq. meters)

10.30.2009 there was a leakage of the ceiling ... Magnitsky S.L. according to the report of the attending physician L. Litvinova was transferred to cell number 714 ... Cell number 714 of the medical part of the institution with an area of 11 square meters. meters, equipped with 4 berths ... Magnitsky S.L. He was detained in cell no. 714 from October 30, 2009 to November 13, 2009. For the indicated period in the cell were: 2 people (the size of the living area per one contained 5.5 square meters) ... Translation Magnitsky SL 11/13/2009 from cell No. 714 of the therapeutic department to cell No. 305 was connected with the end of his treatment course based on the report of the attending physician L.A. Litvinova ... There were 4 people in cell No. 305 (the size of living space per one contained 3.1 sq.

Meters). Magnitsky S.L. he was kept in the cell for less than a day, since on the same day he was returned to cell no. 714 of the medical unit in connection with the exacerbation of existing diseases ... Thus, it was found that the conditions of detention of S. Magnitsky in pre-trial detention center No. 2, in general, they complied with the requirements of the legislation of the Russian Federation. The cells in which he was detained were equipped with the necessary furniture and equipment in accordance with established standards ... For the entire period of detention in the specified institution he was provided with an individual sleeping place. At the same time, he spent 36 days in cells in which the Federal Law of the Russian Federation dated June 25, 1995 No. 103-ФЗ "On the detention of suspected and accused of committing crimes" sanitary was not observed standard living space - 4.0 square meters. meter. The actual size of the chamber area per person was from 2.12 square meters. meters to 3.7 square meters meter. While in pre-trial detention center No. 2, Magnitsky S.L. indeed repeatedly (7 times) was transferred from one chamber to another. In one case: on September 1, 2009, the transfer from cell No. 267 to cell No. 59 was made without sufficient justification and in the absence of a written report from an authorized official. The remaining transfers were carried out due to the need to repair sanitary equipment, or for medical reasons. In the period from October 1, 2009 to November 16, 2009, the facts of the appeals of S. Magnitsky with complaints and statements to the administration of the pre-trial detention center No. 2 on the conditions of the detention was not recorded. Since the institution until 01.10.2009 there was a Journal of registering statements and complaints from suspects and accused of the administration address, confirm or deny the statements of S. Magnitsky about his appeals during the period from July 25, 2009 to September 30, 2009 it is not possible ... As follows from the report of the nurse of the therapeutic department of the medical unit of remand prison No. 2 reprisoned for regime building No. 8, in which the cell is located

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department ... Magnitsky S.L. at 21.00 he was examined by duty assistant paramedic Khokhlova T.G. The diagnosis of intercostal neuralgia. Prescribed treatment: melokan (1 tablet for pain). In addition, Khokhlova T.G. consultation with a doctor-surgeon was recommended. However, none of the doctors was acquainted with the record of the paramedic. There was no record of the examination on August 24, 2009, and on the medical record of S. Magnitsky ... According to the report of the deputy head of the pre-trial detention center No. 2, Lt. Col. Colonel D. B. Kratov ... On August 25, 2009, a planned detour of the security corps was carried out No. 8 by the head of pre-trial detention center No. 2. When visiting camera No. 267 Magnitsky S.L. on medical issues did not apply. 08/31/2009 a planned round of cameras was also conducted by the leadership of SIZO No. 2. When visiting camera No. 267, Magnitsky S.L. I didn't make any complaints about health, which is confirmed by the report of the deputy head of the pre-trial detention center No. 2, lieutenant colonel of the internal service Kratov DB ... 07.10.2009 Magnitsky SL He appealed to medical workers of the pre-trial detention center No. 2 with an oral statement about his examination and the appointment of treatment. Deputy Head of the institution for medical and preventive work, lieutenant colonel of the internal service Kratov DB a decision was made to hospitalize Magnitsko SL to the therapeutic department of the medical unit ... During his stay in the therapeutic department Magnitsky S.L. On October 21, 2009 an electrocardiographic study was conducted, according to the results of which no pathologies were revealed. At the same time, with the available Magnitsky S.L. the disease necessarily required the consultation of a surgeon, conducting biochemical blood tests and ultrasound of the abdominal organs. This has not been done. 12.11.2009

Magnitsky S.L. after completing the course of treatment, he was discharged in a satisfactory condition, he was given recommendations on dieting and further medication.

11/13/2009 after arriving from the hearing, Magnitsky S.L. appealed to the duty medical officer Pridanova O.A. ... with complaints of deterioration in health, which he associated with the psycho-emotional stress during the trial and the irregularity in food intake. After examination by a medical assistant on duty, he received medical assistance: the No-Shpa solution intramuscularly. After this, Magnitsky S. L. was hospitalized in the therapeutic department. In the department, antispasmodics (no-shpa, papaverine), cold on the stomach are prescribed.

During the control examination on the same day, positive dynamics were noted. November 14, 2009 and November 15, 2009 Magnitsky S.L. was under the supervision of medical attendants on duty, received the prescribed treatment. 11.16.2009 examined by the head of the therapeutic department Litvinova L.A. The condition of the patient was regarded as moderate, the diagnosis was made: "Exacerbation of chronic cholecystopancreatitis." After examining the surgeon Khizreev M.Kh ... a decision was made on the direction of Magnitsky S.L. to the hospital FBU IZ-77/1 ... An ambulance team was called, upon examination by a doctor whose diagnosis was confirmed. The ambulance team delivered the patient to the hospital FBU IZ-77/1 ... Upon receipt of Magnitsky S.L. at 18.30, he was examined at the specified surgeon by the surgeon on duty Gaus A.V. ... His condition was regarded as closer to moderate severity. Magnitsky S.L. was conscious, adequate ... At 19:00 the patient's condition worsened sharply, his behavior became inadequate, he was disoriented, agitated, and had a dialogue with his "voice". Given this condition, the patient was urgently called a psychiatric ambulance team. Prior to arrival, the patient was scheduled to undergo spasmolytic therapy. However, its implementation was impossible due to the aggressive behavior of Magnitsky S.L. At 21 hours and 15 minutes he was again examined in connection with the worsening state. When examined by a psychiatrist, the patient's condition sharply and suddenly worsened - he lost consciousness. Resuscitation measures started - ===== - " - heart massage and mechanical ventilation. Patient therapy, where resuscitation measures were lung production, hormones, adrenaline (total dose, measures taken within 30 minutes, positive

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50 minutes on-duty surgeon of the SIZO hospital Gaus A.V. the biological death of the person under investigation was ascertained ...

When checking the organizations of the medical care of the accused, S. Magnitsky a number of shortcomings were identified in the work of the medical service of pre-trial detention center No. 2 ... On the part of the deputy for medical and preventive work, Lt. Col. Colonel D. B. Kratov control over the work of medical personnel is weakened. The organization of outpatient reception was carried out in violation of the requirements of the joint order of the Ministry of Health and Social Development of the Russian Federation and the Ministry of Justice of the Russian Federation dated October 17, 2005 No. 640/190. Primary medical documentation (medical records, outpatient admission journals) was practically not kept. As a result of this, it is not possible to confirm or refute the facts of an inattentive attitude towards patients and the refusal of medical assistance to S. Magnitsky, given in his diary entries. However, what is in the medical record of Magnitsky S.L. no recordings were made for two and a half months (from July 24, 2009 to October 7, 2009), it can be concluded that there are serious shortcomings and omissions in organizing medical care for detainees in general and the treatment of the accused Magnitsky S. L. in particular.

Thus, during the audit, the commission found that during the period of detention in pre-trial detention centers, Magnitsky S.L. was under medical supervision and received treatment. However, the medical staff of the pre-trial detention center No. 2 in relation to S. Magnitsky a number of violations were committed: a repeated ultrasound examination of the abdominal organs was not performed, despite the recommendation of the attending physician in pre-trial detention center No. 1; there was no consultation with the surgeon, as was recommended on August 24, 2009 by the assistant paramedic of detention center No. 2. On the medical card of S. Magnitsky no records for two and a half months. Serious shortcomings in the activities of the administration of the pre-trial detention center in organizing medical care for persons in custody were identified. Morning medical conferences are not held. The report on the work done for the daily duty is reduced to writing a report by the assistant paramedic on the report in the magazine of the national team. The management of the medical service does not consider the report. Medical records are kept in the hospital of the medical unit, however, the quality of their filling does not meet the established requirements.

The leadership of the institution and the Federal Penitentiary Service of Russia in Moscow explain these and a number of other shortcomings due to the lack of time in connection with the increased load on medical staff. Currently, the shortage in the medical unit of SIZO No. 2 is 10 units. There is no tuberculosis service. The positions of TB doctors have not been staffed for more than a year. Also, more than a year the posts of doctors - dermatologists and venereologists were not staffed. The general practitioner only started work on 10/26/2009. For a long time, the posts of specialists — pharmacist, laboratory assistant, and a number of others — were not staffed. The head of the medical unit has been absent from service since May of this year. This state of affairs became possible owing to the unsatisfactory organization of the work of subordinate services and officials of the pre-trial detention center on the part of the head of the institution, lieutenant colonel of the internal service, Komnov D.V. He did not properly organize timely consideration of complaints and statements of suspects and accused, their relatives and lawyers. As a result, there was no registration of appeals of persons in custody to the administration of pre-trial detention center No. 2 for a long time. The head of the institution did not exercise control over the organization of medical care for suspects and accused. It has been established that in relation to Magnitsky S.L. at least one fact has occurred

medical staff performing the institution of the prescribed medical examination and non-native | ^ recommended medical consultation ... Based on the foregoing, Е ^^ Е ^ ЛИ7ш> 1: Are there serious shortcomings in the organization of medical support? YayLi ^ to! d ^ w " ^ й й“ Я "" "in custody ...".

Glai ^ Mellade ' ^ AND Management I

oShe ^ haaMu Chief physician for medical. parts (for work on the traumatologic st.

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Merkhanov D.R. from 12/17/09: "I inform you of your request of 02/02/2009 that S. Magnitsky I didn't apply and did not receive treatment at City Clinical Hospital No. 36 ...".

DATE WRONG ARRESTED 11/08, DIES 11/09

/10 /04/09 a report of Art. investigator K.Yew. Black, from which: "... I sent a request to the city polyclinic No. 7 of Moscow about the availability of medical documentation for Sergei Leonidovich Magnitsky, born April 8, 1972 ... registered at the address: Moscow, st. Pokrovka, d. 20/1, apt. 43. The

registrar of the indicated clinic explained that the medical documentation for S. Magnitsky is absent. An official response to the request will be provided to the district investigative department no later than April 12, 2010. "

04/09/10 the protocol of additional interrogation of witness Gaus A.V. is additionally presented. (held on April 9, 10 in the office of the Commission of Expertise Department of the Bureau of SME DZM of Moscow with the participation of the SME Stogovoy K.K.): "... Question Stogovoy K.K. to witness: what is the exact time of arrival of Magnitsky S.L. to the hospital FBU IZ-77/1 of the Federal Penitentiary Service of the Russian Federation in Moscow on 11/16/2009? Witness response: Magnitsky S.L. was examined by me at 6.30 pm on 11/16/2009 in the combined department of FBU IZ-77/1 of the Federal Penitentiary Service of the Russian Federation in Moscow - this time is not considered the time of arrival at hospital due to the fact that measures are being taken as stipulated by the regulations of the pre-trial detention center (search of personal belongings, conversation with an employee of the operative part and others). The time of admission to the hospital is considered to be the time of the delivery of the arrested person to the department - in this case 21 hours 20 minutes. Question by Stogovoy K.K. to witness: was your appointment intramuscular injection of spazgan Magnitsky S.L. from 11.16.2009 at 19 hours 30 minutes? Witness response: this injection was not carried out by me personally, since I was in the headquarters, from where I called Magnitsky S.L. psychiatric ambulance. This injection was to be made by the assistant paramedic and had to make an appropriate record in the medical history. Question by Stogovoy K.K. to the witness: which drugs were introduced to Mr Magnitsky S. L. during resuscitation from 21 hours 20 minutes to 21 hours 50 minutes, the injection site, their number? Who gave the injections? Testimonial answer: one milliliter cubic adrenaline was injected in a total of 5 milliliters per liter in one and muscularly

Liu: why was the hyoid area chosen for injections? Answer of witness: in connection with the absence of peripheral veins in Magnitsky S.L. Question by Stogovoy K.K. to witness: did Mr Magnitsky have signs of life at the time of delivery to the intensive care unit? Witness answer: only the pulse in the carotid artery was determined. Question by Stogovoy K.K. to the witness: why did the patient's sharply worsened condition at 19:00 ("excited, disoriented, conducts dialogue with the voice") be regarded only as acute psychosis, and the organic / infectious lesion of the central nervous system is not suspected? Witness response: I regarded this condition as acute psychosis, not associated with somatic pathology, due to the fact that S. Magnitsky there were no symptoms of endogenous intoxication. Question by Stogovoy K.K. to witness: why wasn't electrical stimulation of cardiac activity carried out by Magnitsky S. L.? Witness response: The intensive care unit of the surgical department is not equipped with a defibrillator. Question by Stogovoy K.K. to witness: Why the biological media of Magnitsky S.L. for their research? Witness answer: the laboratory works in the daytime, Mr Magnitsky was delivered in the evening, and therefore analysis was not possible. Vop '^^ K = k-evidEezhe ^ =.

Are investigative arrestees held outside the hospital ^^^ yyo

if so, with what frequency? Witness response: 1 / for syphilis and HIV, as well as GPU fluorography

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are carried out during the examination of the patient and their appointment by the doctor in the presence of relevant complaints of the patient. Question by Stogovoy K.K. to witness: how much time has passed from the moment you were notified of the deterioration of Mr Magnitsky's condition and

before resuscitation? Witness answer: I find it difficult to answer, because in the indicated period of time I did not look at the clock ... ”

04/26/10 additionally presented a medical record of outpatient patient No. 17 from the IDC "Ideal" in the name of Magnitsky SL, in which there are the following entries: "08/15/09 ENT: diagnosis: bilateral chronic sinusitis. 02/04/09: complaints of headaches, dizziness, weakness, nausea. In his entrance 04.02 at 08:40, slipping, fell, hitting his head, lost consciousness for a short time, there was vomiting, turned to the State Clinical Hospital, where the joint venture was delivered ... Diagnosis: concussion of the brain, recommended treatment on an outpatient basis ... Accompanying sheet of the NSR from 02/04/09: On the P-gram of the skull in 2 projections from 02/04/09, visible bone-traumatic changes in the cranial vault are not determined. Strengthening the vascular pattern and finger impressions of the cranial vault ... Treatment at home by a neurologist. 02/10/09: there is no improvement, the goal is disturbing. pain, dizziness, weakness, nausea. Appointments ... 02/10/09 ophthalmologist: OO / O8 = 05/09 - 1.) = 1.0 / 1.0, optic disc opticonium is pale pink, blood vessels are not changed ... Extract from the medical history of a hospital patient (Nalchik , RKB, NKHO): "Magnitsky S.L., 21 years old. Injury 02/04/09, time of admission 02/11/09, discharge time 02/25/09, Diagnosis: CCTV. Medium brain contusion. Linear fracture of the arch and base of the skull. Injury from a fall. He was losing consciousness, there was vomiting. Upon admission to the CWO, the condition is relatively satisfactory. Somatically without pathology. In a nevrolog. status: cerebral, light shell s-ka, VII, XII square 8., mountains. expressed. Static disturbance, anisoreflexia, autonomic lability. On K.-gr. skull - a linear fracture of the frontal bone on the right with the transition to the base of the front. black pits. EchoES - there is no displacement of Me. Treatment ... Discharged in satisfaction. condition with significant improvement on the ambulance. aftercare by a neurologist. Ask ... "(02.25.09, the Signature of the doctor, triangular seal RKB M3 KBASSR). From 05 to 31.03.09 the diagnosis: cranialgia, extravertebral myotonic syndrome against osteochondrosis of the cervical spine. The consequences of a cervical injury after a head injury. He completed a course of manual and laser reflexology. The patient believes that 50% efficiency has been achieved. Headache less often, limited to the temporal region. The places of attachment of the occipital muscles are slightly painful. Extract No. 20445 from State Clinical Hospital No. 33 named after prof. A.A. Ostroumova, certified by the doctor's signature and a triangular seal, dated 03.09.09: "Magnitsky S.L. receipt date 08/27/09, discharge date 03/08/09 (such an entry). Diagnosis: acute destructive appendicitis. Received in x / o with the clinical picture of acute appendicitis. It was operated on an emergency basis, acute destructive appendicitis was operated on, appendectomy was performed. The postoperative period was uneventful. The wound healed by primary intention ... ". The card contains a roentgenogram of the maxillary sinuses of 08/15/09, studied by experts, bone-traumatic pathology is not determined.

05/04/10 by facsimile from investigator K.Yew. Cherny received an information letter No. 252 dated 04/12/10 from the city polyclinic No. 7 of the UZ CAO of Moscow signed by the head physician R. Ya. Likhachevoi: "... In response to your request ... City Polyclinic No. 7 of the UZ CAO informs: Residential building at the address: Moscow, st. Pokrovka, d. 20/1 is located in the service area of the city clinic. Magnitsky Sergey Leonidovich registered at: Moscow, st. Pokrovka, d. 20/1, apt. 43, it is valid ^ in ^ retshstra is not listed. The medical documentation on Magnit-x did not apply to the doctors of the clinic with medical assistance-

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05.06.10 additionally presented are 3 volumes of criminal case No. 366795 (the 5th volume is not numbered, the 6th on 297, the 7th on 165 stitched sheets), of which:

From the protocol of the additional interrogation of the victim Zharikova N.V. from 04.15.10 (v. 5): "... I confirm all the evidence that I gave earlier during interrogation as a witness in the present criminal case in full. Question from the investigator to the victim: do you have at home ... any medical documentation on S. M. Magnitsky? The victim's answer: all the medical documentation on S. Magnitsky that I had at home ... is in my hands, I am ready to provide it to the investigation. No other medical documents addressed to Magnitsky S.L. the apartment is not available. I also know that Magnitsky S.L. sought medical help in the following institutions: State Clinical Hospital No. 33 of Moscow on September 3, 1996, 11th Central Clinical Hospital located at Moscow, Romanov per. 2 or 4, December 22, 2004, the Penta Clinic located on Chistoprudny Boulevard in Moscow (I can't say for a year), the medical and diagnostic center "Ideal" in Moscow (I can't say for a year either) ...".

From the complaint of Magnitsky S.L. to the head of the Federal State Budgetary Institution IZ 77/2 (there is an entry "2 months before death" above the text of the complaint) (v. 5): "... on September 10, 2009, at about 11:30, I was taken out of cell No. 35, where I was supposedly for departure to leave the pre-trial detention center ... Instead of taking me to court or to the investigator, I was held in the cell of the prefabricated department until about 19:30. At the indicated time, I was not provided with hot food, I was denied access to drinking water (it is impossible to drink unboiled water from a tap that is in the chamber of the prefabricated compartment), I was not able to use the toilet normally (the floor bowl in the chamber of the prefabricated compartment was not blocked off from the rest of the room and the toilet would have to be used in full view of everyone). I have repeatedly, starting at about 4:00 p.m., asked the prison staff to provide me and others who were in the cell of the prefabricated unit1 with food, or take us back to the cells, but every time, even after 6:00 p.m., where it was obvious that they wouldn't take us anywhere that day, in response to my requests I heard only: "Wait." As a result of the fact that I was kept all day without food and hot drink, as well as due to the stress caused by this, the pains in the pancreas became aggravated and pains appeared in my heart, which subsided Only by the prostlucha of September 11th. In addition, on September 10 they didn't take me to the shower, like other people who were in the same cell with me, as a result, I have been left without sanitization for more than a week already ..."

05/07/10 a telephone message from a senior investigator for particularly important cases of the Main Investigation Department S.V. Golkin requested medical documentation in the name of Magnitsky S.L. from State Clinical Hospital No. 33, Central Clinical Hospital, Lenta Penta Clinics.

05/07/10 additionally presented:

- certificate from Penta Clinic LLC No. 18 dated 05/07/10, certified by the signature of the General Director F.Kh. Kayumova: "We inform you of your outgoing request No. 201 / 366795-10 of 05/07/2010 that Sergei Leonidovich Magnitsky, born on 04/07/1972, applied for medical help at the Penta-Clinic Public Health Center on September 21, 2006 to an ENT doctor for a sulfuric plug in the right ear, otitis externa";
- a certificate no / n from the City Clinical Hospital No. 33 dated 05/07/10, certified by the stamp and seal of the State Public Institution of the City Clinical Hospital No. 33, stating that "Magnitsky S.L. in 1996 did not receive inpatient treatment, according

data from the registration book ”;

- a response from the Federal State Institution “Hospital with a Clinic” dated 07 signed by deputy. the chief physician in the medical field L. ^ S.L., born in 1972, did not seek medical help;

- personal file of prisoner No. 253/09 in 2 sheets (1 - 247, 2 - 249);

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- protocol for additional interrogation of the **victim’s mother Magnitskaya N.N.** dated 07.05.10, from which: “... I confirm all the evidence that I gave earlier during interrogation as a witness in this criminal case in full. Question of the investigator to the victim: **did your son Magnitsky S.L. have any diseases, including chronic ones? since childhood?** The victim's answer: **no chronic diseases in Magnitsky S.L. throughout life. In early childhood, when Magnitsky S.L. was no more than three years old; he suffered from chickenpox (chickenpox). In 1993 - I can’t say a more accurate date, at S. Magnitsky’s there was a craniocerebral injury (he slipped on the street and as a result hit his head), after which he had headaches for some time.** For the period of life Magnitsky S.L. I did not complain of pain in the heart. Question from the investigator to the victim: **did Mr Magnitsky pass military service?** The victim's answer: **Magnitsky S.L. did not serve in the army, because after graduating from school he continued his studies at the Institute named after Plekhanov in Moscow.** Question from the investigator to the victim: **did Mr S. Magnitsky have any time during his studies at the school, as well as at the institute? any health restrictions?** The victim's answer: **there were not any restrictions on the state of health of Magnitsky S.L. for the period of his studies at school, as well as at the institute.** Question from the investigator: **did Mr Magnitsky complain for frequent abdominal pain?** The victim's answer: **Magnitsky S.L., did not have frequent abdominal pain but, of course, like all people, he had pains in his stomach, associated with poor-quality food intake.** Question from the investigator: **were in Mr S. Magnitsky observed signs of any mental disorder?** Response of the victim: **signs of mental disorder in Magnitsky S.L. not observed ... ”;**

- face-to-face protocol between witness V.V. Kornilov and witness Gaus A.The. from 05/07/10;

- interrogation protocol

us.

Having studied the materials of the criminal case No. 366795, the data of medical documents, the expert’s opinion (corpse examination) No. 2052, in accordance with the questions posed for permission, the **commission of forensic experts came to the following conclusions:**

1. The answer to questions 6,7,9. According to the presented medical record of outpatient patient No. 17 from the IDC "Ideal" and a certificate from LLC Penta-Klinik, S. Magnitsky, born in 1972, before his arrest on November 24, 08 and detention was established, the following –during diagnoses: **in August 1989 - bilateral chronic sinusitis, in February 1993 - concussion, moderate brain contusion, linear fracture of the arch and base of the skull (frontal bone on the right with the transition to the base of the anterior cranial fossa) , in March 1993 - "cranialgia, extravertebral myotonic to tna ^^ e. osten> chondrosis of the cervical spine, consequences of a cervical spinal cord injury. 7, acute destructive appendicitis, in September 2006 - otitis externa.**

| th ^ D4 Magnetic S.L. in the pre-trial detention centers he was diagnosed with phoses: in March 2009 - acute nasopharyngitis [COLD] , in July, October and November

2009 - gallstone disease, chronic cholecystopancreatitis in the acute stage, in May and October 2009 - chronic osteochondrosis of the thoracic spine with radicular pain syndrome, as an intercostal neuralgia.

During macro- and microscopic forensic medical examination of the corpse of Magnitsky S.L. the following is established:

- pathological changes of internal organs that are significant in thanatogenesis (death): secondary dilated cardiomyopathy;
- other pathological changes in internal organs: calculous cholecystitis; signs of chronic exogenous intoxication in the form of fatty degeneration of the liver, chronic persistent hepatitis with minimal activity, moderate fibrosis and pancreatic lipomatosis, fibrosis of the soft meninges; lipomatosis of the aorta and its large branches, anisofolliculosis of the thyroid gland, mild arterioglomerulonephrosclerosis;
- bruising and abrasions of the areas of the wrist joints, left hand, left leg, right ankle joint.

The death of Magnitsky S.L. came as a result of acute cardiac insufficiency, which developed against the background of secondary dilated cardiomyopathy, which is confirmed by the data of macro- and microscopic studies of his corpse. Conclusion expert Borzova A.N. about the cause of his death should be considered reasonable. It should be noted that dilated cardiomyopathy, discovered in S. Magnitsky. with a forensic study of his corpse, it may be clinically asymptomatic. Signs of exacerbation of existing chronic diseases in Magnitsky S.L. when examining his corpse was not found. Any complications of gallstone disease and pancreatitis (peritonitis, pancreatic abscess, ulcers, pressure ulcers of the gallbladder with perforation and bleeding, necrosis of the wall of the stomach and transverse colon, gastrointestinal bleeding, etc.) in Magnitsky S.L. at the time of his death was not, by themselves, these diseases with the onset of death are not associated.

2. The answer to questions 2.10. In the period of finding Magnitsky S.L. in IZ 77/1, 77/2, 77/5, qualified medical assistance was not provided to him in full.

After the appeal of Magnitsky S.L. for medical help on July 1, 2009 with complaints of girdle pain in the left hypochondrium, on July 2, 2009 he underwent an ultrasound examination of the abdominal organs and diagnosed with cholelithiasis, cholecystitis and pancreatitis. For relief of pain Magnitsky S.L. since July 2, 2009, painkillers and antispasmodics were reasonably prescribed, and subsequently anti-inflammatory drugs, antiemetics, vasodilators and drugs that help normalize the functioning of the gastrointestinal tract: enzyme and protective (no-shpa, baralgin) were also prescribed, cerucal, mezim-forte, panzinorm-forte, ranitidine, nitrosorbide, papaverine, phospholugel, vitamin B12), diet, including hunger, cold on the stomach.

The indicated diagnoses required laboratory tests of blood and urine (to determine the quantitative content of amylase, bilirubin, liver enzymes AST, ALT, alkaline phosphatase, GGTP and indicators of inflammatory changes in the body: leukocytosis, a shift in the blood count, etc.) that have not been assigned and have not been posted.

It should be noted that for the entire period of finding Magnitsky S.L. in investigative

A method for the treatment and prevention of complications of gallstone disease, even in the absence of a pain syndrome, is planned (in the coming months) surgical treatment consisting in the removal of the gall bladder containing calculi. This treatment, as well as control ultrasound examination, was recommended to S. Magnitsky. In July 2009, however, until November 16, 2009 were not held. Recommended to Magnitsky S.L. in IZ 77/2 in November 2009, choleric drugs (cholensim and allochol), taking into account the presence of gallstone disease, were contraindicated for him.

Established by doctors IZ 77/1 on 16.16.2009 as the probable cause of the death of Magnitsky S.L. pancreatic necrosis is not confirmed by the results of a forensic study of his corpse. In the pancreas, proliferation of connective and adipose tissue (signs of fibrosis and lipomatosis) was revealed, which does not consist in a causal relationship with the onset of death.

For symptomatic treatment diagnosed in Magnitsky S.L. osteo-chondrosis of the thoracic spine with radicular pain syndrome according to the type of intercostal neuralgia on the left were assigned: ketorol, ketanov, spasmolgon, tempalgin (in May 2009), diclofenac (in May and October 2009). The indicated treatment on an outpatient basis, as a rule, is supplemented by manual, physiotherapy and therapeutic exercises.

Presented by Magnitsky S.L. complaints of pain "in the back with radiation to the region of the heart and stomach, pain when taking a deep breath in the form of a cross" in May 2009, in October 2009 - pains in the intercostal space on the left, stopped by taking antispasmodics, were an indication for differential diagnosis of osteochondrosis and cardiac pathology, it was necessary to appoint repeated electrocardiography, ultrasonic heart examination, biochemical blood analysis to detect / exclude cardiac pathology, which was not done. Once electrocardiography was performed on 10/21/09 by doctors from 77/2, deciphered as "RK-0.12, (^ KL-0.08, rT-0.38, heart rate 66 per minute, sinus rhythm, correct, EOC "T4; there are changes, but of a minor nature." When a specified electrocardiogram was consulted by a cardiologist as part of this examination, signs of left ventricular myocardial hypertrophy were found.

Drug treatment of acute nasopharyngitis in March 2009 (in IZ 77/5) was sufficient, including antipyretic, antitussive, antimicrobial, anti-inflammatory, expectorant drugs: aspirin, bromhexine, furacilin, analgin, pectusin.

The expert commission notes the poor quality of medical records maintained by doctors of pre-trial detention facilities and their lack of information.

When identified in Magnitsky S.L. "Symptoms of hypovolemia, growing during the last day", "complaints of vomiting every 3 hours", according to an extract from the medical history No. 352, the condition of his skin integument (dry / wet), the nature of the vomit (content, volume) are not described etc. During the forensic investigation of the corpse of Magnitsky S.L. no signs of dehydration (blood thickening, stickiness of the serous membranes) were found.

The shortcomings noted above in rendering to Magnitsky S.L. medical care .ros 1.2. Give a complete and objective assessment of the resuscitations performed by Magnitsky S.L. in IZ 77/1 on November 16, 2009 did not represent – with! that medical records do not contain information about

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Conclusion No. 40-10 43 time of cardiac arrest, type of arrest (asystole / fibrillation), time of initiation of resuscitation measures, ratio of inspiratory frequency and frequency of chest compressions, time of patient transportation to the intensive care unit, resuscitation measures during transportation, on the effectiveness of heart massage (according to blood pressure indicators, pupil size, skin color of the face), etc.

The question of "the possibility of saving life" is prognostic and does not belong to the competence of the forensic medical examination. At the same time, it should be noted that during cardiac arrest on the background of secondary cardiomyopathy, in which, as a rule, there is a violation of the function of cardiomyocytes, a violation of their metabolism, fragmentation and impaired contractility, resuscitation measures, carried out even in full (Mechanical ventilation, closed or open heart massage, drug or electrical stimulation of the heart) are not effective regardless of the type of cardiomyopathy. Cardiac arrest in any form of cardiomyopathy means the depletion of the entire "energy resource" of the heart muscle and, accordingly, the almost complete failure of resuscitation measures.

4. The answer to question 5. A point wound in the area of the root of the tongue, discovered during a medical examination of the corpse of Magnitsky S.L., was the result of a medical injection. In the act of death of Magnitsky S.L. there was a record: "traces of injections - the result of the treatment", no other traces of injections were found on the corpse. In connection with the above, the direction of soft tissues from the injection area to a forensic chemical study was found to be inappropriate.

5. The answer to questions 3.4. Properly; from the Conclusion of the internal audit conducted under the chairmanship of the deputy ;; director of the FSIN A.A. Smirnova, while providing medical assistance to Magnitsky S.L. officials should be guided by a joint Order of the Ministry of Health and Social Development of the Russian Federation and the Ministry of Justice of the Russian Federation of October 17, 2005 No. 640/19 and the Internal Rules of the Detention Centers of the Criminal Executive System, approved by order of the Ministry of Justice of the Russian Federation of 14.05 .2005 No. 189. Since the above documents were not submitted to this expert commission, it is to be assessed whether there was a case when rendering to S. Magnitsky medical assistance any violation of this Order and the Rules does not seem possible. Evaluation of the actions of officials of pre-trial detention centers does not fall within the competence of the forensic medical examination, it is the prerogative of judicial and investigative authorities.

6. The answer to question 11. Transportation Magnitsky S.L. "From pre-trial detention centers to the judiciary", associated with psycho-emotional stress, dietary errors, etc., could adversely affect his state of health, however, objectively and reliably determine the extent of this effect from existing judicial - Medical data is not possible.

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