Medical documentation.

Form No. 1TZGU-87

Approved by the Ministry of Health

USSR 10.16.87 No. 08-9 / 154

OKONX form code 91540

OKPO institution code 01934228

BUREAU OF FORENSIC EXAMINATION

Moscow Department of Health

TANATOLOGICAL BRANCH №11

Moscow, 11th Parkovaya St., 32/61 Building 7, tel (095)965-7414

EXPERT OPINION

(corpse examination)

No. 2052

Based on a decision issued on November 17, 2009

Art. an investigator of JI in VAO SU SK at the prosecutor's office of the Russian Federation in Moscow,

Class 2 lawyer Black K.Yu.

(SIZO No. I)

in the room of the Tanatological Department No. 11

forensic expert Bureau SME A.N. Borzova

expert experience up to 1 year,

made a forensic examination

The rights and obligations of the expert provided for in Art. 57 UCRF, explained to me. About responsibility for giving a deliberately false conclusion nd- ст! .. 307. Criminal Code of the Russian Federation warned.

I,. J $ No. / '' i A.N. Borzova

Laboratory Assistant Karnaukh I.V.

. Sanitary worker Vasiliskov D.Yu.

The examination began on November 17, 2009 from 10:00 to 11:00

ended on December 29, 2009. Issues to be resolved during the examination, and other sections of the Expert Opinion, are set out on 4 sheets.

The conclusion is attached:

- photo tables on 2 sheets;

- a schematic representation of damage on 1 sheet;

- conclusion of a forensic chemical study No. 16377-g; 4732-x / 16377-g;

- conclusion of a forensic histological study No. 14519.

FOR THE COMMISSION OF EXPERTS THE FOLLOWING FOLLOWING F 1 ISSUES:

1. What damage is on the corpse, their number, location, degree)

gravity, limitation of infliction? ,

2. What could be the cause of the damage?

3. Damage caused intravitally or posthumously?

4. What is the sequence of damage?

5. Was the victim able to perform any independent actions (causing movement, screaming, etc.) after causing damage to him?

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?

Circumstances of the case. From the decision on the appointment of expertise, rendered on November 17, 2009, Art. as an investigator of the Investigative Department for V AO 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 about 9 p.m. 50 minutes in the intensive care unit FBU IZ-77/1 UFSIN RF in the city of Moscow at the address Sailor's silence d. 12 A found the body of Magnitsky S.L. (the diagnosis is cholelithiasis, acute cholecystitis, acute pancreatitis) ... ". From the protocol of the inspection of the scene., H drawn up on November 17, 2009, Art. as an investigator of the CO in the Eastern ^ administrative district of SU SC at the Prosecutor's Office of the Russian Federation in Moscow, a lawyer of the 2nd class 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 the back, hands lie along the body, legs are extended. The corpse has black underpants and black socks. There are

circular **abrasions in the wrist** area. **No other point? injuries were found on the corpse** ... ” From the death certificate issued by FBU IZ-77/1 of the Federal Penitentiary Service of Russia in Moscow dated November 16, 2009 it is known that: “Department: PIT surgery. Captain Vn. Gaus A.V. services ... 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 violent death was found**. There are no yellow metal teeth in the oral cavity. Traces of injections are the result of the treatment ... ” The corpse was delivered to the 11th Tanatology Department of the Service for the Transport of Dead and Deceased Citizens. A.S. Puchkova, Moscow, November 17, 2009 at 03:00, on a call received at 00:31,>. cover sheet No. 510925, responsible for Baryshnikov substation. Others, - no information was received at the time of the study. x

EXTERNAL RESEARCH. On the right upper limb of the corpse and ng- / left lower limb there is one tag with an entry from employee 11 of the Tanatological Department: “2052 Magnitsky 185”. On the right upper limb is a tag with the record of an employee of the Service for the Transport of Dead and Dying Citizens SS and NMP named after A.S. Puchkova, Moscow ”“ Magnitsky Sergey Leonidovich ”. On the outer surface of the right lower limb there is a record of brilliant green: “IZ-77/1 Magnitsky S.L. Born in 1972 Death 21:50 16 / XI 09 ". The following clothing was removed and examined from the corpse: navy blue cotton underpants, black cotton socks. All things are put on in the correct order, average deterioration, pollution is not found. The corpse of a man, of proper physique, f®rmd ”of left nutrition, body length 185 cm. The skin is pale gray, dry, H & T, cold to the touch in all areas. Rigor mortis is good in the muscles of the chewing muscles, in the muscles of the neck and limbs. The cadaverous spots are abundant, bluish-violet, diffuse, located on the back surface of the neck, trunk, upper and lower extremities, with pressure on them with a finger disappear and restore their original color after 8 minutes. **No damage to the scalp was found. Bones of the facial skeleton, cartilage of the nose to the touch are intact**. Eyes are closed. The mucous membrane of the eyelids is whitish yellow. The cornea is dull, translucent, the pupils are round, isometric, 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 frenum of the lips without hemorrhage and damage**. The teeth are natural, whole**, there are no traumatic injuries of the teeth,** no teeth were found under the yellow metal crowns. 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 bottom to top, measuring 7.0x0.7 cm, a grayish-whitish somewhat retracted postoperative scar, tightly fused with the underlying soft tissues. Pubic hair according to the male type, **the external genitalia are formed correctly, without discharge, damage, scars and ulcer**s. The glans penis is smooth, without ulcers and scars. At the top of it is a slit-like opening of the urethra, from which there is no discharge. The scrotum is asymmetric, wrinkled, gray-brown. The testicles in the scrotum are easily motile. 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 boundaries was found, with a width throughout 0.7 cm; the **surrounding soft tissue is 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; **soft tissues around are slightly swollen**, the boundaries of the bruise are clear;

against the background of the bruises described above, there are **multiple strip-like horizontally located abrasions** ranging in size from 0.7x0.3 to 1.0x0.4, their surface is reddish-brown, dried up, somewhat 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 red-brown, dried up, somewhat 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 projections of the heads of the metacarpal bones of the 2nd, 3rd, 4th fingers, a round-shaped bluish-violet bruising was found, with a diameter of 0.8 cm; 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 red-brown, dried up, and somewhat sinks relative to the level of the surrounding skin; the 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 fuzzier. Shiny dark red hemorrhages from 0.3 cm to 0.8 cm thick are located in the underlying soft tissues in the projection and corresponding to the above-described lesions, with the exception of bruising on the inner surface of the right lower limb in the projection of the ankle joint, where the hemorrhage is dim, ’, cm; red-brown color up to 0.1 cm thick. Any other-TGOyreysdeniyttgri ^

i A subsequent committee of the R / ss corpse investigation committee was not found. but

INTERNAL RESEARCH. The sample i | a is negative. The inner surface of the soft tissues of the head

pink, without hemorrhage. 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,) a grayish-whitish, smooth, shiny leaves freely from the bones of the skull, into its sinus. liquid dark red blood, no hemorrhages detected 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 there is not a large amount of transparent, 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 whitish 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) I On the surface of the sections from the gaps of the cut vessels there is an abundant amount of liquid blood in the form of dots and stripes that are easily removed by the knife edge. The lateral v s ventricles are slit-like, symmetrical, not dilated, in them a small amount of 'clear transparent cerebrospinal fluid; in the third and fourth ventricles there are no traces of a clear, light cerebrospinal fluid, no blood was found, their inner surface is smooth, shiny. ^^ The vascular plexuses of the ventricles are cluster-shaped, cyanotic-crimson (fine-grained. The nuclei are light gray in color, the borders of the nuclei are clear. In the cortex, subcortical.) structures, warolian bridge, medulla oblongata and other parts of the brain foci of softening, hemorrhage and cysts were not found. Cerebellum in section with a clear pattern of the structure, the border of gray and white matter, without hemorrhage. 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, on a section of bluish-gray color, without hemorrhage. Brain weighing 1400 g. The dura mater was removed from the bones of the base of the skull; the dura mater was removed; 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, adhesions are not. 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 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 the 4th rib, the left 5th ^ In the 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, it has been found in the root of the tongue in the projection of the hyoid vein ”(punctured puncture wound with smooth edges in the muscles corresponds to it dark red'1 shiny hemorrhage, 0.2x0.2 cm in size; outside muscle hemorrhage of the above section is gray-brown, without hemorrhage and scarring, no lesions in the frenum of the tongue were found. Entrance to the larynx and esophagus is clear. Hyoid bone and cartilage of the larynx are intact, soft tissues around without hemorrhage. Thyroid gland: left lobe with dimensions of 5.0x1.8x1.5 cm, right lobe with dimensions of 5, Ox 1.8x1.5 cm, of dense-elastic consistency, dark red, fine-grained in the section, a small amount of grayish-blackish mucus in the esophagus, its mucous membrane is gray , moist, shiny, folded. Tracheal lumen is free, in the gleam of the main

bplnhrj nepplippt to ltich.sti l pplapyachnly g.piyai Spistyaya tephey and bponhlya SR.PJAYA

the bronchi are somewhat thickened, their cut ends rise above the surface of the incisions 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. Under the costal pleura hemorrhage was not 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 hemorrhages. In the tissue of the anterior mediastinum, no hemorrhage was detected. In the cavity of the heart shirt about 20 ml of 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 atrial septum is overgrown. The thickness of the myocardium of the left ventricle is 1.8 cm, of the right 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 aortic perimeter at the level of the aortic orifice is 4.5 cm. The intima of the aorta, celiac trunk and its branches, renal and mesenteric arteries are pale yellow, shiny with a moderate amount of flat, soft, grayish-yellow spots. The lumen of the inferior vena cava is empty, its perimeter is 7.0 cm, its intima is pale gray, smooth, shiny. Spleen 14.0 x 6.0 x 3.0 cm in size, 100 g in weight, flabby, wrinkled capsule, gray in color, dark red spleen in section, without scraping. The adrenal glands are irregularly triangular in shape, with a clear boundary between the yellow cortical and semi-liquid brown medulla. The fibrous capsule of both kidneys is removed easily, exposing a 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 gatekeeper is passing, 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, yellow-brown dense to the touch, the surface is smooth, the lower edge is pointed. Cutaway

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-yellowish tissue is noted. In the small intestine, a semi-liquid yellowish mass. gut half-formed greenish-brown fecal masses moderately © without pathological impurities. Intestinal mucosa on all Gpayrotyar folded, shiny, serous, transparent, smooth © flusta1 ^^. | {|| gland of dense elastic consistency, pale gray, th

Investigator

buildings. Testicular testicles are yellowish, 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 aimed at forensic chemistry research to determine drugs, sleeping pills and small tranquilizers. Pieces were sent to the 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, gland).

thyroid gland, pancreatic damage to a corpse

Photographed by a digital camera.

Court medical expert

FORENSIC DIAGNOSIS.

Underlying disease. Secondary cardiomyopathy: myocardial dystrophy and 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 underlying disease. Anemia of the internal organs, swelling of the soft meninges and brain matter, pulmonary edema, 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.

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.

Condition after a long-standing surgery - appendectomy.

The preliminary medical death certificate No. 217204 was issued:

1. a) acute heart failure

b) cardiomyopathy (142.9)

On November 24, 2009, the conclusion of the forensic chemical study K? 16377-g: ethyl, methyl, and propyl alcohols were not found in the blood and kidney from the corpse. Expert chemist Panov V.A.

On December 2, 2009, the conclusion of the forensic histological study No. 14519 was received. Extract from the expert opinion of the forensic histological study. The pancreas - the structure of 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: overgrowth of adipose tissue around

vessels, under the epicardium and between bundles of muscle fibers, alternating sections of several hypertrophied cardiomyocytes and thinned and wave-like deformed cardiomyocytes, muscle fiber fragmentation sites, 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 an ocular cell reaction. Pulmonary edema with a hemorrhagic component. Edema of Petrova hepatosis. Chronic active persistent hepatitis. Lipomatosis of the dyshgric gland. Weakly expressed perivascular and peribronchial eflerosis. Fibrosis of the pia mater. SME Shakhina M.Yu.

On December 11, 2009, a letter was received compiled by the investigator JI for the Preobrazhensky district of Moscow, Dr Samerkhanov: “When conducting a forensic examination of the corpse of Magnitsky S.L. (No. 2052) in the criminal case No. 366795, I ask you to be guided by the decision of investigator Samerkhanov D.R. dated November 26, 2009. "

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, aminazine, tizercin, triftazine, majeptil, diprazine, imizin were found. No morphine and its derivatives were found in the blood. Expert chemist Taranukha E.S.

December 28, 2009 received a telephone message compiled by the senior investigator of the JI for VAO SU SK at the Russian Prosecutor's Office in Moscow Cherny K.Yu: “I ask you to consider the forensic examination of the corpse of Magnitsky SL, carried out on the basis of the decision of the senior investigator of JI for VAO SU SK under the prosecutor's office of the Russian Federation for the city of Moscow Black K.Yu. dated November 16, 2009, by an act of forensic medical research. ”

FORENSIC DIAGNOSIS (specified after obtaining 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 bundles of muscle fibers, alternating sections are slightly hypertrophied cardiomyocytes and thinned and wave-like deformed cardiomyocytes, sites 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, 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.

Condition after a long-standing surgery - appendectomy.

The final, in return for the preliminary medical death certificate No. 068508 was issued:

1. a) acute heart failure

b) cardiomyopathy (142.9)

findings.

1. The death of a citizen of MAGNITSKY SERGEY 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 sectional hall of the thanatology department No. 11 of the failure that developed as a result of secondary cardiolysis.
2. changes in the heart muscle, as evidenced by Morphological ed (dystrophy and hypertrophy of the myocardium, a sharp expansion of the cavity ISIS ^ 'Dda ^^^ W ^ of the epicardium), as well as histological examination data (proliferation of bile duct
around vessels, under the epicardium and between bundles of muscle fibers, sections of ^^ alternating several hypertrophied cardiomyocytes and thinned and wave-like deformed cardiomyocytes, fragmentation sections of muscle) fibers, perivascular cardiosclerosis). . , '
. During the forensic medical examination of the corpse, the following lesions were found: abrasions on the back surface of the left hand in the projection of the metacarpal bone of the 5th finger, bruising on the **back surface of the left hand** in the projection of the heads of the metacarpal bones of the 2nd, 3rd, 4th finger **; 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 inner surface 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 a temporary disability or a significant 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 wris**t) joints that arose as a result of compressive and sliding action of a blunt solid object (s) with a limited traumatic surface, **shortly before death**, have signs of intravitality and **these injuries in living persons, do not entail temporary disability or significant 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. } having signs of intravitality, which was formed from the action of a sharp piercing object - a medical needle, as indicated in the death certificate issued by FBU IZ-77/1 UFSIN of Russia in Moscow, and being a necessary medical manipulation, a forensic medical assessment of the severity of harm not subject to health.

3. After receiving the above damage, the victim could take any active action 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 time** death, it is not possible to establish the sequence of causing all the other 'injuries because they were received in the same • '/ short time before death. one

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

6. During a forensic chemical study in the stomach, liver and kidney, studied separately, it was not found - derivatives of barbituric acid, morphine, codeine, dionine, heroin, hydrocodone, promedol, elenium, tazepam, seduxen, chlorpromazine, tizercin, triftazine, mazheptyl, diprazine, imizine; no morphine and its derivatives were found in the blood.

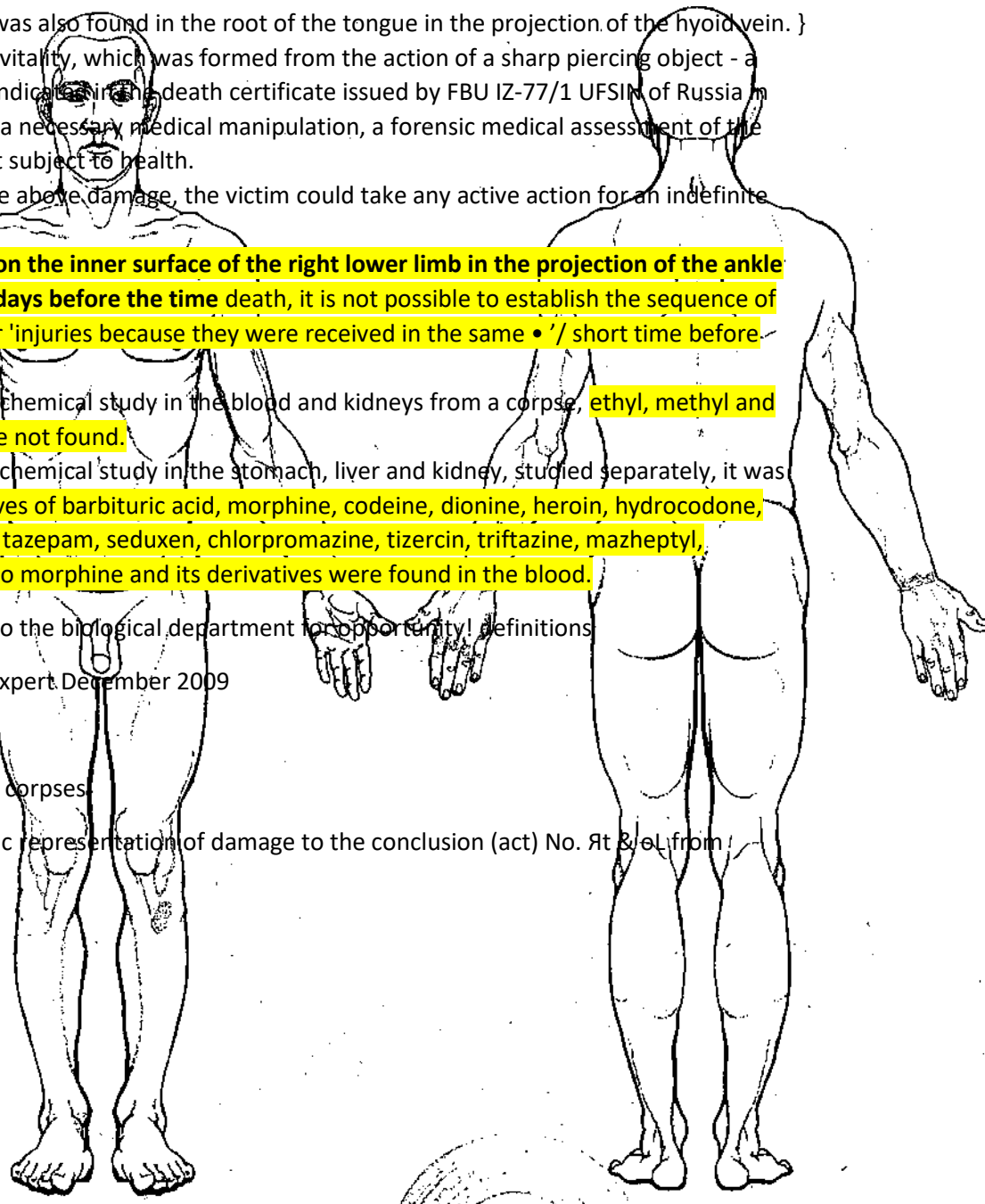
7. Blood has been sent to the biological department for opportunity! definitions

TUPPOVA medical expert December 2009

department for the study of corpses

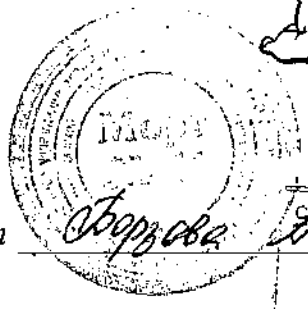
Table No. -X of the schematic representation of damage to the conclusion (act) No. Яt & oL from

Corpse



кровоподтеки ссадины

Судебно-медицинский эксперт Фарзова



BUREAU OF FORENSIC MEDICAL EXAMINATION OF DZ OF MOSCOW

TANATOLOGICAL BRANCH № 11

PHOTO NUMBER 1

to the act / conclusion of forensic medical research No. 2052

BUREAU OF FORENSIC MEDICAL EXAMINATION OF DZ OF MOSCOW