209/1

IN THE HIGH COURT OF PUNJAB AND HARYANA AT CHANDIGARH

CRM-M-25062-2023(O&M)
Date of decision: 29.01.2024

Inderjit Singh

...Petitioner

Versus

State of Punjab

...Respondent

CORAM: HON'BLE MR. JUSTICE MAHABIR SINGH SINDHU

Present: Mr. Harmanpreet Singh, Advocate for the petitioner.
Mr. M.S. Tiwana, AAG., Punjab for the respondent-State.
Mr. Sidhant Vermani, Advocate for the complainant.

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MAHABIR SINGH SINDHU, J.

Present petition has been filed under Section 438 of Cr.P.C. for grant of pre-arrest bail to the petitioner in FIR No. 33 dated 12.03.2023, under Sections 302, 201 read with Section 34 of IPC, registered at Police Station Chattiwind, District Amritsar Rural.

(2) Above FIR was registered on the basis of statement made by complainant with the allegations that his son-Tarlochan Singh was a drug addict and on 08.03.2023, his son told that he is going to the house of co-accused-Jugraj Singh @ Kachu. Complainant came to know that petitioner-Inderjit Singh along with co-accused-Nirvail Singh, Karan, Sabi were also present at the house of co-accused-Jugraj Singh, where all of them consumed drugs through injection and complainant's son-Tarlochan Singh fell down due to the drug overdose and after that he did not return back. Complainant further alleged that he was sure that Jugraj Singh along with other co-accused committed murder of his son by administering excessive dose of intoxicant and his dead body was recovered by the police.

(3) Learned counsel for the petitioner contends that son of the complainant died due to drug overdose, but no specific role has been attributed to the petitioner. Further contends that only the presence of petitioner has been alleged; thus, he has been falsely implicated being the cousin of co-accused- Jugraj Singh, who performed love marriage with the daughter of complainant.

(4) *Per contra*, learned State counsel has opposed the prayer while submitting that in view of the allegations and gravity of offence, petitioner does not deserve the concession of pre-arrest bail. Also submitted that custodial interrogation of petitioner is required to prove the truth of allegations.

(5) Learned counsel for the complainant has also opposed the prayer on the premise that petitioner actively participated in the commission of crime.

(6) Heard learned counsel for the parties and perused the paper book.

(7) As per post mortem report of the deceased, he suffered 29 injuries which reads as under:-

Examination of external injuries		
Sr. No.	Remark	Injury Number
1.	Ligature mark Dark reddish brown abraded ligature mark measuring 45.2 x 1.7 cm to 7.8 cm present horizontally in the upper part of neck, at and above the level of thyroid cartilage, completely encircling the abraded on the front of the whole of the neck and right side of neck the ligature mark is broad, more prominent and markedly neck and is comparatively less wide but grooved on the outer aspect of left side of neck both on the front and back of neck the ligature mark on the outer aspect of right side of neck is 6.9 cm vertically below lobule of right ear going horizontally towards the front of neck and is 6.4 cm below right angle of mandible and is 57 cm below the middle of tip of chin, than going horizontally towards the left side of neck is 61 cm below left angle of mandible and 6.0 cm below the lobule of left ear than the ligature mark goes to the back of left side of neck, going horizontally 5.6 cm below the external occipital protuberance and finally over to the back of right side of neck ligature mark is interrupted in an area of 114 x 1.1 to 3.8 cm on the front and outer aspect of right side of neck where skin fold is lacking the impression of ligature mark and the mark run above and below this area of the neck this area of skin fold is pale and visible different and spared the lowermost star of the tattoo of three stars which are present on the right side of neck is clearly visible in this spared area of neck on examination, the skin of the ligature mark is rough, tough and leathery to touch	1

	diffuse gross swelling of the whole of the middle part of neck in midline on both sides is present. On examination, crepitus is present. On dissection of the neck, the skin and soft tissue under the ligature mark is congested, the strap muscles under the ligature mark are torn with massive dark brownish red haematoma present more on the right side of neck. Lymph nodes above and below the ligature mark are markedly congested. Sublingual, submental and submandibular glands are deeply congested great blood vessels on the right side of neck are engorged with dark brownish black coloured blood intimal tears present at various sites of the carotid vessel greater born of thyroid cartilage found fractured on both sides at the level of outer 1/3rd and inner 2/3rd. Clotted blood and infiltration present around the fractured site. Hyoid bone on the right side found fractured at the level of inner 1/3 rd and outer 2/3 rd. Clotted blood and infiltration present around the fractured site. Larynx and trachea found deeply congested and dark brownish red frank blood present along the walls of the whole of the respiratory passage. Another irregular dark reddish brown bruise with diffuse marked swelling is present involving the lower aspect of whole of the neck on both sides of midline going over to the front of chest on both sides of midline extending upto the xiphoid process of sternum bone in an area of 22.6 x 7.8 to 13.7 cm. Dissection of chest as described ahead.	
2.	Dark reddish brown bruises in an area of 5.8 x 4.9 cm present over 2 the back of left ear, on and below the left mastoid, also extending over the back of the pinna and lobule of left ear. Diffuse swelling in the would region as well as over the pinna of the ear is present. Small skin deep lacerated wound 0.5 x 0.1 cm is present over the lobule of left the ear from where it oozes thin frank blood. On giving incision clotted blood and infiltration present.	2
3.	Reddish brown bruise in an area of 16.6 cm x 8.7 cm with diffuse present over the back and outer aspect of right side ad in high parieto occipital region, extending over to the of right side of neck in its upper part and extends upto 3.4 below the occipital protuberance and 5.8 cm below and inner right mastoid.	3
4.	Dark reddish brown abraded irregular bruise with diffuse welling present over the left side of head in temporal, parietal and occipital region measuring 12.3 x 8.9 cm.	4
5.	Irregular dark brownish red to brownish black coloured bruise 5 present over the both sides of forehead, extending to the roof of nose and also involving the eyelids of both eyes in an area of 14.7 x 93 cm. Diffuse swelling of the nasal bridge in upper part extending over to both the upper eyelids is well appreciable. The color of the face is darkened because of the effect of putrefaction.	5
6.	Diffuse swelling of the whole of the head with pitting oedema present all around the head on dissection of head for injuries no 2 to 5. Multiple dark reddish brown bruises are present over the undersurface of scalp, of various sizes and in various directions and coalasing each other at places. Dark brownish red subgaleal haematoma present almost all around the skull corresponding to external injuries present in bifrontal, left temporal, high parietal regions and occipital region on both sides are present firmly	6

	adherent to the vault of skull. Skull bones are intact. On removing the skull vault, the brain membranes are in the form of flaccid gunny bad containing liquefied brain matter. On giving incision grayish green coloured liquefactive putrefied brain matter is present. On removing the membranes at the base of skull, fracture of left side of middle cranial fossa is present. Clotted blood and infiltration present at fractured site.	
7.	Diffuse swelling of both lips is present. Mouth is wide open with the tongue protruding out and clenched between both jaws. Frank blood stained fluid is coming out of mouth. It keeps on coming even after wiping time and again. On examination, the mucosal surface of both the lips if having dark reddish brown abraded bruises in the whole extent of both the lips also around the frenulum of both lips.	7
8.	Dark brownish red to brownish black bruises present over the lower aspect of face in midline in the chin region, extending over to both sides of midline on the chin and lower aspect of face in an area of 10.6 x 4.8 to 7.7 cm. On giving incision infiltration present the color of the face is because of color change due to putrefactive gasses.	8
9.	Irregular reddish brown abraded bruise present in an area of 18.3 x 12.7 cm over the front and outer aspect of left side of chest, inner end of the wound is 1.6 cm outer to left nipple at 3 o'clock position and its upper end extends to axillary region upto 2.8 cm below the tip of axilla. On dissection clotted blood and infiltration present.	9
10.	Reddish brown abraded bruise present in an area of 23.5 x 8.9 to 16.3 cm is present over the whole of the left shoulder joint, extending outwards over to the right arm upto its middle 1/3rd upto 6.8 cm above lateral epicondyle of humerus bone. On dissection clotted blood and infiltration present.	10
11.	Reddish brown bruise 9.7 x 7.6 cm present over the back of chest in midline, the upper end is 8.3 cm below spinous process of cervical 7th vertebrae. On giving incision clotted blood and infiltration present.	11
12.	Reddish brown abraded bruise present in an area of 20.4 x 14.2 cm resent over the back and outer aspect of left side of back of chest starting at the level of posterior aspect of shoulder joint going downwards and inwards over to the scapula and extends upto the lower aspect of back of left side of chest. On giving incision infiltration present.	12
13.	Reddish brown bruise present in an area of 14.2 x 11.3 cm over the front and outer aspect of right side of chest, upper end of the wound is 9.4 cm below the front of top of right shoulder joint and lower end extends upto 5.6 cm outer to right nipple at 9 o'clock position.	13
14.	Irregular dark reddish brown bruise with diffuse marked swelling is present involving the lower aspect of whole of the neck on both sides of midline going over to the front of chest on both sides of midline extending upto the xiphoid process of sternum bone in an area of 22.6 x 7.8 to 13.7 cm. On dissection of chest for injuries no. 9,11 to 14, multiple haematoma of dark brownish red coloured are present at various	14

	places over the front and back of chest corresponding to the external injuries. Intercostal muscles corresponding to the injuries involving 4th to 6th on the front of right side of chest and 3rd to 6th over the front and outer aspect of left side of chest are present rib cage is grossly nad. On opening the chest cage by removing the sternum bone, dark brownish red to brownish black haematoma is present over the under surface of sternum bone firmly adherent to the bond. Lungs are grossly congested and have putrefactive changes. Heat is empty, soft and flabby due to putrefactive changes. Great blood vessels are having putrefactive changes. Heart and pieces of lungs along with liver spleen, kidneys sent for histopathological examination brain putrefied so not sent for examination.	
15.	Irregular dark reddish brown bruise present in an area of 6.8 x 4.9 cm at the level of distal end of spinal column, at the level of coccyx and extends on to both sides of upper and inner aspect of buttocks. On giving incision infiltration present.	15
16.	Skin peeled off from the groin region and around the anal area no multiple dark reddish brown bruises of different sizes and directions are present around the anal opening area and area between the scrotal sac and anal opening varying in sizes from 7.5 x 2.1 cm to 4.9 x 3.2 cm. Anal opening is of slit like shape, lax, wide dark brownish red blood stained stools are present at the anal opening the anal sphincters are swollen and reddish brown bruised and protruding out of the anal opening.	16
17.	Reddish brown bruise present in an area of 13.7 x 6.9 cm over the front and inner aspect of right arm in its upper and middle part, upper end of the wound is 6.5 cm below and outer to top of shoulder going downwards and inwards extending upto 8.8 cm above front of right elbow joint. On giving incision, infiltration present	17
18.	Reddish brown bruises in an area of 9.3 x 7.2 cm present on the inner aspect of the left arm in its middle part, upper end 5.8 cm below the tip of axilla and lower end 7.9 cm above inner end of elbow joint. On giving incision infiltration present.	18
19.	Reddish brown abraded bruises measuring 5.8 x 2.7 cm and 3.9 cm x 2.9 cm are 3.1 apart are present over the back of left rearm in an area of 11 x 8 cm, upper end is 7.7 cm below tip of bow joint. Skin is peeled off from the area and the wounds are tough and leathery to touch. On giving incision infiltration present.	19
20.	Dark brownish red to brownish black abraded scabbed area measuring 1.3 x 1.1 cm with central depressed area is present over the inner aspect of left forearm in its upper part near elbow joint, 2.6 cm below medial epicondyle of humerus bone at 5 o'clock position which is suspected to be injection site area. Reddish brown discolouration in an area of 6.2 x 4.9 cm is present below and inner to the main wound. Skin and soft tissue of and around the main wound is taken, preserved in rectified spirit, sealed in glass jar and is being sent for chemical analysis.	20
21.	Reddish brown abraded bruise present in an area of 24.9 x 8.3 to 11.8 cm over the back of right arm starting from the middle part 11.6 cm below the tip of shoulder joint, going over to the back of right elbow joint and extending upto the middle part of back of right forearm. On giving incision infiltration present.	21

22.	Irregular reddish brown abraded bruise present over the back and both sides of right forearm in an area of 11.3 x 6.8 cm its distal 1/3rd, 2.3 cm above wrist joint. On giving incision infiltration present.	22
23.	Reddish brown discolored area with visible depressed scabbed pin head size area in the middle, obliquely present over the back and inner aspect of right hand in an area of 5.4 x 2.0 cm, 3.0 cm above the area in between knuckles of ring and little finger. With visible dark brownish red discolored blood vessels from this area going upwards. Suspected to be an injection site, the skin and subcutaneous tissue of and around the depressed area is being taken, preserved in rectified spirit in a glass jar and sent to the chemical examiner for chemical analysis.	23
24.	Reddish brown abrasions measuring 0.8 x 0.6 cm, 1.2 x 1.0 cm and 1.0 x 0.4 cm are present over the back of the proximal phalanx of little, ring and middle finger of right hand, 1.0 cm, 1.3 cm and 1.1. cm below the knuckles respectively.	24
25.	Dark reddish brown scabbed wound 0.2 x 0.1 cm with dark reddish brown discoloration around it in an area of 3.9 x 3.6 cm present over the back and outer aspect of left hand 2.8 cm above the space between knuckles of little and ring fingers. Vessels are dark bluish brown to bluish green discolored and prominent. Suspected to be injection site, the skin and subcutaneous tissue of and around the depressed area is being taken, preserved in rectified spirit in glass jar and sent to the chemical examiner for chemical analysis.	25
26.	Reddish brown bruises in an area of 5.4 x 4.9 cm present over the palmar aspect of the left hand, lower end is 1.7 cm, 2.0 cm above the base of the ring and little fingers. On giving incision infiltration present.	26
27.	Two reddish brown abraded bruises measuring 1.1 x 0.8 cm and 1.3 x 1.0 cm are present 1.2 cm apart over the front and outer aspect of the left hand in an area of 2.7 x 1.8 cm. Lower end of the wound 0.3 cm above the root of the index finger of the left hand. On giving incision infiltration present.	27
28.	Irregular dark reddish brown bruises present over the back and outer aspect of the right buttock extending over to the front and outer aspect of the right thigh in its upper part in an area of 23.5 x 19.7 cm. Upper and outer end of the would is 5.7 cm below and outer to anterior superior iliac spine of right pelvic bone on giving incision infiltration present.	28
29.	Reddish brown bruise present over the front and inner aspect of left thigh in its distal end, 2.7 cm above the upper border of patella bone in knee extended position. On giving incision infiltration present.	29

(8) In view of the injuries noticed herein-above, *prima facie*, it is very difficult to believe that son of the complainant died on account of drug overdose.

(9) Hence, keeping in view the seriousness of allegations, custodial interrogation of the petitioner is very much necessary to go to the root of matter. Consequently, this Court is not inclined to grant pre-arrest bail to the petitioner.

(10) Resultantly, petition is dismissed.

(11) The observations made above be not construed as an expression of opinion on merits of the case; rather confined only to decide the present petition.

(12) Pending application(s), if any, shall also stand disposed off.

29.01.2024 **(MAHABIR SINGH SINDHU)**
Harish Kumar **JUDGE**

Whether speaking/reasoned	*Yes/No*
Whether Reportable	*Yes/No*