Reserved on : 22.07.2026
Pronounced on : 10.08.2026

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IN THE HIGH COURT OF KARNATAKA AT BENGALURU

DATED THIS THE 10TH DAY OF AUGUST, 2026

BEFORE

THE HON'BLE MR. JUSTICE M. NAGAPRASANNA

WRIT PETITION No.19927 OF 2026 (GM - RES)

BETWEEN:

1 . DR. VINUTA B,
MBBS, DNB (OBST-GYNAE),
AGED ABOUT 42 YEARS,
D/O Y. BABU,
KMC REG. NO. 80294,
SENIOR CONSULTANT, OBSTETRICS AND GYNAECOLOGY,
CLOUDNINE HOSPITAL,
NO.766 AND 767, KANAKAPURA MAIN ROAD,
NARAYANA NAGAR 1ST BLOCK,
DODDAKALLASANDRA VILLAGE,
BENGALURU – 560 062.

2 . M/S. KIDS CLINIC INDIA LIMITED,
(CIN U85110KA2005PLC037953),
A COMPANY INCORPORATED UNDER
THE COMPANIES ACT, 1956,
HAVING ITS REGISTERED OFFICE AT
NO.1533, 9TH MAIN, 3RD BLOCK,
JAYANAGAR, BENGALURU – 560 011,
OPERATING CLOUDNINE HOSPITAL AT
NO.766 AND 767, KANAKAPURA MAIN ROAD,

NARAYANA NAGAR 1ST BLOCK,
DODDAKALLASANDRA VILLAGE,
BENGALURU – 560 062,
REPRESENTED BY ITS
AUTHORISED SIGNATORY
MR.HANUMANTH GOWDA

... PETITIONERS

(BY SMT.ARCHANA K.M., ADVOCATE)

AND:

1 . STATE OF KARNATAKA
THROUGH THE PRINCIPAL SECRETARY,
DEPARTMENT OF HOME AFFAIRS,
VIDHANA SOUDHA,
BENGALURU – 560 001.

2 . STATE OF KARNATAKA
THROUGH THE PRINCIPAL SECRETARY,
DEPARTMENT OF HEALTH AND FAMILY WELFARE,
VIKASA SOUDHA,
BENGALURU – 560 001.

3 . THE DIRECTOR GENERAL AND
INSPECTOR GENERAL OF POLICE,
STATE OF KARNATAKA,
NRUPATHUNGA ROAD,
BENGALURU – 560 001.

4 . THE COMMISSIONER OF POLICE,
BENGALURU CITY,
INFANTRY ROAD,
BENGALURU – 560 001.

5 . THE DEPUTY COMMISSIONER OF POLICE,
SOUTH DIVISION,
BENGALURU CITY – 560 062.

6 . THE POLICE SUB-INSPECTOR,
KONANAKUNTE POLICE STATION,
BENGALURU CITY – 560 062
(INVESTIGATING OFFICER,
K.K.P.S/ UDR/33/2026)

... RESPONDENTS

(BY SRI B.N.JAGADEESHA, SPP-I FOR RESPONDENTS;
SRI B.S.PRASAD, ADVOCATE FOR THE IMPLEADING
APPLICANTS IN IA 1/2026)

THIS WRIT PETITION IS FILED UNDER ARTICLES 226 AND 227 OF THE CONSTITUTION OF INDIA READ WITH SECTION 528 OF BNSS., PRAYING TO. (A) ISSUE A WRIT OF CERTIORARI, OR ANY OTHER APPROPRIATE WRIT, ORDER OR DIRECTION, QUASHING THE IMPUGNED NOTICES BEARING NUMBER KKPS/UDR/NO/33/2026 DATED 20.05.2026, 21.05.2026, 04.06.2026, 19.06.2026 AND 20.06.2026 VIDE ANNEXURE D TO D4; (B) ISSUE A WRIT OF CERTIORARI, OR ANY OTHER APPROPRIATE WRIT, ORDER OR DIRECTION, QUASHING THE IMPUGNED NOTICES BEARING NUMBER KKPS/UDR/NO/33/2026 DATED 23.06.2026 ISSUED UNDER SECTION 94 AND 179 OF THE BNSS, 2023 BY RESPONDENT NO. 6 IN K.K.P.S/ UDR/33/2026 VIDE ANNEXURES - G, H AND J; (C) ISSUE A WRIT OF MANDAMUS, OR ANY OTHER APPROPRIATE WRIT, ORDER OR DIRECTION, DIRECTING RESPONDENTS NO. 3 TO 6 TO OBSERVE THE PROCEDURAL SAFEGUARD AT PARAGRAPH 53 OF JACOB MATHEW V. STATE OF PUNJAB, (2005) 6 SCC 1 VIDE ANNEXURE-G IN ALL FURTHER CONDUCT OF THE INQUIRY UNDER K.K.P.S/

UDR/33/2026 AND IN ANY SUBSEQUENT PROCEEDING FLOWING THEREFROM; (D) AWARD THE COSTS OF THE PRESENT WRIT PETITION TO THE PETITIONERS.

THIS WRIT PETITION HAVING BEEN HEARD AND RESERVED FOR ORDERS ON 22.07.2026, COMING ON FOR PRONOUNCEMENT THIS DAY, THE COURT MADE THE FOLLOWING:-

CORAM: **THE HON'BLE MR JUSTICE M.NAGAPRASANNA**

CAV ORDER

The first petitioner is the Doctor, Senior Consultant in Obstetrics and Gynaecology in the Cloudnine Hospital and the 2nd petitioner is a company - M/s Kids Clinic India Limited, which runs the hospital. They are before the Court calling question eight notices issued by respondent No.6 / Police, out of which three notices were issued under Section 94 of the BNSS, and have sought a direction to respondents 3 to 6 to observe procedural safeguards as ordained by the Apex Court in the case of **JACOB MATHEW VS. STATE OF PUNJAB**[1].

[1](2005) 6 SCC 1

2. Facts, in brief, germane are as follows: -

The 1st petitioner obtaining DNB (OBG) qualification and the establishment of Kids Clinic India Limited, both happen in the year 2021, which are not the matters in controversy; they stand firmly embedded in the record. Those foundational facts, though not bereft of relevance, do not constitute the fulcrum of the present *lis.* The controversy that has travelled to the doors of this Court emanates from an unfortunate medical episode that unfolded on **20-05-2026**, when the 1st petitioner performed a **Hysteroscopic Polypectomy** upon a 29-year-old lady, **Smt. Spoorthi Chithriki**, at Cloudnine Hospital, Doddakallasandara.

2.1. What commenced as a routine surgical intervention unexpectedly took an unforeseen turn within the confines of the operation theatre. During the course of the procedure, an unforeseen intra-operative complication is stated to have arisen, compelling the entire operating team to immediately marshal every conceivable resuscitative measure known to medical science. Despite relentless and concerted efforts by the surgeons,

anaesthesiologists and the operation theatre personnel to retrieve the patient from the precipice of mortality, destiny proved unforgiving, and the patient could not be revived.

2.2. The hospital, conscious of both its statutory obligations and professional responsibility, wasted no time in informing the jurisdictional Police Station at Konanakunte on the very same day. Acting upon the information so furnished, the police registered an **Unnatural Death Report (UDR)** under Section **194(3)(iv)** of the Bharatiya Nagarik Suraksha Sanhita, 2023 (for short 'the BNSS'). The bereaved husband of the deceased also lodged a complaint, whereupon the investigative machinery was set into motion.

2.3. The hospital, from the very inception of the enquiry, claims to have extended complete cooperation to the investigating agency. The first notice issued by the police was answered immediately, and all documents sought therein were furnished on the very day of its receipt. Again two notices were issued seeking CCTV footage and the original patient records and the hospital is said to have provided the required documents, as was sought by the police. A mahazar was thereafter conducted within the

precincts of the hospital on **26-05-2026**, pursuant to which, the hospital handed over **36 sheets of inpatient records** together with a **64 GB pen-drive containing CCTV footage** of the hospital premises.

2.4. The demands of the investigating agency, however, did not stop. On **04-06-2026**, another notice comes to be issued seeking the complete video recording of the surgical procedure performed upon the deceased. The hospital, once again, exhibited unqualified cooperation by furnishing, on **07-06-2026**, the **entire unedited video recording of the procedure**, spanning **36 minutes and 22 seconds**, without withholding a single frame of the operative process. Thereafter, upon the husband's request dated **10-06-2026**, certified copies of the inpatient records and all attendant medical documents were supplied without demur.

2.5. But the events that followed point an altogether different picture. The stream of notices continued unabated. On **23-06-2026**, no fewer than **three separate notices** were issued under Section 94 of the BNSS by the 6th respondent. One required production of the unedited hysteroscopy surgery video together

with physical production of the digital operation theatre equipment; another demanded the very machine employed during the surgery; and the third, summoning petitioner No.1 to appear for recording of evidence.

2.6. Perceiving the repeated requisitions as transgressing the permissible contours of an enquiry into an Unnatural Death Report, petitioner No.2 addressed a detailed representation to the authorities, invoking the principles enunciated by the Apex Court in **Jacob Mathew** *supra*, contending that doctors cannot be subjected to relentless investigative intrusion in the absence of any material justifying criminal culpability. The representation, however, was met with studied silence. No response emanated from the authorities, and the spectre of coercive action continued to loom over the petitioners. It is in these circumstances, that the petitioners have been constrained to invoke the extraordinary jurisdiction of this Court.

THE INTERIM ORDERS:

3. On hearing the learned counsel Smt. Archana K.M., appearing for the petitioners, this Court passed the following order on 03-07-2026:

> "Heard Smt. Archana K.M., learned counsel for petitioners and learned State Public Prosecutor -1 for the State.
>
> The petitioners - hospital shall place on record the treatment that they have rendered prior to the issuance of a discharge summary *i.e.,* discharging and shifting the deceased person from Cloudnine hospital to Manipal hospital, on certain complications.
>
> It transpires that the patient who undertook treatment in Cloudnine Hospital, breathes last in Manipal Hospital. Therefore, the post mortem report conducted by KIMS hospital shall also be placed before the Court on the next date of hearing.
>
> In the meantime, the treatment that the deceased was rendered at the time when she was admitted to the Cloudnine hospital shall be placed before the Court.
>
> It is made clear that the hospital shall place everything before the Court.
>
> List this matter on **07.07.2026, in the fresh matters list**."

3.1. Again, on 07-07-2026 the following order:

> "Heard Smt. Archana K.M., learned counsel for petitioners and learned State Public Prosecutor - 1 for the State.

2. On 01.07.2026, this Court had passed the following order:

> "Heard Sri P. Prasanna Kumar, learned counsel for the petitioners and learned High Court Government Pleader for the respondents.
>
> Accepting the submissions of the learned counsel for petitioners, office objections stand over ruled.
>
> The squabble is now with regard to furnishing of a data by Cloudnine Hospital of a particular surgery that took place and resulted in the death of a particular lady. An Unnatural Death Report – UDR is registered. On the said registration of UDR, have sprung the problems.
>
> The allegation is that the hospital is not providing the data.
>
> Sri P. Prasanna Kumar, learned counsel for the petitioners submits that the data is already provided.
>
> In that light, if the data is not provided, it shall be provided forthwith, without brooking any delay.
>
> List this matter on **03.07.2026, in the fresh matters list**."

2.1. On 03.07.2026, this Court had passed the following order:

> "Heard Smt. Archana K.M., learned counsel for petitioners and learned State Public Prosecutor -1 for the State.
>
> The petitioners - hospital shall place on record the treatment that they have rendered prior to the issuance of a discharge summary i.e., discharging and shifting the deceased person from Cloudnine hospital to Manipal hospital, on certain complications.

> It transpires that the patient who undertook treatment in Cloudnine Hospital, breathes last in Manipal Hospital. Therefore, the post mortem report conducted by KIMS hospital shall also be placed before the Court on the next date of hearing.
>
> In the meantime, the treatment that the deceased was rendered at the time when she was admitted to the Cloudnine hospital shall be placed before the Court.
>
> It is made clear that the hospital shall place everything before the Court.
>
> List this matter on 07.07.2026, in the fresh matters list."

3. The matter has now reached a stage where Cloudnine Hospital finds itself at the very fulcrum of the *lis*. A patient had undergone a **Hysteroscopic Polypectomy**. During the course of the procedure, it is recorded in the contemporaneous treatment sheets maintained by the hospital that the patient's pulse suddenly deteriorated, her condition became critical, and immediate resuscitative measures were undertaken. Finding the situation exigent, the patient was shifted to Manipal Hospital for advanced management. Regrettably, despite all subsequent efforts, the patient breathed her last at Manipal Hospital.

4. The death of a patient is undoubtedly a tragedy—one that leaves behind immeasurable grief. Yet, every unfortunate medical outcome cannot, by itself, become the genesis of criminal suspicion. Equally, every doctor who participated in the treatment cannot be permitted to be drawn into the dragnet of criminal investigation merely because the treatment culminated in an adverse consequence. Criminal law cannot be allowed to cast its shadow upon the medical profession solely because medicine, despite its highest standards, is not infallible.

5. The police presently seek to investigate the matter pursuant to an **Unnatural Death Report (UDR).** During the course of such enquiry, what transpires is rather disquieting. As many as ten women members of the staff attached to the petitioners' hospital have been issued notices under Section 179

of the BNSS directing them to appear before the jurisdictional police station.

6. This Court finds it difficult to comprehend how compelling several women members of the hospital staff to repeatedly appear before the police station would, in any manner, facilitate the conclusion of an enquiry into an Unnatural Death Report. The object of a UDR is to ascertain the circumstances surrounding the death; it is not intended to become a means of subjecting every person remotely connected with the treatment to needless inconvenience or harassment. Thus the submission of learned counsel for the petitioner Archana .K.M ,that it does not give the police a ***Carte blanche*** merits acceptance

7. It is further brought to the notice of the Court that the complainant has simultaneously approached the Karnataka Medical Council with allegations touching upon professional conduct. Acting upon the complaint, the Karnataka Medical Council is stated to have called upon the police to secure documents from the hospital.

8. This development gives rise to considerable concern. The Karnataka Medical Council is a statutory body clothed with ample authority under the governing enactment to call for records, summon explanations and require cooperation from every registered medical practitioner. Doctors are under a statutory obligation to respond to every lawful requisition issued by the Council. In such circumstances, it is difficult to appreciate why the machinery of the police should be invoked merely for the purpose of collection of medical records. The police cannot become an extended arm of a statutory disciplinary authority when the statute itself equips the authority with adequate powers to secure compliance.

9. What compounds the concern is the unusual enthusiasm displayed by the investigating agency in issuing notices to numerous members of the hospital staff, most of whom are women, in connection with what, at present, remains only an enquiry under a UDR.

10. The learned State Public Prosecutor shall secure instructions and satisfy this Court as to the precise necessity,

authority and justification for issuance of notices under Section 179 of the BNSS to the women staff attached to the petitioners' hospital.

11. In view of the aforesaid circumstances, all further proceedings in the UDR, insofar as they concern the petitioners' hospital, shall remain stayed until the next date of hearing.

12. The aforesaid interim protection, however, shall not impede the Karnataka Medical Council from independently proceeding in accordance with law. The Council shall be at liberty to call for any record, explanation or material that it deems necessary from the hospital or its doctors and examine the complaint strictly within the four corners of its statutory jurisdiction.

13. The petitioners-hospital shall also facilitate inspection of the machine and the instrument that were utilised during the operative procedure. Such inspection shall be undertaken by a qualified technician deputed by the manufacturer of the said equipment so that its functioning may be objectively verified.

14. Needless to observe, the process of such inspection or collection of technical material shall not become a pretext for subjecting the petitioners, their doctors or members of the hospital staff to avoidable harassment.

15. List this matter on **14.07.2026, in the fresh matters list**."

3.2. On 14-07-2026, the following order:

"Heard Smt. Archana K.M., learned counsel for petitioners and learned State Public Prosecutor - 1 for the State.

The petitioners today files the affidavit of the anaesthesiologist, who administered anaesthesia on the said date of operation. The same reads as follows:

"I, Dr. Jayanth B.T., aged about 37 years, S/o Sri Thimmaraya Gowda, Consultant Anaesthesiologist, R/at No. 15, 5th Main, Behind S.V.K. Kalyana Mantapa, Jnanajyothi Nagar, Bangalore University, Bengaluru South, Bengaluru – 560 056, do hereby solemnly affirm and state on oath as follows:

1. I am the Consultant Anaesthesiologist who administered anaesthesia to the patient, Smt. Spoorthi Chitriki, during the hysteroscopic polypectomy performed on 20.05.2026 at the Petitioner No. 2 hospital. The facts stated herein are within my personal knowledge. This affidavit is filed in compliance with the directions of this Hon'ble Court.

2. I state that the patient was assessed at pre-anaesthetic evaluation on 19.05.2026 and was graded ASA 1, that is, a normal healthy patient. Monitoring was carried out as per standard protocol on ECG, NIBP, pulse oximetry and end-tidal carbon dioxide throughout the administration of anaesthesia. The parameters observed and the clinical events that occurred were contemporaneously recorded in the anaesthesia records forming part of the patient's case sheet, which has been produced before this Hon'ble Court.

3. I state that intraoperative ECG monitoring is a continuous, real-time display on the anaesthesia monitor. It is transient in nature and is not printed. It is distinct from a diagnostic 12-lead electrocardiogram, which is a test that is ordered and printed so as to create a permanent record.

4. I state that no intraoperative ECG printout therefore exists in this case, and none has been withheld. The anaesthesia records are the record of the monitoring, and all of them have been produced before this Hon'ble Court.
WHEREFORE what is stated hereinabove is true and correct to the best of my knowledge, information and belief."

The learned counsel for the petitioners Smt.Archana K.M. would submit that in furtherance of the order dated 07.07.2026, the hospital authorities did call the jurisdictional police sub-

inspector to come and inspect in terms of the order of the Court. The counsel would submit that they assured that they would come and when they did not come, had to communicate through whatsapp that the the operation theatre would be made available without taking any patient even on emergency between the dates indicated in the whatsapp. Notwithstanding the same, the police inspector along with the technician as was directed has not visited the hospital.

The learned counsel for the complainant submits that in the teeth of the interim order of stay, the police have not taken the technician. The submission is preposterous, to say the least, as this Court after granting the stay, it was directed that the hospital shall also facilitate the inspection of the machine/instrument that was used at the time of the procedure. The inspection was to be undertaken by a qualified technician, notwithstanding the interim order.

The Police cannot now say that there is an interim order of stay and therefore, it was not done. The respondent-jurisdictional police who is now investigating into the UDR shall inspect in terms of the court order.

The learned SPP submits, if the date is given in advance by the hospital, the technician has to be brought from Hyderabad to inspect the said machine. Therefore, in the light of the said circumstance, I deem it appropriate to direct the petitioners to communicate to the jurisdictional police station, three days in advance and in turn, the jurisdictional police shall communicate to the hospital, as to the date on which the Inspector along with the technician can come and inspect and do the needful as is ordered on 07.07.2026.

List the matter on **22.07.2026**.

The interim order earlier granted/subsisting would continue till the next date of hearing.”

The matter was then heard on 22-07-2026. On the aforesaid score, as it is necessary in the narration of facts and the orders passed by this Court, all are quoted *supra*.

4. Heard Smt. Archana K.M., learned counsel appearing for the petitioners, Sri B.N. Jagadeesha, learned State Public Prosecutor-1 appearing for the respondents and Sri B.S. Prasad, learned counsel appearing for the impleading applicant in I.A.No.1 of 2026.

SUBMISSIONS:

PETITIONERS:

5. The learned counsel Smt. Archana K.M. appearing for the petitioners would vehemently contend that not one but 6 replies have been submitted to the Investigating Agencies. The 6th respondent, the officer in charge of the Police Station describing himself to be the Investigating Officer has generated plethora of notices. The law does not render a ***carte blanche*** to the Investigating Officer to interfere and harass the doctors on an incident that went beyond the control of the doctors. The death was undoubtedly a tragedy. It was a very unfortunate medical out-

come. But, that would not mean that law is not followed in an investigation conducted in a UDR. The learned counsel takes this Court through plethora of judgments on the issue to buttress her submission with regard to doctors not to be harassed by the Police in the garb of investigation. **She would submit that in the case at hand, it is not an investigation into the crime but enquiry into the death, on an unnatural death report**.

6. She would submit that the object of the UDR is to ascertain circumstances surrounding the death. It is not intended to become a road to subjecting every person remotely connected with the treatment to needless inconvenience and harassment. The learned counsel would take this Court through the notices issued to several women members of the hospital staff requiring them to repeatedly appear before the Police Station notwithstanding the fact that they are not even involved in the procedural aspects. They are nurses working in the hospital. Ten notices of this kind are appended to the petition. The learned counsel would further emphasise on the fact that the complainant has already complained to the Karnataka Medical Council who have registered the complaint and are taking

the issue further. The learned counsel would submit that, the Karnataka Medical Council is the appropriate forum for making complaint with regard to reason for death. All that the Investigating Officer/6th respondent has sought for have all been given to the Investigating Officer. The Investigating Officer is now wanting whatever the complainant or the family of the deceased is wanting who are said to be connected to certain politicians. Therefore, the Police are coming to the Hospital every day and not permitting the doctors to perform duty of doctoring. Pursuant to the orders passed by this Court, the technicians along with the Investigating Officer were permitted to come but what the Investigating Officer would do is, get the entire family members into the operation theatre along with the technician to secure the records. This was contrary to what this Court has permitted even. Therefore, the learned counsel would seek quashment of notices so issued and lay down certain guidelines with regard to interference of police in such circumstances as is done by the Apex Court in **JACOB MATHEW** *supra,* since this is a writ petition under Article 226 of the Constitution of India read with Section 482 of the Cr.P.C.

THE STATE:

7. *Per contra,* the learned State Public Prosecutor Sri B.N. Jagadeesha would vehemently refute the submissions in contending that the death has happened in a family. Unnatural death report is registered. The Police are wanting to know the reason for death. The reason for death has not been completely revealed by the hospital. The video footage of the conduct of procedure is not handed over for the purpose of enquiry into the death. The death has ultimately happened due to the alleged medical negligence of the doctors. Therefore, the doctors cannot escape responsibility of producing the records of the hospital concerning the said surgery. He would submit that the Police has not harassed the doctors or the staff of the hospital. They are only enquiring into the cause of death to close the case with regard to the unnatural death report. Every enquiry or questioning on the hospital or its doctors cannot mean that the staff are being harassed. He would seek dismissal of the petition and closure of the proceedings under the UDR.

THE AGGRIEVED:

6. Sri B.S.Prasad, learned counsel has filed an impleading application. The impleading applicant is the father of the deceased. He is wanting to enter into these proceedings to project that he is a necessary party to the proceedings as the hospital has not provided documents that the Investigating Officer wants. The impleading application though is not allowed, he is permitted to make his submissions. He would submit that the Karnataka Medical Council before whom the husband of the deceased has registered the complaint also sought police help for securing of documents and therefore, there is no warrant of interference in the case at hand.

7. The learned counsel Smt. Archana K.M. would join issue now to contend that it is un-heard submission that the Karnataka Medical Council would seek help of the Police to secure documents. A notice from the Karnataka Medical Council for the purpose of furnishing entire records will have to be answered by every hospital like the petitioner who would answer once the notice comes about and cooperate with the Karnataka Medical Council to take the issue

to its logical conclusion. Therefore, she reiterates her submission that the notices must be quashed and doctors must be protected.

8. I have given my anxious consideration to the submissions made by the respective learned counsel and have perused the material on record.

CONSIDERATION:

9. The afore-narrated facts, the chronology of dates and the unbroken chain of events that have culminated in the present proceedings are all borne out by the record. They do not admit of any dispute and, therefore, do not warrant a reiteration. It would suffice if the narrative commences from the fateful day, **20-05-2026**, when a young lady of 29 years, **Smt. Spoorthi Chithriki**, was admitted to the petitioners' hospital for what was intended to be a routine **Hysteroscopic Polypectomy**. During the course of the procedure, an unforeseen intra-operative event occurred. Every conceivable resuscitative measure known to medical science was pressed into service by the treating team, but despite their

relentless efforts, the patient's life could not be retrieved from the jaws of death.

10. True to its statutory obligations, the hospital immediately informed the jurisdictional Police. Acting upon the information so received, the jurisdictional police registered an **Unnatural Death Report (UDR)** under **Section 194(3)(iv) of the Bharatiya Nagarik Suraksha Sanhita, 2023**. The registration of the UDR marked the commencement of an enquiry into the cause of death. It also marked the beginning of a series of investigative measures, the legality and propriety of which now fall for consideration before this Court.

11. The very first notice came to be issued by the 6th respondent on **20-05-2026**, calling upon the petitioners to furnish certain information in aid of the enquiry into the death of the said patient. first notice was issued by the 6th respondent, the Investigating Officer who was enquiring into the death of the said lady. The notice reads as follows:

"ರವರಿಗೆ

ವೈದ್ಯಾಧಿಕಾರಿಗಳು/ ವ್ಯವಸ್ಥಾಪಕ ನಿರ್ದೇಶಕರು
ಕ್ಲೌಡ್ ನೈನ್ ಆಸ್ಪತ್ರೆ, ದೊಡ್ಡಕಲ್ಲಸಂದ್ರ,
ಬೆಂಗಳೂರು ನಗರ

ಮಾನ್ಯರೇ,

ವಿಷಯ: ಶ್ರೀಮತಿ ಸ್ಫೂರ್ತಿಕೋಂ. ನಿಖಿಲ್ ಶೆಟ್ಟಿ 29 ವರ್ಷ ರವರಿಗೆ ತಮ್ಮ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಚಿಕಿತ್ಸೆ ನೀಡಿರುವ ಅಸಲು ದಾಖಲಾತಿಗಳನ್ನು ನೀಡಲು ಕೋರಿ.

ಉಲ್ಲೇಖ: ಕೋಣನಕುಂಟೆ ಪೊಲೀಸ್ ಠಾಣೆಯ ಯುಡಿಆರ್ ನಂ.33/2026 ಕಲಂ 194(3)(iv) ಬಿ ಎನ್ ಎಸ್ ಎಸ್ -2023.

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ಮೇಲ್ಕಂಡ ವಿಷಯ ಮತ್ತು ಉಲ್ಲೇಖಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ ತಮ್ಮಲ್ಲಿ ಕೋರಿಕೊಳ್ಳುವದೆನೆಂದರೆ ಪಿರ್ಯಾದುದಾರರಾದ ಶ್ರೀ ಚಿತ್ತಕಿ ಸತೀಶ್ ಕುಮಾರ್ ಎಂಬುವವರು ಠಾಣೆಗೆ ಹಾಜರಾಗಿ ನೀಡಿದ ದೂರಿನ ಸಾರಾಂಶವೇನೆಂದರೆ, ನಾನು ಸಂಡೂರಿನ ಯಶವಂತನಗರದಲ್ಲಿ ವ್ಯವಸಾಯವನ್ನು ಮಾಡಿಕೊಂಡಿರುತ್ತೇನೆ. ನನ್ನ ಹೆಂಡತಿ ಶ್ರೀಮತಿ ಸಿ.ಮಾಲತಿ ಈಕೆಯು ಗೃಹಿಣಿಯಾಗಿರುತ್ತಾಳೆ, ನನ್ನ ಮಗಳು ಸ್ಫೂರ್ತಿಯನ್ನು ನಿಖಿಲ್ ಶೆಟ್ಟಿ ಎಂಬುವವರಿಗೆ 2023 ರಲ್ಲಿ ಮದುವೆ ಮಾಡಿಸಿದ್ದು ನನ್ನ ಅಳಿಯ ಉನ್ನತ ವ್ಯಾಸಾಂಗಕ್ಕಾಗಿ ವಿದೇಶಕ್ಕೆ ಹೋಗಿರುತ್ತಾನೆ. ಹೀಗಿರುವಲ್ಲಿ, ಸೆಪ್ಟೆಂಬರ್-2025 ರಲ್ಲಿ ನನ್ನ ಮಗಳು ಗರ್ಬಿಣಿಯಾಗಿದ್ದು, ಆಕೆಯನ್ನು ದೊಡ್ಡ ಕಲ್ಯಸಂದ್ರದಲ್ಲಿರುವ ಕ್ಲೌಡ್-9 ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ತೋರಿಸುತ್ತಿದ್ದೆವು. ಹೀಗಿರುವಲ್ಲಿ ಡಿಸೆಂಬರ್-2025 ರಲ್ಲಿ ನನ್ನ ಮಗಳ ಹೊಟ್ಟೆಯಲ್ಲಿದ್ದ ಮಗು ಸಿರಯಾಗಿ ಬೆಳವಣಿಗೆ ಆಗಿಲ್ಲವೆಂದು ವೈದ್ಯರ ಸಲಹೆಯಂತೆ ತೆಗೆಸಲಾಯಿತು. ಇದಾದ ನಂತರ ನನ್ನ ಮಗಳಿಗೆ ರಕ್ತಸ್ರಾವವಾಗುತ್ತಿದ್ದು, ಆಕೆಯನ್ನು ಕ್ಲೌಡ್ -9 ಆಸ್ಪತ್ರೆಗೆ ಕರೆದುಕೊಂಡು ಬಂದು ತೋರಿಸಲಾಗಿ ಪರೀಕ್ಷಿಸಿದ ವೈದ್ಯರು ಗರ್ಭಕೋಶದಲ್ಲಿ ದುರ್ಮಾಂಸ ಬೆಳೆದಿದ್ದು, ಸಣ್ಣ ಸರ್ಜರಿ ಮಾಡಿಸುವಂತೆ ತಿಳಿಸಿರುತ್ತಾರೆ.

ಅದರಂತೆ ಈ ದಿನ ದಿನಾಂಕ:20/05/2026 ರಂದು ಬೆಳಿಗ್ಗೆ ನನ್ನ ಮಗಳನ್ನು ಸರ್ಜರಿಗಾಗಿ ಆಸ್ಪತ್ರೆಗೆ ದಾಖಲಿಸಿದ್ದು, ವೈದ್ಯರು ಪರೀಕ್ಷೆಗಳನ್ನು ಮಾಡಿದ ನಂತರ ನನ್ನ ಮಗಳನ್ನು ಆಪರೇಷನ್ ಗೆ ಕರೆದುಕೊಂಡು ಹೋಗಿರುತ್ತಾರೆ. ಇದಾದ ನಂತರ ಮದ್ಯಾಹ್ನ ಸುಮಾರು 3.30 ರ ಸಮಯದಲ್ಲಿ ವೈದ್ಯರು ನನ್ನ ಮಗಳಿಗೆ ಕಾರ್ಡಿಯಾಕ್ ಅರೆಸ್ಟ್ ಆಗಿದೆಯೆಂದು ತಿಳಿಸಿ, ಅವರದೇ ಆಂಬುಲೆನ್ಸ್ ನಲ್ಲಿ ಮಣಿಪಾಲ ಆಸ್ಪತ್ರೆಗೆ ಕರೆದುಕೊಂಡು ಹೋಗಿರುತ್ತಾರೆ. ಅದರಂತೆ ನಾವು ಮಣಿಪಾಲ ಆಸ್ಪತ್ರೆಗೆ ಬಂದಾಗ ನನ್ನ ಮಗಳಿಗೆ ಸಿ.ಪಿ.ಆರ್ ಮಾಡುತ್ತಿರುವುದಾಗಿ ತಿಳಿಸಿದ್ದು, ಇದಾದ ನಂತರ ಸುಮಾರು ಸಂಜೆ 4.30 ರ ಸುಮಾರಿಗೆ ವೈದ್ಯರು ನನ್ನ ಮಗಳು ಮೃತಪಟ್ಟಿರುವುದಾಗಿ ತಿಳಿಸಿರುತ್ತಾರೆ. ನನಗೆ ನನ್ನ ಮಗಳ ಸಾವಿನಲ್ಲಿ ಅನುಮಾನ

ಇರುವುದರಿಂದ ನನ್ನ ಮಗಳ ಮೃತ ದೇಹದ ಮೇಲೆ ಮರಣೋತ್ತರ ಪರೀಕ್ಷೆ ಮಾಡಿಸಿ ಮೃತಳ ನಿಜವಾದ ಸಾವಿನ ಕಾರಣ ತಿಳಿಯಬೇಕೆಂದು ಹಾಗೂ ಮೃತ ದೇಹವನ್ನು ಅಂತಿಮ ಸಂಸ್ಕಾರಕ್ಕಾಗಿ ನಮ್ಮ ವಶಕ್ಕೆ ನೀಡಬೇಕೆಂದು ಕೋರಿ ನೀಡಿದ ದೂರಿನ ಮೇರೆಗೆ ಠಾಣೆ ಯು ಡಿ ಆರ್ :33/2026 ಕಲಂ 194 (3) (iv) ಬಿ ಎನ್ ಎಸ್ ಎಸ್ ರೀತ್ಯ ಪ್ರಕರಣ ದಾಖಲಿಸಿಕೊಂಡು ತನಿಖೆ ಕೈಗೊಂಡಿರುತ್ತದೆ.

ಅದರಂತೆ ಸದರಿ ಪ್ರಕರಣದ ತನಿಖೆಗಾಗಿ ತಮ್ಮ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ನಿರ್ವಹಿಸಿರುವ ಈ ಕೆಳಕಂಡ ಅಸಲು ದಾಖಲಾತಿಗಳನ್ನು ನೀಡಲು ಕೋರಿದೆ.

1. 2025ನೇ ಸೆಪ್ಟೆಂಬರ್ ನಿಂದ ಶ್ರೀಮತಿ ಸ್ಫೂರ್ತಿ ಕೋಂ. ನಿಕಿಲ್ ಶೆಟ್ಟಿ ವಯಸ್ಸು, 29 ವರ್ಷ ರವರಿಗೆ ನೀಡಿರುವ ಚಿಕಿತ್ಸೆ ಬಗ್ಗೆ ಅಸಲು ದಾಖಲಾತಿಗಳನ್ನು ನೀಡುವುದು.

2. ದಿನಾಂಕ: 20/05/2026ರಂದು ಶ್ರೀಮತಿ ಸ್ಫೂರ್ತಿ ಕೋಂ. ನಿಕಿಲ್ ಶೆಟ್ಟಿ ವಯಸ್ಸು 29 ವರ್ಷ ರವರಿಗೆ ಚಿಕಿತ್ಸೆ ನೀಡಿದ ಸಮಯದಲ್ಲಿ ಓ.ಟಿ ಯಲ್ಲಿ ಹಾಜರಿದ್ದು ಚಿಕಿತ್ಸೆ ನೀಡಿದ ವೈದ್ಯರು ಮತ್ತು ಇನ್ನಿತರೆ ನುರಿತ ತಜ್ಞರ ಹೆಸರು ಮತ್ತು ವಿಳಾಸದ ವಿವರ, ಮೊಬೈಲ್ ನಂಬರ್ ಮತ್ತು ಅವರ ಕರ್ತವ್ಯದ ವಿವರಗಳೊಂದಿಗೆ ದಾಖಲಾತಿಗಳನ್ನು ನೀಡುವುದು

3. ದಿನಾಂಕ: 20/05/2025ರ ಬೆಳಿಗ್ಗೆ 06-00 ಗಂಟೆಯಿಂದ ಸಂಜೆ 17-00 ಗಂಟೆಯವರೆಗೆ ಮೈನ್ ಗೇಟ್ ಮತ್ತು ಹಾಲ್ ನಲ್ಲಿ ಅಳವಡಿಸಿರುವ ಸಿಸಿಟಿವಿ ಕ್ಯಾಮೆರಾಗಳ ಫೂಟೇಜ್ ನೀಡುವುದು.

ವಂದನೆಗಳೊಂದಿಗೆ

ತಮ್ಮ ವಿಶ್ವಾಸಿ
ಸಹಿ/-"

Not content with the information sought under the first notice, the Investigating Officer issued yet another communication on **21-05-2026**, calling upon the hospital to produce the DVRs containing CCTV footage and the original patient records.. The said communication reads as follows:-

"ರವರಿಗೆ

ವೈದ್ಯಾಧಿಕಾರಿಗಳು/ ವ್ಯವಸ್ಥಾಪಕ ನಿರ್ದೇಶಕರು
ಕ್ಲೌಡ್ ನೈನ್ ಆಸ್ಪತ್ರೆ, ದೊಡ್ಡಕಲ್ಲಸಂದ್ರ,
ಬೆಂಗಳೂರು ನಗರ

ಮಾನ್ಯರೇ,

ವಿಷಯ: ತಮ್ಮ ಆಸ್ಪತ್ರೆಯ ಆವರಣದಲ್ಲಿ ಅಳವಡಿಸಿರುವ ಸಿಸಿಟಿವಿ ಕ್ಯಾಮೆರಾಗಳ ಡಿವಿಆರ್ ಅನ್ನು ಪ್ರಕರಣದ ತನಿಖೆಗೆ ಹಾಜರುಪಡಿಸಲು ಕೋರಿ

ಉಲ್ಲೇಖ: ಕೋಣನಕುಂಟೆ ಪೊಲೀಸ್ ಠಾಣೆಯ ಯುಡಿಆರ್ ನಂ.33/2026 ಕಲಂ 194(3)(iv) ಬಿ ಎನ್ ಎಸ್ ಎಸ್ -2023.

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ಮೇಲ್ಕಂಡ ವಿಷಯ ಮತ್ತು ಉಲ್ಲೇಖಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ ತಮ್ಮಲ್ಲಿ ಕೋರಿಕೊಳ್ಳುವದೆನೆಂದರೆ ಪಿರ್ಯಾದುದಾರರಾದ ಶ್ರೀ ಚೆತ್ತಿಕಿ ಸತೀಶ್ ಕುಮಾರ್ ಎಂಬುವವರು ಠಾಣೆಗೆ ಹಾಜರಾಗಿ ನೀಡಿದ ದೂರಿನ ಮೇರೆಗೆ ಕೋಣನಕುಂಟೆ ಪೊಲೀಸ್ ಠಾಣೆ ಯು.ಡಿ.ಆರ್ ನಂ:33/2026 ಕಲಂ 194 (3) (iv) ಬಿ.ಎನ್.ಎಸ್.ಎಸ್. ರೀತ್ಯ ಪ್ರಕರಣ ದಾಖಲಿಸಿಕೊಂಡು ತನಿಖೆ ಕೈಗೊಂಡಿರುತ್ತದೆ.

ಅದರಂತೆ ಸದರಿ ಪ್ರಕರಣದ ತನಿಖೆಗಾಗಿ ತಮ್ಮ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ನಿರ್ವಹಿಸಿರುವ ಸಿಸಿಟಿವಿ ಕ್ಯಾಮೆರಾಗಳ ಡಿವಿಆರ್ ಅನ್ನು ಪ್ರಕರಣದ ತನಿಖೆಗೆ ನೀಡಲು ಕೋರಿದೆ.

ವಂದನೆಗಳೊಂದಿಗೆ

ತಮ್ಮ ವಿಶ್ವಾಸಿ
ಸಹಿ/-"

The hospital did not obstruct the enquiry. On the contrary, it extended complete cooperation. The Investigating Officer visited the hospital premises, conducted a mahazar, secured CCTV footage covering the relevant areas, took possession of **36 sheets of inpatient records**, and collected a **64 GB pen drive** containing

CCTV footage of the hospital premises. The investigative appetite, however, did not end there. On **04-06-2026**, another notice was issued requiring the hospital to furnish the complete video recording of the surgical procedure.

"ರವರಿಗೆ

ವೈದ್ಯಾಧಿಕಾರಿಗಳು/ ವ್ಯವಸ್ಥಾಪಕ ನಿರ್ದೇಶಕರು
ಕ್ಲೌಡ್ ನೈನ್ ಆಸ್ಪತ್ರೆ, ದೊಡ್ಡಕಲ್ಲಸಂದ್ರ,
ಬೆಂಗಳೂರು ನಗರ

ಮಾನ್ಯರೇ,

ವಿಷಯ: ಶ್ರೀಮತಿ ಸ್ಫೂರ್ತಿ, 29 ವರ್ಷ ರವರಿಗೆ ತಮ್ಮ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆ ಮಾಡುವಾಗ ತೆಗೆದ "Hysteroscopic Polypectomy" ವಿಡಿಯೋ ರೆಕಾರ್ಡ್ ಅನ್ನು ನೀಡಲು ಕೋರಿ.

ಉಲ್ಲೇಖ: ಕೋಣನಕುಂಟೆ ಪೊಲೀಸ್ ಠಾಣೆಯ ಯುಡಿಆರ್ ನಂ.33/2026 ಕಲಂ 194(3)(iv) ಬಿ ಎನ್ ಎಸ್ ಎಸ್ -2023.

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ಮೇಲ್ಕಂಡ ವಿಷಯ ಮತ್ತು ಉಲ್ಲೇಖಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ ತಮ್ಮಲ್ಲಿ ಕೋರಿಕೊಳ್ಳುವದೆನೆಂದರೆ, ಪಿರ್ಯಾದುದಾರರಾದ ಶ್ರೀ ಚಿತ್ತಿಕಿ ಸತೀಶ್ ಕುಮಾರ್ ಎಂಬುವವರು ಠಾಣೆಗೆ ಹಾಜರಾಗಿ ನೀಡಿದ ದೂರಿನ ಮೇರೆಗೆ ಕೋಣನಕುಂಟೆ ಪೊಲೀಸ್ ಠಾಣೆ ಯು.ಡಿ.ಆರ್ ನಂ:33/2026 ಕಲಂ 194 (3) (iv) ಬಿ.ಎನ್.ಎಸ್.ಎಸ್. ರೀತ್ಯ ಪ್ರಕರಣ ದಾಖಲಿಸಿಕೊಂಡು ತನಿಖೆ ಕೈಗೊಂಡಿರುತ್ತದೆ.

ಅದರಂತೆ ಸದರಿ ಪ್ರಕರಣದ ತನಿಖೆಗಾಗಿ ತಮ್ಮ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಶ್ರೀಮತಿ ಚಿತ್ತಿಕಿ ಸ್ಫೂರ್ತಿ ರವರಿಗೆ ದಿನಾಂಕ:20-05-2026 ರಂದು ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆಯನ್ನು ಮಾಡಿದ್ದು, ಸದರಿ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆಯ ಸಮಯದಲ್ಲಿ "Hysteroscopic Polypectomy" ವಿಡಿಯೋ ರೆಕಾರ್ಡ್ ಮಾಡಿದ್ದು, ಸದರಿ ವಿಡಿಯೋ ರೆಕಾರ್ಡ್ ಅನ್ನು ಮುಂದಿನ ತನಿಖೆಗಾಗಿ ನೀಡಲು ಕೋರಿದೆ.
ವಂದನೆಗಳೊಂದಿಗೆ

ತಮ್ಮ ವಿಶ್ವಾಸಿ
ಸಹಿ/-"

Even that did not satiate the demands of the investigating agency. Yet another notice followed, seeking further documentation. The said notice reads as follows:

"ಸಂ: ಕೆ.ಕೆ.ಪಿ.ಎಸ್/ಯುಡಿಆರ್/ 33/2026.

ಪೊಲೀಸ್ ಸಬ್ ಇನ್ಸ್‌ಪೆಕ್ಟರ್,
ಕೋಣನಕುಂಟೆ ಪೊಲೀಸ್ ಠಾಣೆ
ಬೆಂಗಳೂರು ನಗರ
ದಿನಾಂಕ:20/06/2026

ರವರಿಗೆ
ವೈದ್ಯಾಧಿಕಾರಿಗಳು/ ವ್ಯವಸ್ಥಾಪಕ ನಿರ್ದೇಶಕರು
ಕ್ಲೌಡ್ ನೈನ್ ಆಸ್ಪತ್ರೆ, ದೊಡ್ಡಕಲ್ಲಸಂದ್ರ,
ಬೆಂಗಳೂರು ನಗರ

ಮಾನ್ಯರೇ,

ವಿಷಯ: ಶ್ರೀಮತಿ ಚೆತ್ತಿಕಿ ಸ್ಫೂರ್ತಿ, ವಯಸ್ಸು 29 ವರ್ಷ ರವರಿಗೆ ಸಂಬಂಧಿಸಿದ ದಾಖಲಾತಿಗಳನ್ನು ನೀಡಲು ಕೋರಿ.

ಉಲ್ಲೇಖ: ಕೋಣನಕುಂಟೆ ಪೊಲೀಸ್ ಠಾಣೆಯ ಯುಡಿಆರ್ ನಂ.33/2026 ಕಲಂ 194(3)(iv) ಬಿ ಎನ್ ಎಸ್ ಎಸ್ -2023.

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ಮೇಲ್ಕಂಡ ವಿಷಯ ಮತ್ತು ಉಲ್ಲೇಖಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ ತಮ್ಮಲ್ಲಿ ಕೋರಿಕೊಳ್ಳುವದೆನೆಂದರೆ, ಕೋಣನಕುಂಟೆ ಪೊಲೀಸ್ ಠಾಣೆ ಯು.ಡಿ.ಆರ್ ನಂ:33/2026 ಕಲಂ 194 (3) (iv) ಬಿ.ಎನ್.ಎಸ್.ಎಸ್. ರೀತ್ಯ ಅದರಂತೆ ತನಿಖೆಗಾಗಿ ಈ ಕೆಳಗೆ ಸೂಚಿಸಿದ ದಾಖಲಾತಿಗಳನ್ನು ನೀಡುವಂತೆ ಸೂಚಿಸಿದ್ದು, ಅದರಂತೆ

ತಾವುಗಳು ಮಾಹಿತಿಯನ್ನು ನೀಡುವಾಗ

3. Anaesthesia machine log data for the entire duration of the procedure.

4. Operation Theatre (OT) monitor records and associated monitoring data.

5. ECG recordings in digital format.

6. Blood Pressure (BP) records and digital copies of all related monitoring data.

7. End-Tidal Carbon Dioxide ($ETCO_2$) monitoring records and digital logs.

ಗೆ ಸಂಬಂಧಿಸಿದಂತೆ ಯಾವುದೇ ದಾಖಲಾತಿಗಳು ಇರುವುದಿಲ್ಲ ಎಂದು ತಿಳಿಸಿರುವುದು ಸರಿಯಷ್ಟೇ. ಈ ವಿಚಾರವಾಗಿ ತಮಗೆ ತಿಳಿಸುವುದೇನೆಂದರೆ, ಮೇಲ್ಕಂಡ ದಾಖಲಾತಿಗಳ ಮಾಹಿತಿಯು ತನಿಖೆಗೆ ಅಗತ್ಯವಾಗಿರುವುದರಿಂದ ಮೇಲ್ಕಂಡ ಪರೀಕ್ಷೆಗಳ ಪರಿಕರಗಳ ಭಾವಚಿತ್ರಗಳನ್ನು ನೀಡಬೇಕೆಂದು ಈ ಮೂಲಕ ನಿಮಗೆ ಸೂಚಿಸಿದೆ.

ತಮ್ಮ ವಿಶ್ವಾಸಿ
ಸಹಿ/-"

In reply to the notice dated 19-06-2026, the hospital furnished all the necessary documents. The communication from the hospital to the 6th respondent is as follows:

"Date: 19th June 2026
Place: Bengaluru

To,

Police Sub-Inspector,
Konanakunte Police Station,
Bengaluru City.

Subject: Notice letter received on 19.06.2026 from your office dated 19-06-2026 with

ref no. KKPS/UDR/33/2026 and Requested us provide documents of Mrs. Chitriki Spoorthi.

Dear Sir/Madam,

With reference to the above subject, we acknowledge receipt of your letter dated 19-06-2026 with ref no. KKPS/UDR/33/2026, wherein you requested us provide documents of Mrs. Chitriki Spoorthi.

In response to your request, we submit the following information:

Point 1 - Hysteroscopy recordings were already submitted to the Police on 07 June 2026. We do not have a provision to capture or display patient identification details within the video recordings.

Point 2 - we have submitted the CCTV footage to police on 26th May 2026.

Point 3 to 7 - We do not maintain or have a provision for these records.

Point 8 - Histopathology block is available. Same will be submitted.

Point 9 & 10- A single document addresses both points. The same is enclosed herewith. (Clinical Team)

Point 11 - The OT equipment list is enclosed for your reference.

We trust that the above information and the enclosed documents meet your requirements.

This is for your kind information and record.

Thanking you

Sd/-
Kids Clinic India Limited.,
Cloudnine Hospital, Kanakapura.

As per your request, below are the available equipment at Cloudnine Hospitals, Kanakapura road - OT & recovery.

1	Modular Anesthesia station
2	Multipara monitor
3	Infusion Pump
4	Syringe Pump
5	Laparoscopy system
6	AGM Module
7	Ventilator
8	Defibrillator
9	Crash cart
10	Cautery machine
11	Patient warmer
12	OT Table & light
13	Infant warmer
14	Suction machine
15	Laryngoscope adult with Mac blade
16	Vessel sealer cum cautery machine
17	IV fluid warmer
18	Recovery Cot

As per your request, please find below for the details of the clinical team involved in the procedure and emergency response at Cloudnine Hospitals, Kanakapura road.

Sl.No	Doctor's Name	Department	Experience	Address & Mobile numbers
1	Dr Vinutha B	OBG	14yrs	No, 766 And 767, Kanakapura Main Rd, Narayana Nagar 1st Block, Doddakallasandra Village, Bengaluru. Mob-9986588668
2	Dr Jayanth B T	Anesthesiology	7yrs	No, 766 And 767, Kanakapura Main Rd, Narayana Nagar 1st Block, Doddakallasandra Village, Bengaluru Mob-9611921584
3	Dr Megha G	OBG	5 yrs	No, 766 And 767, Kanakapura Main Rd, Narayana Nagar 1st Block, Doddakallasandra Village, Bengaluru Mob- 8762713787
4	Dr Krupashree S	OBG	2 months	No, 766 And 767, Kanakapura Main Rd, Narayana Nagar 1st Block, Doddakallasandra Village, Bengaluru Mob-9448015999
4	Dr Rashmi Swaroop	OBG & Reproductive Medicine	20yrs	No, 766 And 767, Kanakapura Main Rd, Narayana Nagar 1st Block, Doddakallasandra Village, Bengaluru Mob-9986553737
5	Spandana	Nursing care	2yrs	No, 766 And 767, Kanakapura Main Rd, Narayana Nagar 1st Block, Doddakallasandra Village, Bengaluru
6	Lavanya B G	Nursing care	4yrs	

This also did not stop the Police from issuing the impugned notices. The impugned notices would surprise any person. On 23-06-2026 three notices are issued. They read as follows:

"ನಂ.ಕೆಕೆಪಿಎಸ್/ಯು.ಡಿ.ಆರ್ ನಂ:33/2026

ಕೋಣನಕುಂಟೆ ಪೊಲೀಸ್ ಠಾಣೆ
ಬೆಂಗಳೂರು ನಗರ
ದಿನಾಂಕ:23/06/2026

ಪೊಲೀಸ್ ನೋಟಿಸ್

(ಕಲಂ 94 ಬಿ.ಎನ್.ಎಸ್.ಎಸ್ ರಿತ್ಯಾ)

ಈ ಮೂಲಕ ನಿಮಗೆ ತಿಳಿಯಪಡಿಸುವುದೇನೆಂದರೆ, ಕೋಣನಕುಂಟೆ ಪೊಲೀಸ್ ಠಾಣಾ UDR ಸಂಖ್ಯೆ 33/2026 ಕಲಂ 194(3)(4) ಬಿ.ಎನ್.ಎಸ್.ಎಸ್ ಪ್ರಕರಣಕ್ಕೆ ಸಂಬಂಧಪಟ್ಟಂತೆ ತನಿಖೆಗಾಗಿ ಈ ಕೆಳಕಂಡ ದಾಖಲಾತಿಗಳು/ಮಾಹಿತಿಯು ಅವಶ್ಯಕತೆ ಇದ್ದು, ಸದರಿ ದಾಖಲಾತಿಗಳ/ಮಾಹಿತಿಯನ್ನು ಈ ನೋಟಿಸ್ ಸ್ವೀಕರಿಸಿದ 2 ದಿನಗಳ ಒಳಗಾಗಿ ಜರೂರಾಗಿ ನೀಡುವುದು ಹಾಗೂ ಸದರಿ ದಾಖಲಾತಿಗಳನ್ನು ಪ್ರಕರಣದ ತನಿಖೆ ಮುಕ್ತಾಯವಾಗುವವರೆಗೂ ಸಂರಕ್ಷಿಸಿಡಲು ಈ ಮೂಲಕ ನಿಮಗೆ ಸೂಚಿಸಿದೆ.

1. ಅಪೂರ್ಣ ಹಿಸ್ಟೆರೋಸ್ಕೋಪಿ ವಿಡಿಯೋ ದಾಖಲೆ

ಆಸ್ಪತ್ರೆಯಿಂದ ನೀಡಿರುವ ಹಿಸ್ಟೆರೋಸ್ಕೋಪಿ ವಿಡಿಯೋ ದಾಖಲೆ ಅಪೂರ್ಣವಾಗಿರುವಂತೆ ಕಾಣುತ್ತದೆ. ವಿಡಿಯೋವು 0:00 ರಿಂದ ಪ್ರಕ್ರಿಯೆಯ ಅಂತ್ಯವರೆಗೆ ಇರುವ ಸಂಪೂರ್ಣ ದಾಖಲಾತಿಯಾಗಿರಬೇಕು. ಆದರೆ ಈಗ ನೀಡಿರುವ ವಿಡಿಯೋವು 36:22 ನಿಮಿಷದ ಬಳಿಕ ಅಂತ್ಯಗೊಳ್ಳುತ್ತದೆ. ಹಿಸ್ಟೆರೋಸ್ಕೋಪಿಕ್ ಉಪಕರಣವನ್ನು ಸಂಪೂರ್ಣವಾಗಿ ಹೊರತೆಗೆದಿರುವ ದೃಶ್ಯ ಕಾಣಿಸುವುದಿಲ್ಲ. OT ದಾಖಲೆಗಳ ಪ್ರಕಾರ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಯನ್ನು ಮಧ್ಯದಲ್ಲಿ ನಿಲ್ಲಿಸಲಾಗಿದೆ ಎಂದು ಉಲ್ಲೇಖವಿರುವುದರಿಂದ, 0:00 ರಿಂದ ಪ್ರಕ್ರಿಯೆಯ ಅಂತ್ಯವರೆಗೆ ಇರುವ ಸಂಪೂರ್ಣ UNEDITED HYSTEROSCOPY VIDEO RECORDING, ಅದರಲ್ಲೂ ವಿಶೇಷವಾಗಿ 36:22 ನಿಮಿಷದ ನಂತರದ ಭಾಗ, ಉಳಿದ ಪ್ರಕ್ರಿಯೆಯ ದೃಶ್ಯ ಹಾಗೂ ಉಪಕರಣವನ್ನು ಹೊರತೆಗೆದಿರುವ ಅಂತಿಮ ಭಾಗವನ್ನು ಹೊಂದಿರುವ ವಿಡಿಯೋವನ್ನು ಹಾಜರುಪಡಿಸುವುದು.

ಈ ಪ್ರಕ್ರಿಯೆಯಲ್ಲಿ ಬಳಸಲಾದ ಹಿಸ್ಟೆರೋಸ್ಕೋಪಿ ಯಂತ್ರದಲ್ಲಿ ರೆಕಾರ್ಡಿಂಗ್ ವ್ಯವಸ್ಥೆ ಇದಿಯೇ? ಇಲ್ಲವೇ/ಎಂಬುದರ ವಿವರ ನೀಡುವುದು. ಇಲ್ಲವಾದಲ್ಲಿ ಯಂತ್ರದ ಮಾದರಿ (Model) ಯನ್ನು ನೀಡುವುದು.

2. ಅನಸ್ಥೇಷಿಯಾ ಮಾನಿಟರ್, ಫ್ಲೂಯಿಡ್ ಮಾನಿಟರಿಂಗ್ ಹಾಗೂ ತುರ್ತು ಪುನರುಜ್ಜೀವನಕ್ಕೆ ಸಂಬಂಧಿಸಿದ ಡಿಜಿಟಲ್ ದಾಖಲೆಗಳು,

ದಿನಾಂಕ:20.05.2026ರ ಅನಸ್ಥೇಷಿಯಾ ದಾಖಲೆಗಳಲ್ಲಿ ECG, NIBP, SpO_2 ಮತ್ತು $ETCO_2$ MONITORING ಎಂದು ಉಲ್ಲೇಖಿಸಲಾಗಿದೆ. ಆದ್ದರಿಂದ ಪ್ರಕ್ರಿಯೆಯ ಸಮಯದಲ್ಲಿ ದಾಖಲಾದ ಸಂಪೂರ್ಣ ಡಿಜಿಟಲ್ ವೈಟಲ್ ದಾಖಲೆಗಳು - RAW MONITOR DATA, TREND LOGS, WAVEFORM RECORDS, ALARM HISTORY, EVENT LOGS ಹಾಗೂ SERVER / EMR / HIS BACKUP ದಾಖಲೆಗಳನ್ನು ಹಾಜರುಪಡಿಸುವುದು.

ಇದರ ಜೊತೆಗೆ ಪ್ರಕ್ರಿಯೆಯಲ್ಲಿ ಬಳಸಲಾದ FLUID MONITORING SYSTEM / HYSTEROSCOPY MACHINE / PUMP ಗೆ ಸಂಬಂಧಿಸಿದ FLUID DEFICIT DATA, INFLOW-OUTFLOW RECORDS, MACHINE LOGS, PUMP DETAILS, ALARM LOGS ಹಾಗೂ ಸಂಬಂಧಿತ ಡಿಜಿಟಲ್ ದಾಖಲೆಗಳನ್ನು ಹಾಜರುಪಡಿಸುವುದು.

ಅದೇ ರೀತಿ, ರೋಗಿಯ ಸ್ಥಿತಿ ಹದಗೆಟ್ಟ ಸಂದರ್ಭದಲ್ಲಿ ಬಳಸಲಾದ DEFIBRILLATOR / CODE BLUE / RESUSCITATION ಸಂಬಂಧಿತ ದಾಖಲೆಗಳು, ಅಂದರೆ CARDIAC RHYTHM STRIPS, SHOCK /NO SHOCK DETAILS, CPR TIMELINE, CODE BLUE NOTES ಹಾಗೂ EVENT RECORDS ಗಳನ್ನು ಹಾಜರುಪಡಿಸುವುದು.

ಇದಲ್ಲದೆ, ಬಳಸಲಾದ ANAESTHESIA WORKSTATION / VENTILATOR ಗೆ ಸಂಬಂಧಿಸಿದ $ETCO_2$ LOGS, AIRWAY PRESSURE RECORDS, FiO2 RECORDS, VENTILATION SETTINGS, VENTILATOR ALARMS ಹಾಗೂ EVENT LOGS ಗಳನ್ನು ಹಾಜರುಪಡಿಸುವುದು.

ನಾವು ಈಗಾಗಲೇ ನಿಮ್ಮ ಆಸ್ಪತ್ರೆಗೆ ಸಂಬಂಧಪಟ್ಟ ಎಲ್ಲಾ ದಾಖಲೆಗಳನ್ನು ಒದಗಿಸಬೇಕೆಂದು ದಿನಾಂಕ 20.05.2026 ರಂದು ಮನವಿ ಮೂಲಕ ನೀಡಿದ್ದು, ತಾವುಗಳು ಮ್ಯಾನುವೆಲ್ ದಾಖಲೆ ಮಾತ್ರ ನೀಡಿದ್ದು, ಇದುವರೆಗೂ ಸಹಾ ಯಾವುದೇ ಡಿಜಿಟಲ್ ದಾಖಲೆಗಳನ್ನು ನೀಡಿರುವುದಿಲ್ಲ. ಪ್ರಚಲಿತ ನಿಯಮಾವಳಿಗಳ ಪ್ರಕಾರ, ವೈದ್ಯಕೀಯ-ಕಾನೂನು ಪ್ರಕರಣಗಳಿಗೆ ಸಂಬಂಧಿಸಿದ ಡಿಜಿಟಲ್ ವೈದ್ಯಕೀಯ ದಾಖಲೆಗಳನ್ನು ಅನುಮಾನಿತ ಸಾವಿನ ಪ್ರಕರಣಗಳಲ್ಲಿ ನಿಗದಿತ ಅವಧಿಗೆ ಅಥವಾ ಅಗತ್ಯವಿದ್ದಲ್ಲಿ, ಜೀವಿತಾವಧಿಯವರೆಗೆ ಸಂರಕ್ಷಿಸುವುದು ಕಡ್ಡಾಯವಾಗಿದೆ.

3. "ಕೋಡ್ ಬ್ಲೂ" ಘೋಷಿಸಲ್ಪಟ್ಟ ನಂತರ ಆಪರೇಷನ್ ಥಿಯೇಟರ್‌ಗೆ ಪ್ರವೇಶಿಸಿದ ಎಲ್ಲಾ ವೈದ್ಯರ ಹೆಸರು, ಅವರ ವಿಶೇಷತೆ/ಹುದ್ದೆ, ಅವರು ಯಾವ ಸಮಯದಲ್ಲಿ ಒಳಪ್ರವೇಶಿಸಿದರು, ಅವರನ್ನು ಯಾವ ಕಾರಣಕ್ಕಾಗಿ ಕರೆಯಲಾಯಿತು, ಹಾಗೂ ಪ್ರತಿಯೊಬ್ಬರು ಕೈಗೊಂಡ ಕ್ರಮ | ನೀಡಿದ ಚಿಕಿತ್ಸೆ / ಪುನರುಜ್ಜೀವನ ಕ್ರಮಗಳ ಸಂಪೂರ್ಣ ವಿವರವನ್ನು ಪ್ರತ್ಯೇಕವಾಗಿ ದಾಖಲಿಸಿ ಸಂಗ್ರಹಿಸಬೇಕು. OTಯಲ್ಲಿ ಹಾಜರಿದ್ದ ಎಲ್ಲಾ, ಸಿಬ್ಬಂದಿಯ ಪೂರ್ಣ ಹೆಸರು, ಹುದ್ದೆ, ದೂರವಾಣಿ ಸಂಪರ್ಕ ಸಂಖ್ಯೆ ಹಾಗೂ DUTY DETAILS ಗಳನ್ನು ನೀಡುವಂತೆ ತಿಳಿಸಿದ್ದು, ನೀವುಗಳು ಕೆಲವು ಸಿಬ್ಬಂದಿಯವರುಗಳ ಹೆಸರನ್ನು ಕೈ ಬಿಟ್ಟಿರುವುದು ದಾಖಲಾತಿಗಳಿಂದ ಕಂಡು ಬಂದಿದ್ದು, ಸದರಿಯವರ ವಿವರಗಳನ್ನು ಸಹಾ ನೀಡತಕ್ಕದ್ದು.

4. ಆಂಬುಲೆನ್ಸ್ ಮತ್ತು ರೋಗಿ ವರ್ಗಾವಣೆಯ ವಿವರಗಳು

ಕ್ಲೌಡ್ನೇನ್ ಆಸ್ಪತ್ರೆಯಿಂದ ಮಣಿಪಾಲ್ ಆಸ್ಪತ್ರೆಗೆ ರೋಗಿಯನ್ನು ಸಾಗಿಸಿದ ಆಂಬುಲೆನ್ಸ್ನ ನೋಂದಣಿ ಸಂಖ್ಯೆ, ಮಾಲೀಕರ ವಿವರ, ಚಾಲಕರ ಹೆಸರು, ಜೊತೆಯಾಗಿ ಹೋದ PARAMEDICAL ಸಿಬ್ಬಂದಿ ವಿವರಗಳು ಹಾಗೂ ಆಂಬುಲೆನ್ಸ್ನ ಲ್ಲಿ ಲಭ್ಯವಿದ್ದ ಜೀವ ರಕ್ಷಕ ಸೌಲಭ್ಯಗಳ ವಿವರಗಳನ್ನು ನೀಡುವುದು ಹಾಗೂ ವರ್ಗಾವಣೆಯ ಅವಧಿಯಲ್ಲಿ ACLS / CPR ಮುಂದುವರಿಸಲು ಅಗತ್ಯವಾದ ಸೌಲಭ್ಯಗಳು ಆ ಆಂಬುಲೆನ್ಸ್ನ ಲ್ಲಿ ಇದಿಯೇ? ಇಲ್ಲವೆ, ಇದ್ದರೆ ಅವುಗಳ ಮಾಹಿತಿ ತಿಳಿಸಬೇಕು. ಒಂದು ವೇಳೆ ವರ್ಗಾವಣೆಯ ಅವಧಿಯಲ್ಲಿ ಆಂಬುಲೆನ್ಸ್ನ ಲ್ಲಿ CPR / ACLS / MONITORING / VENTILATION ಸಂಬಂಧಿತ ವೈದ್ಯಕೀಯ ಸೇವೆಗಳಿದ್ದರೆ, ಅದಕ್ಕೆ ಸಂಬಂಧಿಸಿದ MONITOR DATA, DEFIBRILLATOR

LOGS, PARAMEDIC CASE SHEET, OXYGEN /VENTILATION SUPPORT ದಾಖಲೆಗಳು ಹಾಗೂ ಇತರೆ ಡಿಜಿಟಲ್ ಮತ್ತು ಲಿಖಿತ ದಾಖಲೆಗಳನ್ನು ಹಾಜರುಪಡಿಸುವುದು.

Sd/-
Police Sub-Inspector
Konanakunte Police Station
Bangalore-560162

ರವರಿಗೆ,

ನಿರ್ದೇಶಕರು/ವ್ಯವಸ್ಥಾಪಕರು
ಕ್ಲೌಡ-9 ಆಸ್ಪತ್ರೆ, ದೊಡ್ಡಕಲ್ಲಸಂದ್ರ,
ಕನಕಪುರ ರಸ್ತೆ, ಬೆಂಗಳೂರು ನಗರ

ಅಭಿನಂದನೆಗಳೊಂದಿಗೆ ಪ್ರತಿಯನ್ನು-

ಮಾನ್ಯ ಸಹಾಯಕ ಪೊಲೀಸ್ ಆಯುಕ್ತರು, ಸುಬ್ರಮಣ್ಯಪುರ ಉಪ-ವಿಭಾಗ, ಬೆಂಗಳೂರು ನಗರರವರಿಗೆ ನಿವೇದಿಸಿದೆ."

....

"ನಂ.ಕೆಕೆಪಿಎಸ್/ಯು.ಡಿ.ಆರ್ ನಂ:33/2026

ಕೋಣನಕುಂಟೆ ಪೊಲೀಸ್ ಠಾಣೆ
ಬೆಂಗಳೂರು ನಗರ
ದಿನಾಂಕ: 23/06/2026

ಪೊಲೀಸ್ ನೋಟಿಸ್

(ಕಲಂ 94 ಬಿ.ಎನ್.ಎಸ್.ಎಸ್ ರಿತ್ಯಾ)

ಈ ಮೂಲಕ ನಿಮಗೆ ತಿಳಿಯಪಡಿಸುವುದೇನೆಂದರೆ, ಶ್ರೀ ಚೆತ್ತಿಕಿ ಸತೀಶ್ ಕುಮಾರ್ ಎಂಬುವವರು ಠಾಣೆಗೆ ಹಾಜರಾಗಿ ನೀಡಿದ ದೂರಿನ ಮೇರೆಗೆ ಕೋಣನಕುಂಟೆ ಪೊಲೀಸ್ ಠಾಣಾ UDR ಸಂಖ್ಯೆ 33/2026 ಕಲಂ 194(3)(4) ಬಿ.ಎನ್.ಎಸ್.ಎಸ್ ಪ್ರಕರಣ ದಾಖಲಾಗಿದ್ದು, ಹಾಲಿ ಪ್ರಕರಣವು ತನಿಖೆಯಲ್ಲಿರುತ್ತದೆ. ಸದರಿ ಪ್ರಕರಣಕ್ಕೆ ಸಂಬಂಧಪಟ್ಟಂತೆ ಶ್ರೀಮತಿ ಚೆತ್ತಿಕಿ ಸ್ಪೂರ್ತಿ ಎಂಬುವವರ ಚಿಕಿತ್ಸೆಗೆ ಬಳಸಿದ ಎಲ್ಲಾ ಉಪಕರಣಗಳ ಡಿಜಿಟಲ್ ದಾಖಲಾತಿಗಳನ್ನು ನೀಡುವಂತೆ ಈಗಾಗಲೇ ನಿಮಗೆ 3 ಭಾರಿ ಮನವಿಯನ್ನು ಸಲ್ಲಿಸಿ ಸೂಚಿಸಿದ್ದರೂ ಸಹಾ ಇದುವರೆವಿಗೂ ಸಹಾ ಯಾವುದೇ ಡಿಜಿಟಲ್ ದಾಖಲಾತಿಗಳನ್ನು ಹಾಜರುಪಡಿಸಿರುವುದಿಲ್ಲ. ಸದರಿ ಎಲ್ಲಾ, ಡಿಜಿಟಲ್ ದಾಖಲಾತಿಗಳು ಪ್ರಕರಣದ ಮುಂದಿನ ತನಿಖೆಗೆ ಅವಶ್ಯಕತೆ ಇರುವುದರಿಂದ ಶ್ರೀಮತಿ ಚೆತ್ತಿಕಿ ಸ್ಪೂರ್ತಿ ಎಂಬುವವರ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆಗೆ ಬಳಸಿದ ಎಲ್ಲಾ ಡಿಜಿಟಲ್

ಶಸ್ತ್ರ ಚಿಕಿತ್ಸಾ ಪರಿಕರಗಳನ್ನು (digital machineries) ಅಮಾನತ್ತುಪಡಿಸಕೊಳ್ಳಬೇಕಾಗಿದೆ. ಆದ್ದರಿಂದ ನೀವುಗಳು ಸದರಿ ಡಿಜಿಟಲ್ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸಾ ಪರಿಕರಗಳನ್ನು ಹಾಜರುಪಡಿಸಬೇಕೆಂದು ಹಾಗೂ ಸದರಿ ಚಿಕಿತ್ಸಾ ಪರಿಕರಗಳ ಬದಲಿ ವ್ಯವಸ್ಥೆ ಮಾಡಿಕೊಳ್ಳುವ ಮೂಲಕ ತನಿಖೆಗೆ ಸಹಕರಿಸಬೇಕೆಂದು ಈ ಮೂಲಕ ತಮಗೆ ಸೂಚಿಸಲಾಗಿದೆ.

ಸಹಿ/-
ಪೊಲೀಸ್ ಸಬ್ ಇನ್ಸ್ ಪೆಕ್ಟರ್
ಕೋಣನಕುಂಟೆ ಪೊಲೀಸ್ ಠಾಣೆ
ಬೆಂಗಳೂರು - 560 062.

ರವರಿಗೆ,

ನಿರ್ದೇಶಕರು/ವ್ಯವಸ್ಥಾಪಕರು
ಕ್ಲೌಡ -9 ಆಸ್ಪತ್ರೆ, ದೊಡ್ಡಕಲ್ಲಸಂದ್ರ, ಕನಕಪುರ
ರಸ್ತೆ, ಬೆಂಗಳೂರು ನಗರ

<u>ಅಭಿನಂದನೆಗಳೊಂದಿಗೆ ಪ್ರತಿಯನ್ನು</u>-

ಮಾನ್ಯ ಸಹಾಯಕ ಪೊಲೀಸ್ ಆಯುಕ್ತರು, ಸುಬ್ರಮಣ್ಯಪುರ ಉಪ-ವಿಭಾಗ, ಬೆಂಗಳೂರು ನಗರರವರಿಗೆ ನಿವೇದಿಸಿದೆ."

....

"ನಂ.ಕೆಕೆಪಿಎಸ್/ಯುಡಿಆರ್/ನಂ/33/2026

ಕೋಣನಕುಂಟೆ ಪೊಲೀಸ್ ಠಾಣೆ
ಬೆಂಗಳೂರು ನಗರ
ದಿನಾಂಕ: 23/06/2026

<u>ಪೊಲೀಸ್ ನೋಟೀಸ್</u>

<u>(ಕಲಂ 179 BNSS ರೀತ್ಯಾ)</u>

ಈ ಮೂಲಕ ನಿಮಗೆ ಸೂಚಿಸುವುದನೆಂದರೆ ದಿನಾಂಕ 20.05.2026 ರಂದು ಪಿರ್ಯಾದಿ ಶ್ರೀ ಚೆತ್ತಿಕಿ ಸತೀಶ್ ಕುಮಾರ್ ಎಂಬುವವರು ಠಾಣೆಗೆ ಹಾಜರಾಗಿ ಅವರ ಮಗಳು ಶ್ರೀಮತಿ ಚೆತ್ತಿಕಿ ಸ್ಫೂರ್ತಿ ಎಂಬುವವರು ತಮ್ಮ ಬಳಿ ಚಿಕಿತ್ಸೆಯನ್ನು ಪಡೆಯುವಾಗಿ ಮೃತರಾಗಿದ್ದು, ಅವರ ಸಾವಿನಲ್ಲಿ ಅನುಮಾನ ಇರುವುದಾಗಿ ದೂರನ್ನು ನೀಡಿದ್ದು, ಸದರಿ ದೂರಿನ ಮೇರೆಗೆ ಕೋಣನಕುಂಟೆ ಪೊಲೀಸ್ ಠಾಣೆಯಲ್ಲಿ

ಯು.ಡಿ.ಆರ್ ನಂ:33/2026 ಕಲಂ:194(3)(iv) ರೀತ್ಯಾ ಪ್ರಕರಣ ದಾಖಲಾಗಿ ಪ್ರಕರಣವು ಹಾಲಿ ತನಿಖೆಯಲ್ಲಿರುತ್ತದೆ.

ಸದರಿ ಕೇಸಿನ ತನಿಖೆಯ ಸಲುವಾಗಿ ನಿಮ್ಮ ಹೇಳಿಕೆ ಅವಶ್ಯಕತೆಯಿದ್ದು, ನೀವು ಈ ನೋಟೀಸ್ ಸ್ವೀಕರಿಸಿದ ನಂತರ ಸದರಿ ಪ್ರಕರಣಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ ಸಾಕ್ಷಿ ನುಡಿಯಲು ಪ್ರಕರಣದ ತನಿಖಾಧಿಕಾರಿಯಾದ ನನ್ನ ಮುಂದೆ ಹಾಜರಾಗತಕ್ಕದ್ದು.

ಸಹಿ/-
ಪೊಲೀಸ್ ಸಬ್ ಇನ್ಸ್ ಪೆಕ್ಟರ್
ಕೋಣನಕುಂಟೆ ಪೊಲೀಸ್ ಠಾಣೆ
ಬೆಂಗಳೂರು - 560 062.

ರವರಿಗೆ:
ಡಾ.ವಿನುತ.ಬಿ,
ಪ್ರಸೂತಿ & ಸ್ತ್ರೀ ರೋಗ ತಜ್ಞರು,
ಕ್ಲೌಡ್ ನೈನ್ ಆಸ್ಪತ್ರೆ, ದೊಡ್ಡಕಲ್ಲಸಂದ್ರ,
ಬೆಂಗಳೂರು ನಗರ ಮೊ.99865 88668"

The tenor and sweep of these notices are startling. **They seek not merely records or documents but virtually the very machinery and equipment employed in the hospital. Compliance in the manner demanded would have had the inevitable consequence of paralysing the functioning of the hospital itself, thereby affecting not merely the petitioners but countless patients dependent upon the institution for medical care. Criminal investigation, however important, cannot be permitted to assume proportions that disable a**

functioning healthcare institution from discharging its primary obligation towards society.

12. Finding themselves repeatedly subjected to incessant notices despite their unquestionable cooperation, the petitioners addressed a representation to the competent authorities, pointing out that the enquiry had travelled far beyond its legitimate contours and had assumed the character of harassment. The representation, however, was met with complete administrative silence. Left remediless and confronted with the looming spectre of further coercive action, the petitioners were constrained to knock at the doors of this Court.

13. The original records placed before this Court unmistakably reveal that for nearly a month, every piece of information sought by the Investigating Officer had been supplied by the hospital. Indeed, pursuant to the interim directions issued by this Court, even additional material that was demanded subsequently was furnished without reservation. Yet, the issuance of notices continued unabated. The institution of the present petition did not temper the enthusiasm of the investigating agency. Quite to the contrary, **as**

many as six notices came to be issued to women members of the hospital staff, directing them to appear before the police station for recording of statements.

14. What is of considerable significance is that all these actions are undertaken not in the course of investigation into a registered cognizable offence, but during an enquiry arising out of an Unnatural Death Report**. The distinction is neither semantic nor superficial; it goes to the very root of the statutory power exercisable by the police. An enquiry under a UDR is intended to ascertain the circumstances surrounding an unnatural death. It is not a licence for an unrestricted fishing expedition nor does it confer upon the investigating agency an unfettered authority to summon every individual remotely associated with the treatment or to repeatedly interfere with the functioning of a hospital.**

THE STATUTORY SOURCE:

15. An Unnatural Death Report finds its statutory source in **Section 194 of the BNSS**, corresponding to **Section 174 of the erstwhile Code of Criminal Procedure**. It reads as follows:-

"**194. Police to enquire and report on suicide, etc.—(1) When the officer in charge of a police station or some other police officer specially empowered by the State Government in that behalf receives information that a person has committed suicide, or has been killed by another or by an animal or by machinery or by an accident, or has died under circumstances raising a reasonable suspicion that some other person has committed an offence, he shall immediately give intimation thereof to the nearest Executive Magistrate empowered to hold inquests, and, unless otherwise directed by any rule made by the State Government, or by any general or special order of the District or Sub-divisional Magistrate, shall proceed to the place where the body of such deceased person is, and there, in the presence of two or more respectable inhabitants of the neighbourhood, shall make an investigation, and draw up a report of the '*apparent cause of death*,' describing such wounds, fractures, bruises, and other marks of injury as may be found on the body, and stating in what manner, or by what weapon or instrument (if any), such marks appear to have been inflicted**.

(2) The report shall be signed by such police officer and other persons, or by so many of them as concur therein, and shall be forwarded to the District Magistrate or the Sub-divisional Magistrate within twenty-four hours.

(3) When—

(*i*) the case involves suicide by a woman within seven years of her marriage; or

(*ii*) the case relates to the death of a woman within seven years of her marriage in any circumstances raising a reasonable suspicion that some other person committed an offence in relation to such woman; or

(*iii*) the case relates to the death of a woman within seven years of her marriage and any relative of the woman has made a request in this behalf; or

(*iv*) there is any doubt regarding the cause of death; or

(*v*) the police officer for any other reason considers it expedient so to do,

he shall, subject to such rules as the State Government may prescribe in this behalf, forward the body, with a view to its being examined, to the nearest Civil Surgeon, or other qualified medical person appointed in this behalf by the State Government, if the state of the weather and the distance admit of its being so forwarded without risk of such putrefaction on the road as would render such examination useless.

(4) The following Magistrates are empowered to hold inquests, namely, any District Magistrate or Sub-divisional Magistrate and any other Executive Magistrate specially empowered in this behalf by the State Government or the District Magistrate."

(Emphasis supplied)

Section 194 of the BNSS, delineates the statutory framework governing enquiries into cases of suicide and other unnatural deaths. Upon receipt of information regarding such a death, the officer in charge of the police station is obliged to undertake an enquiry into the apparent cause of death, draw up an inquest report and, where circumstances so warrant, forward the body for medical examination. The provision is designed to facilitate the ascertainment of the cause and circumstances of death. It is not

intended to metamorphose into a full-fledged criminal investigation unless material surfaces warranting the registration of a cognizable offence.

16. It is, therefore, pursuant to the registration of an Unnatural Death Report under Section 194 of the BNSS that the present enquiry commenced. The contours of the power exercisable by the police while conducting such an enquiry, and the distinction between an enquiry under Section 194 of the BNSS and an investigation pursuant to registration of a First Information Report under the provisions governing cognizable offences, are well recognised in law. The precise amplitude of those powers need not detain this Court for long. The issue is not one of abstract statutory interpretation but whether, under the guise of an enquiry under Section 194 of the BNSS, the investigating agency can assume powers that the statute itself does not contemplate. It is to that aspect that the Court must now advert. The contours of an enquiry under **Section 174 of the Cr.P.C.**, now **Section 194 of the BNSS, 2023**, are no longer *res integra*. **The issue stands settled by a consistent line of pronouncements of the Apex Court, all**

speaking in one voice that an enquiry into an unnatural death is of a distinctly limited character and cannot be permitted to assume the complexion of a full-fledged criminal investigation.

JUDICIAL LANDSCAPE – ELUCIDATING THE SCOPE OF ENQUIRY UNDER SECTION 174 OF THE CRPC/194 OF THE BNSS:

17. The Apex Court in **MANOJ KUMAR SHARMA v. STATE OF CHHATTISGARH**[2] has held as follows:

"…. …. ….

Scope of "Inquiry" under Section 174 of the Code

19. The proceedings under Section 174 have a very limited scope. The object of the proceedings is merely to ascertain whether a person has died under suspicious circumstances or an unnatural death and if so what is the apparent cause of the death. The question regarding the details as to how the deceased was assaulted or who assaulted him or under what circumstances he was assaulted is foreign to the ambit and scope of the proceedings under Section 174 of the Code. Neither in practice nor in law was it necessary for the police to mention those details in the inquest report. It is, therefore, not necessary to enter all the details of the overt acts in the inquest report. The procedure under Section 174 is for the purpose of discovering the cause of death, and the evidence taken was very short. When the body cannot be found or has been buried,

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[2] (2016) 9 SCC 1

there can be no investigation under Section 174. This section is intended to apply to cases in which an inquest is necessary. The proceedings under this section should be kept more distinct from the proceedings taken on the complaint. Whereas the starting point of the powers of the police was changed from the power of the officer in charge of a police station to investigate into a cognizable offence without the order of a Magistrate, to the reduction of the first information regarding commission of a cognizable offence, whether received orally or in writing, into writing. As such, the objective of such placement of provisions was clear which was to ensure that the recording of the first information should be the starting point of any investigation by the police. The purpose of registering FIR is to set the machinery of criminal investigation into motion, which culminates with filing of the police report and only after registration of FIR, beginning of investigation in a case, collection of evidence during investigation and formation of the final opinion is the sequence which results in filing of a report under Section 173 of the Code. In *George* v. *State of Kerala* [*George* v. *State of Kerala*, (1998) 4 SCC 605: 1998 SCC (Cri) 1232], it has been held that the investigating officer is not obliged to investigate, at the stage of inquest, or to ascertain as to who were the assailants. A similar view has been taken in *Suresh Rai* v. *State of Bihar* [*Suresh Rai* v. *State of Bihar*, (2000) 4 SCC 84: 2000 SCC (Cri) 764.

20. In this view of the matter, Sections 174 and 175 of the Code afford a complete Code in itself for the purpose of "inquiries" in cases of accidental or suspicious deaths and are entirely distinct from the "investigation" under Section 157 of the Code wherein if an officer in charge of a police station has reason to suspect the commission of an offence which he is empowered to investigate, he shall proceed in person to the spot to investigate the facts and circumstances of the case. In the case on hand, an inquiry under Section 174 of the Code was convened initially in order to ascertain whether the death is natural or unnatural. The learned Senior Counsel for the appellants claims that the earlier information regarding unnatural death amounted to FIR under Section 154 of the Code which was investigated by the police and thereafter the case was closed.

21. On a careful scrutiny of materials on record, the inquiry which was conducted for the purpose of ascertaining whether the death is natural or unnatural cannot be categorised under information relating to the commission of a cognizable offence within the meaning and import of Section 154 of the Code. On information received by Police Station Mulana, the police made an inquiry as contemplated under Section 174 of the Code. After holding an inquiry, the police submitted its report before the Sub-Divisional Magistrate, Ambala stating therein that it was a case of hanging and no cognizable offence is found to have been committed. In the report, it was also mentioned that the father of the deceased, R.P. Sharma (PW 1) does not want to take any further action in the matter. In view of the above discussion, it clearly goes to show that what was undertaken by the police was an inquiry under Section 174 of the Code which was limited to the extent of natural or unnatural death and the case was closed. Whereas, the condition precedent for recording of FIR is that there must be an information and that information must disclose a cognizable offence and in the case on hand, it leaves no matter of doubt that the intimation was an information of the nature contemplated under Section 174 of the Code and it could not be categorised as information disclosing a cognizable offence. Also, there is no material to show that the police after conducting investigation submitted a report under Section 173 of the Code as contemplated, before the competent authority, which accepted the said report and closed the case.

22. In view of the above, we are of the opinion that the investigation on an inquiry under Section 174 of the Code is distinct from the investigation as contemplated under Section 154 of the Code relating to commission of a cognizable offence and in the case on hand there was no FIR registered with Police Station Mulana neither any investigation nor any report under Section 173 of the Code was submitted. Therefore, challenge to the impugned FIR under Crime No. 194 of 2005 registered by Police Station Bhilai Nagar could not be assailed on the ground that it was the second FIR in the garb of which investigation or fresh investigation of the same incident was initiated."

The exposition of law by the Apex Court leaves no manner of doubt. Proceedings under Section 174 are **not** investigations into an offence. They are merely enquiries to ascertain the **apparent cause of death**. The Court emphatically holds that the enquiry does not extend to discovering **who committed the offence**, **how the offence was committed**, **under what circumstances it was committed**, or **who should ultimately face prosecution**. Those are matters which arise only upon the registration of a First Information Report under Section 154 of the Cr.P.C. (now the corresponding provision under the BNSS), setting in motion the investigative machinery contemplated by law.

18. The Apex Court further delineates that **Sections 174 and 175 constitute a complete code in themselves** for the limited purpose of conducting an inquest into accidental, suspicious or unnatural deaths and are **wholly distinct** from an investigation into a cognizable offence under Section 157 of the Cr.P.C. The distinction drawn by the Apex Court is neither semantic nor superficial; it is substantive and goes to the very root of the statutory powers exercisable by the police. An enquiry under

Section 174 is, therefore, only an enquiry; it cannot be converted into an investigation merely because the investigating agency chooses to travel beyond the four corners of the provision.

19. The aforesaid principle did not remain confined to **MANOJ KUMAR SHARMA**. It received authoritative reiteration in **RHEA CHAKRABORTY v. STATE OF BIHAR**[3], a case that arose in the backdrop of the unfortunate demise of actor Sushant Singh Rajput. The Apex Court, while considering rival claims regarding transfer of investigation, once again had occasion to delineate the true scope of proceedings under Section 174 of the Cr.P.C. The Court observed thus:

"…. …. ….

"Scope of Section 174 CrPC proceeding

22. The proceeding under Section 174 CrPC is limited to the inquiry carried out by the police to find out the apparent cause of unnatural death. These are not in the nature of investigation, undertaken after filing of FIR under Section 154 CrPC. In the instant case, in Mumbai, no FIR has been registered as yet. Mumbai Police has neither considered the matter under Section 175(2) CrPC, suspecting commission of a cognizable offence nor proceeded for registration of FIR under

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[3] (2020) 20 SCC 184

Section 154 or referred the matter under Section 157 CrPC, to the nearest Magistrate having jurisdiction.

23. On the above aspect, the ratio in *Manoj Kumar Sharma* v. *State of Chhattisgarh* [*Manoj Kumar Sharma* v. *State of Chhattisgarh*, (2016) 9 SCC 1: (2016) 3 SCC (Cri) 407] will bear scrutiny. This was a case of suicide by hanging and M.B. Lokur, J. speaking for the Bench held as follows: (SCC pp. 11-12, paras 19-20 & 22)

> "*19*. The proceedings under Section 174 have a very limited scope. The object of the proceedings is merely to ascertain whether a person has died under suspicious circumstances or an unnatural death and if so what is the apparent cause of the death. The question regarding the details as to how the deceased was assaulted or who assaulted him or under what circumstances he was assaulted is foreign to the ambit and scope of the proceedings under Section 174 of the Code. Neither in practice nor in law was it necessary for the police to mention those details in the inquest report. It is, therefore, not necessary to enter all the details of the overt acts in the inquest report. The procedure under Section 174 is for the purpose of discovering the cause of death, and the evidence taken was very short.
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> …
>
> *20*. … Sections 174 and 175 of the Code afford a complete Code in itself for the purpose of "inquiries" in cases of accidental or suspicious deaths and are entirely distinct from the "investigation" under Section 157 of the Code….
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> ***
>
> *22*. In view of the above, we are of the opinion that the investigation on an inquiry under Section 174 of the Code is distinct from the investigation as contemplated under Section 154 of the Code relating to commission of a cognizable offence…."

24. In the present case, Mumbai Police has attempted to stretch the purview of Section 174 CrPC without drawing up any FIR and therefore, as it appears, no investigation pursuant to commission of a cognizable offence is being carried out by Mumbai Police. They are yet to register a FIR. Nor have they made a suitable

> **determination, in terms of Section 175(2) CrPC. Therefore, it is pre-emptive and premature to hold that a parallel investigation is being carried out by Mumbai Police. In case of a future possibility of cognizance being taken by two courts in different jurisdictions, the issue could be resolved under Section 186 CrPC and other applicable laws. No opinion is therefore expressed on a future contingency and the issue is left open to be decided, if needed, in accordance with law**.
>
> **25.** Following the above, it is declared that the inquiry conducted under Section 174 CrPC by Mumbai Police is limited for a definite purpose but is not an investigation of a crime under Section 157 CrPC."

The Apex Court thereafter extracted, approved and reiterated the ratio in **MANOJ KUMAR SHARMA**, ultimately declaring that an enquiry under Section 174 Cr.P.C. **is confined to a definite statutory purpose** and **does not amount to investigation of a crime** under Section 157 of the Code. The declaration is categorical. **Unless an FIR is registered disclosing commission of a cognizable offence, the police remain within the limited confines of an inquest contemplated under Section 174.**

20. The jurisprudence was carried yet another step forward by the Apex Court in **AMIT KUMAR v. UNION OF INDIA**, where the Court undertook an exhaustive survey of the entire law

governing inquest proceedings. After tracing the legislative history and analysing the earlier precedents, the Apex Court once again emphasised that an enquiry under Section 174 is **qualitatively different** from an investigation under Section 154 of the Cr.P.C. The Apex Court in **AMIT KUMAR v. UNION OF INDIA**[4] holds as follows:

"…. …. ….

i. <u>Scope of Section 174 of the Cr.P.C.</u>

21. Section 174 of the CrPC reads as under:

> ***"Section 174. Police to enquire and report on suicide, etc.***
>
> *1) When the officer in charge of a police station or some other police officer specially empowered by the State Government in that behalf receives information that a person has committed suicide, or has been killed by another or by an animal or by machinery or by an accident, or has died under circumstances raising a reasonable suspicion that some other person has committed an offence, he shall immediately give intimation thereof to the nearest Executive Magistrate empowered to hold inquests, and, unless otherwise directed by any rule prescribed by the State Government, or by any general or special order of the District or Sub-divisional Magistrate, shall proceed to the place where the body of such deceased person is, and there, in the presence of two or more respectable inhabitants of the neighbourhood, shall make an investigation, and draw up a report of the apparent cause of death, describing such wounds, fractures, bruises, and other marks of injury as may be found on*

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the body, and stating in what manner, or by what weapon or instrument (if any); such marks appear to have been inflicted.

(2) The report shall be signed by such police officer and other persons, or by so many of them as concur therein, and shall be forthwith forwarded to the District Magistrate or the Sub-divisional Magistrate.

(3) When-

(i) the case involves suicide by a woman within seven years of her marriage; or

(ii) the case relates to the death of a woman within seven years of her marriage in any circumstances raising a reasonable suspicion that some other person committed an offence in relation to such woman; or

(iii) the case relates to the death of a woman within seven years of her marriage and any relative of the woman has made a request in this behalf; or

(iv) there is any doubt regarding the cause of death; or

(v) the police officer for any other reason considers it expedient so to do, he shall, subject to such rules as the State Government may prescribe in this behalf, forward the body, with a view to its being examined, to the nearest Civil Surgeon, or other qualified medical man appointed in this behalf by the State Government, if the state of the weather and the distance admit of its being so forwarded without risk of such putrefaction on the road as would render such examination useless.

(4) The following Magistrates are empowered to hold inquests, namely, any District Magistrate or Subdivisional Magistrate and any other Executive Magistrate specially empowered in this behalf by the State Government or the District Magistrate."

22. The proceedings under Section 174 of the CrPC should be kept more distinct from the proceedings taken on the complaint. Investigation under Section 174 is limited in scope and is confined to the ascertainment of the apparent cause of death and should not be equated with investigation into cognizable offences under Sections160 and 161 of the CrPC respectively. The procedure under Section 174 of the CrPC is for the purpose of discovering the cause of death and the evidence taken is very short. Sub-section (4) of Section 174 empowers any District Magistrate, Sub-Divisional Magistrate or any other Executive Magistrate specially empowered in this behalf by the State Government or the District Magistrate to hold inquest. The inquest held by the magistrate under Section 174 is distinct from an inquiry under Section 202.

23. The inquest proceedings are concerned with discovering whether in a given case the death was accidental, suicidal, homicidal, or caused by an animal and in what manner or by what weapon or instrument the injuries on the body appear to have been inflicted, therefore, the evidence taken is very short. (See: *Chaman Lal* v. *Emperor*, AIR 1940 Lah 210, at 214)

24. The investigations conducted under Sections154 and 174 of the CrPC respectively are distinct in nature and purpose. A study of Chapter XII of the CrPC reveals that these two provisions cater to different procedural objectives. The former begins with information about the commission of a cognizable offence referred to in Section 154(1), culminating in registration of F.I.R. and ending with filing of a chargesheet/challan before the competent court under Section 173 or a final report as the case may be. This procedure to be undertaken for initiating an investigation into a cognizable offence has been explained by this Court in *Ashok Kumar Todi* v. *Kishwar Jahan*, (2011) 3 SCC 758, in the following words:

> *"48. Under the scheme of the Code, investigation commences with lodgement of information relating*

> *to the commission of an offence. If it is a cognizable offence, the officer in charge of the police station, to whom the information is supplied orally has a statutory duty to reduce it to writing and get the signature of the informant. He shall enter the substance of the information, whether given in writing or reduced to writing as aforesaid, in a book prescribed by the State in that behalf. The officer-in-charge has no escape from doing so if the offence mentioned therein is a cognizable offence and whether or not such offence was committed within the limits of that police station.[…]"*
>
> (Emphasis supplied)

25. Further, the objective of proceedings under Section 154(1) has been succinctly explained by this Court in *Manoj Kumar Sharma* v. *State of Chhattisgarh*, (2016) 9 SCC 1, as under:

> *"19. […] Whereas the starting point of the powers of the police was changed from the power of the officer in charge of a police station to investigate into a cognizable offence without the order of a Magistrate, to the reduction of the first information regarding commission of a cognizable offence, whether received orally or in writing, into writing. As such, the objective of such placement of provisions was clear which was to ensure that the recording of the first information should be the starting point of any investigation by the police. The purpose of registering FIR is to set the machinery of criminal investigation into motion, which culminates with filing of the police report and only after registration of FIR, beginning of investigation in a case, collection of evidence during investigation and formation of the final opinion is the sequence which results in filing of a report under Section 173 of the Code. […]"*
>
> (Emphasis supplied)

26. In contrast, an investigation under Section 174 of the CrPC focuses on ascertaining the apparent cause of death in cases of unnatural or suspicious deaths. This position has been well explained

by this Court in *Pedda Narayana* v. *State of Andhra Pradesh*, (1975) 4 SCC 153. The proceeding under Section 174 is limited in scope and fundamentally distinct from investigations aimed at prosecuting offences. Inquest proceedings are conducted by the police or a Magistrate and conclude with the filing of an inquest report before the Sub-Divisional Magistrate (SDM), District Judge, or Magistrate as the case may be. The relevant observations are reproduced herein below:

> ***"11.*** *A perusal of this provision would clearly show that the object of the proceedings under Section 174 is merely to ascertain whether a person has died under suspicious circumstances or an unnatural death and if so what is the apparent cause of the death. The question regarding the details as to how the deceased was assaulted or who assaulted him or under what circumstances he was assaulted appears to us to be foreign to the ambit and scope of the proceedings under Section 174. In these circumstances, therefore, neither in practice nor in law was it necessary for the police to have mentioned these details in the inquest report. […]"*
>
> (Emphasis supplied)

27. The investigation after registration of F.I.R. under Section 154 of the CrPC is an investigation into an offence. In contrast, the investigation under Section 174 of the CrPC is an investigation or an "inquiry" into the apparent cause of death.

28. The marginal note attached to Section 174 of the CrPC reads "Police to inquire and report on suicide, etc." This is self-explanatory as to the scope of the provision. Sections 174 to 176 of the CrPC only contemplate inquiry into the cause of death. Although the phrase 'investigation' is used in Section 174 of the CrPC, yet it is only an investigation in the nature of an inquiry. Sometimes, during the inquest, the police record the presence of witnesses who are also witnesses in the case. These statements are not meant as substitutes for statements under Section 161 of the CrPC. The inquest requirement under Section 174 does use the word investigation but if one considers the entire phraseology

> **of Section 174 of the CrPC, one comes to the conclusion that the word investigation in Section 174 is not an investigation to find out who are the offenders. It is only to enable the police to come up with the "apparent cause of death". This phrase in Section 174 should give us the clue as to the correct understanding of the role of the police in inquest panchnama**."
>
> (Emphasis supplied at each instance)

The Apex Court observed that the marginal note itself—*"Police to enquire and report on suicide, etc."*—is a clear legislative pointer to the limited nature of the provision. Though Section 174 employs the expression *"investigation"*, the Apex Court clarified that the word cannot be understood in the same sense as an investigation into a cognizable offence. It is an investigation only in the nature of an enquiry**, the object of which is singular—to ascertain the** apparent cause of death**.**

21. The Apex Court, after referring to **PEDDA NARAYANA v. STATE OF ANDHRA PRADESH**, **ASHOK KUMAR TODI**, **MANOJ KUMAR SHARMA**, and other authorities, crystallised the distinction in unmistakable terms by holding that **an investigation after registration of an FIR is directed towards discovering the**

commission of an offence and identifying the offender, whereas proceedings under Section 174 merely seek to determine whether the death was accidental, suicidal, homicidal or otherwise unnatural and the apparent manner in which such death occurred.

22. The Apex Court, in one of the most significant observations on the subject, holds that although the expression *investigation* finds place in Section 174, the entire phraseology of the provision unmistakably demonstrates that it is not an investigation to discover the offender. It is only an enquiry intended to enable the police to arrive at the **'apparent cause of death'. That expression—*"apparent cause of death"*—provides the true interpretative key to understanding the legislative intent behind Section 174.**

23. The inevitable inference flowing from the trilogy of judgments in **MANOJ KUMAR SHARMA**, **RHEA CHAKRABORTY** and **AMIT KUMAR** is incapable of any other construction. **An enquiry under Section 174 of the Cr.P.C., now Section 194 of**

the BNSS, cannot be transformed into an investigation designed to identify alleged offenders, collect evidence for prosecution, or undertake all those investigative exercises which become legally permissible only after the registration of a cognizable crime. To permit such a course would obliterate the carefully maintained statutory distinction between an inquest and an investigation, a distinction which the Apex Court has repeatedly and emphatically preserved.

24. If the aforesaid enunciation of law by the Apex Court is juxtaposed with the facts obtaining in the case at hand, the incongruity becomes glaring. The conduct of the 6th respondent, however, portrays a wholly different picture. **The repeated issuance of notices, the insistence upon production of voluminous material already furnished, the summoning of several members of the hospital staff, and the demand for production of the very equipment employed in the operation theatre unmistakably indicate that the enquiry has travelled far beyond its legitimate statutory boundaries. The Investigating Officer appears to have completely blurred the**

well-settled distinction between an enquiry under Section 194 of the BNSS and an investigation pursuant to registration of an FIR. What the statute permits is an enquiry; what has been undertaken bears all the trappings of a criminal investigation without there being a crime registered.

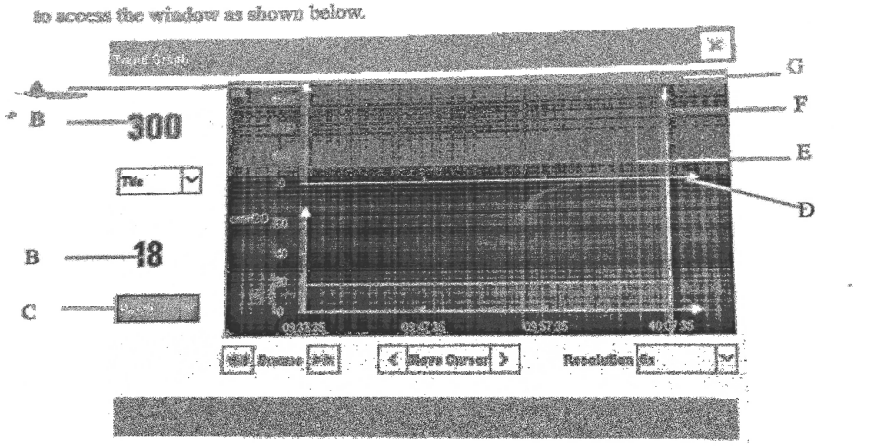
25. It is also apposite to notice another circumstance which assumes considerable significance. Learned counsel appearing for the petitioners, **Smt. Archana K.M.**, has taken this Court through the **Operator's Manual of the Anaesthesia Machine**, particularly the portion dealing with its **Trend and Logbook**. The Investigating Officer insists upon production of the electronic log pertaining to the administration of anaesthesia on the deceased. The operator's manual, however, tells a completely different story. It reads as follows:

> "12. Trend and Logbook

12.1 Trend Graph

A trend graph is used to review the trend of parameter values within a specific time period. The trend is reflected through a curve. Every point on the curve corresponds to the parameter value at a specific time point. You can review TVe, MV, Ppeak, FiO2, EtCO2, Plat, PEEP, spontan, Rate and RSI data within a maximum of 24 hour operating time. When the anesthesia machine is powered off, the trend graph is recorded auto.

Select the [Maintenance] shortcut key → [Trend and Logbook >>] → [Trend Graph >>] to access the window as shown below.



A. Y-axis B. Parameter value C. Parameter combo box

D. X-axis E. Trend graph F. Cursor

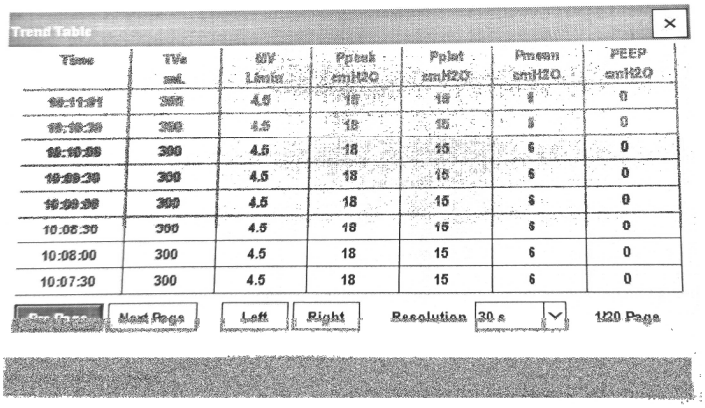
G. Cursor time

- To select the parameter for recall, highlight the parameter combo box. Push the control knob to select the desired parameter from TVe, MV, Ppeak, FiO2 and EtCO2.
- Select ◀◀ or ▶▶ on both sides of [**Browse**] to move the cursor one page to the left or right to navigate through the trend graph at large resolution.
- Select ◀ or ▶ on both sides of [**Move Cursor**] to move the cursor one step to the left or right to navigate through the trend graph at small resolution. The time indicating your current position is displayed above the cursor. It changes automatically as the cursor moves.
- Select [**Resolution**] and toggle between [**5 s**], [**30 s**], [**1 min**], [**2 min**] and [**4 min**] to view the trend graph.

12.2 Trend Table

A trend table is used to recall the patient's physiological parameter data at a specific time point. The parameter data are reflected through a table. You can recall TVe, MV, Ppeak, PEEP, Cdyn, Pplat, Rmech, Rate and I:E data at the selected resolution within a maximum of 24 hours preceding (time). When the ventilator monitoring is powered off, the trend table is cleared.

Select the [Maintenance] shortcut key → [Trend and Logbook >>] → [Trend Table >>] to access the window as shown below.



- Select [Resolution] and toggle between [30 s], [1 min], [5 min] and [30 min] to view the trend table.
- To browse the trend table:
  - Select [Left] or [Right] to scroll left or right to view more measured values.
  - Select [Prev Page] or [Next Page] to scroll up or down to view more measured values.

Output impedance	≤100 Ω
Maximum time delay	35 ms (R-wave peak to leading edge of pulse)
Amplitude	High level: 3.5 to 5 V, ±5%, providing a maximum of 10 mA output current; Low level: < 0.5 V, receiving a maximum of 5 mA input current.
Pulse width	100 ms ±10%
maximum rising and falling time	1 ms
Alarm Output	
Alarm delay time from the monitor to remote equipment	The alarm delay time from the monitor to remote equipment is ≤2 seconds, measured at the monitor signal output connector.
Alarm signal sound pressure level range	45 db(A) to 85 db(A) within a range of one meter

A.11 Data Storage

Trends	• Standard-capacity memory card: up to 120 hours of trend data with the resolution no less than 1 minute, or up to 1200 hours of trend data with the resolution no less than 10 minutes. • High-capacity memory card: up to 240 hours of trend data with the resolution no less than 1 minute, or up to 2400 hours of trend data with the resolution no less than 10 minutes.
Events	• Standard-capacity memory card: 1000 events, including parameter alarms, arrhythmia events, technical alarms, and so on. • High-capacity memory card: 2000 events, including parameter alarms, arrhythmia events, technical alarms, and so on.
NIBP measurements	• Standard-capacity memory card: 1000 sets. • High-capacity memory card: 3000 sets.
Full-disclosure waveforms	• Standard-capacity memory card: up to 48 hours for one waveform. The specific storage time depends on the waveforms stored and the number of stored waveforms. • High-capacity memory card: up to 48 hours for all parameter waveforms.
ST view	A maximum of 120 hours of ST segment waveforms. One group of ST segment waveforms is stored every minute.
OxyCRG view	A maximum of 48 hours of OxyCRG events.

A.12 Wi-Fi Specifications

A.12.1 Wi-Fi Technical Specifications (MSD45N)

Protocol	IEEE 802.11a/b/g/n
Modulation mode	BPSK, QPSK, 16QAM, 64QAM
Operating frequency	2.4 GHz to 2.495 GHz 5.15 GHz to 5.25 GHz, 5.725 GHz to 5.85 GHz
Channel spacing	IEEE 802.11b/g: 5 MHz IEEE 802.11n (at 2.4 GHz): 5 MHz IEEE802.11a: 20 MHz IEEE802.11n (at 5 GHz): 20 MHz
Wireless baud rate	IEEE 802.11b: 1 Mbps to 11 Mbps IEEE 802.11g: 6 Mbps to 54 Mbps IEEE 802.11n: 6.5 Mbps to 72.2 Mbps (MCS0-MCS7) IEEE 802.11a: 6 Mbps to 54 Mbps

The manual unmistakably indicates that the trend data generated by the anaesthesia machine is retained only for a period of **twenty-four hours**. **Upon the machine being restarted, a fresh trend graph is automatically generated, replacing the earlier data. The explanation is neither artificial nor implausible. An anaesthesia workstation in a tertiary care hospital caters to numerous patients every single day. Retention of trend data indefinitely would itself clog the system and render its efficient functioning impracticable. The technical architecture of the equipment, therefore, permits storage only for a limited duration before fresh data supersedes the previous recording.**

26. This Court is neither equipped nor expected to substitute its own understanding for that of the manufacturer of sophisticated medical equipment. Whether such technological architecture satisfies accepted medical standards, whether the machine functioned in accordance with its specifications, and whether any professional lapse is discernible from its operation, are all matters eminently falling within the province of the **Karnataka Medical**

Council. The statutory Medical Council, before whom the complainant has already invoked jurisdiction, possesses both the technical expertise and the statutory authority to evaluate those aspects and arrive at an independent conclusion. This Court, in the present proceedings, is not sitting in appeal over the operator's manual or the technical specifications of the anaesthesia workstation. The controversy before this Court lies in a far narrower compass. It concerns the permissible scope of an enquiry under **Section 194 of the BNSS**, and nothing beyond.

27. Tested on the anvil of the aforesaid principles, the impugned notices cannot withstand judicial scrutiny. The notices do not merely seek information germane to an enquiry under Section 194 of the BNSS. They demand production of the very anaesthesia machine and its digital ecosystem, the compliance whereof would substantially impair, if not altogether paralyse, the functioning of the operation theatre itself. Such demands transcend the legitimate purpose of an inquest. **An enquiry intended to ascertain the apparent cause of death cannot be permitted to cripple a**

functioning hospital or impede the discharge of its primary obligation of providing medical care to innumerable patients.

28. The investigating agency appears to have proceeded on an erroneous assumption that an enquiry under Section 194 of the BNSS confers powers identical to those exercisable after registration of a cognizable offence. It does not. The statute carefully maintains the distinction; the Apex Court has repeatedly reinforced it. **The police cannot, under the guise of conducting an inquest, embark upon a roving and fishing enquiry or assume powers that become available only after an FIR sets the criminal law in motion, a caveat it would depend upon facts and circumstances of each case.**

29. More importantly, the complainant has already invoked the jurisdiction of the **Karnataka Medical Council**, the statutory body specifically entrusted with examining allegations of professional misconduct and medical negligence. It is for the Medical Council, aided by medical experts, to evaluate the technical aspects of the procedure, scrutinise the medical records, assess the

functioning of the equipment, and arrive at an independent conclusion in accordance with law. The police cannot, by resorting to repeated notices, convert an inquest into a disciplinary or criminal investigation before the statutory process has even taken its course.

30. In the circumstances obtaining, particularly when the petitioners have responded to every notice, furnished every document sought, cooperated throughout the enquiry, and yet continue to be subjected to successive requisitions wholly disproportionate to the object of an enquiry under Section 194 of the BNSS, this Court has no hesitation in holding that the impugned notices amount to a patent abuse of the process of law. Their continuation would not advance the object of the inquest; it would only legitimise an exercise of power that the statute itself does not sanction.

31. The inevitable consequence, therefore, is that the impugned notices deserve to be, and are accordingly, quashed.

32. For the aforesaid reasons, the following:

O R D E R

(i) Writ petition is **allowed**.

(ii) Notices dated 20-05-2026, 21-05-2026, 04-06-2026, 19-06-2026 and 30-06-2026 and also notices issued on 23-06-2026 all stand quashed.

(iii) The quashment of notices or observations made in the course of the order will not bind or influence or come in the way of taking further proceedings by the Karnataka Medical Council. The observations are limited to examination of the case concerning the unnatural death report.

Sd/-
(M.NAGAPRASANNA)
JUDGE

NVJ
CT:MJ