



The ability to act – Multiple suicidal gunshot wounds

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ABSTRACT

Multiple self-inflicted gunshot wounds are rare and usually present a challenge to the forensic pathologist in determining the manner of death. Determining a person's capability to act following a gunshot wound can be of major importance in crime scene reconstruction and in differentiation between homicide and suicide. Questions concerning the possibility of physical activity following a given gunshot wound are repeatedly raised in court. We report herein three unusual cases of suicide involving multiple gunshot wounds; all the victims suffered gunshot wounds of the head without immediate incapacitation. In the first two cases, the head was target for two gunshots. Third case was a combination of two gunshots to the head and chest. In the text, we focus on the victim's ability to act after the first shot, with regards to the character and localization of the gunshot wound. Also, we focus on findings that are typical for a repeated suicidal shot.

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1. Introduction

It is generally claimed that a single gunshot wound,^{1–3} located in those parts of a body where the victim would expect vital organs is typical for suicides committed with a gun. Therefore, the head and thorax are the target of the majority of the gunshot in suicides.^{1,2,4} However, this statement does not be absolutely applied to all cases. One shot need not necessarily have an immediate fatal effect and the victim might pull the trigger several times.⁵ Multiple gunshot suicides have been published in the form of case reports^{6–13} or as a series.^{4,5,14–17}

Multiple gunshot wounds discovered by examining the victim's body on the crime scene arouse meaningful suspicions of participation by another person in the victim's death, and in absolute majority of such cases the subsequent investigations did confirm homicide. The following text describes three cases of multiple suicidal gunshot wounds, focusing on characteristic features indicating suicide, the victim's ability to act after the first shot and findings that are typical for a repeated shot.

2. Case reports

2.1. Case 1

While having an argument, a 43-year-old man shot his wife with a pistol (model CZ 45, calibre 6.35 mm) with two shots into her

chest region and then he turned the gun against himself and shot himself twice into the right part of the head. During the inspection of the crime scene, a pistol with an unfired cartridge in the gun chamber and empty magazine, 4 spent cartridges and 2 deformed projectiles were found. An external examination and autopsy of the man's body (184 cm, 89 kg) revealed two gunshot wounds to the head at a distance of 6.5 cm apart (Fig. 1).

2.1.1. Gunshot wound A

The entrance wound was localized in the right frontal region; the character of the entrance wound was of an oval skin defect with a diameter of 7 mm (Fig. 1), with abrasion collar and fouling present at the outer edge of the defect towards the right temporal region, with a soot cavity in the subcutis. The exit wound was located in the frontal region in the midline; the nature of the exit wound was of an oval skin defect with a diameter of 5–6 mm. The wound track connecting both defects ran from the right to the left, slightly upwards from below, through subcutis and upper layer of the squama of the frontal bone, in which a groove of 23 mm in length and 6 mm in width was created.

2.1.2. Gunshot wound B

The entrance wound of oval shape and diameter of 7 mm was localized in the right temporal region (Fig. 1). Around the wound, there was present muzzle mark, fouling and abrasion collar. In subcutaneous tissue was a small soot cavity. In the squama of the right temporal bone, there was an oval-shaped defect with a diameter of 6–7 mm, edged by slit-like spreading-out fracture lines. The wound track ran horizontally from the right to the left,

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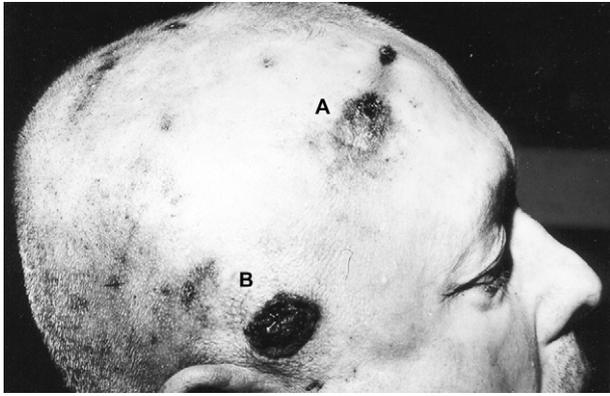


Fig. 1. Case 1: gunshot wounds to male decedent's head.

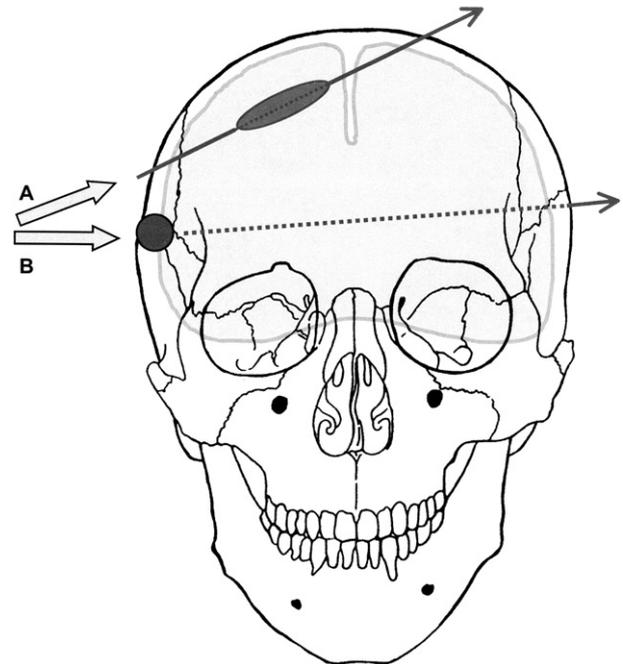


Fig. 2. Case 1: gunshot wounds to male decedent's head – paths of the bullets.

through bases of both parietal lobes and through basal ganglia bilaterally, with bleeding between brain meninges and into the third brain ventricle. The exit wound was in the left temporal region; the character of the exit wound was of an oval defect of the squama of the left temporal bone with a diameter of 6–7 mm, with edges with external beveling, with oval skin defect of the left temporal region with a diameter of 5–9 mm.

Toxicological investigations revealed a blood alcohol concentration in a femoral vein sample of 1.7 g/L, urine alcohol concentration was determined to be 2.6 g/L. Other toxicological investigations of blood and urine, applying routine methods, were negative. Laboratory methods proved the presence of gunshot residues around both entrance wounds as well as on the right hand.

The immediate cause of the victim's death was brain contusion due to penetration of the projectile. Following the completion of the investigation (interdisciplinary cooperation of police investigators, ballistic expert, crime lab representative) and autopsy, the death was classified as a suicide.

Due to the fact that the first gunshot did not affect brain tissue or any other intracranial structures and that only soft tissues of the frontal face region were harmed (resulting in insignificant damage to the frontal bone), the initial shot most likely did not in any way limit the victim's capability to act. The second shot caused contusion of both cerebral hemispheres and ultimately death (Fig. 2).

2.2. Case 2

The dead body of a 52-year-old man was found lying in the yard of a family farmstead between the rabbit hutch and the shed. During the inspection of the crime scene a pistol (model ČZ 50, calibre 7.65 mm) was found on the roof of the rabbit hutch, 30 cm from its upper edge (Fig. 3). The chamber of the pistol contained an unfired cartridge; the magazine contained more 3 unfired cartridges; the striking mechanism of the pistol was drawn and ready to shoot upon pulling of the trigger. A suicide note was not found. External examination and autopsy of the victim's body (175 cm, 80 kg) discovered two gunshot wounds, one in the facial region and one in the left part of the chest.

2.2.1. Gunshot wound A

The entrance wound was found at the base of the chin (dimensions 3 × 2 cm) with muzzle imprint in the shape of letter "U" and a soot cavity in subcutis. The wound track ran from below upwards through mandible and maxilla, and the exit wound was found on the nose (Fig. 4). In the course of the wound track there were discovered lacerations of soft tissues in oral vestibule, comminuted fractures of both jawbones with devastation of dental

arches and nasal bones, and slight bleeding under pia mater in the region of frontal lobes of cerebral hemispheres.

2.2.2. Gunshot wound B

The loose-contact entrance wound was found in the left thoracic area near the left nipple (diameter 1 cm, Fig. 5). The wound track ran from the front to the back, slight downwards from above, went through the frontal thoracic wall at the height of the 6th intercostal area, through pericardium, the wall of the left heart ventricle and the both left lung lobes. 1800 ml of fluid as well as clotted blood was discovered in the left pleural cavity. The exit wound (diameter of 1.2 cm) was found below the left shoulder blade.

Toxicological investigations revealed a blood alcohol concentration in a femoral vein sample of 2.61 g/L, urine alcohol concentration was determined to be 3.06 g/L. Other toxic, narcotic or psychotropic substances were not proved.

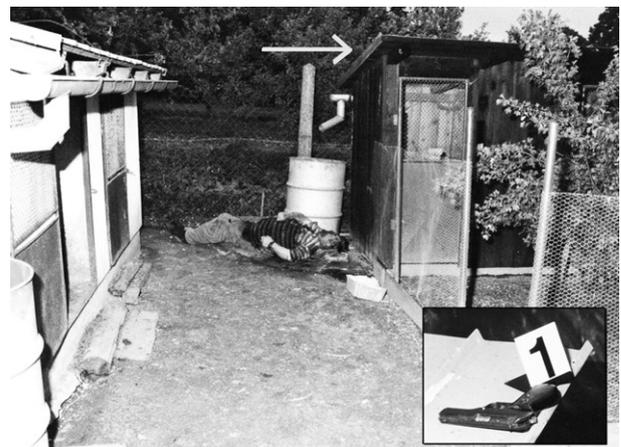


Fig. 3. Case 2: male decedent lying in the yard of a family farmstead between the rabbit hutch and the shed. Used pistol found on the roof of the rabbit hutch.

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