



## Case report

## Unusual suicide with a chainsaw

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## ABSTRACT

A 39-year-old male, with a history of multiple suicidal attempts and psychiatric pathology, a professional lumberjack, was found dead at the meadow with his throat cut and a chainsaw beside him. Autopsy revealed that all physical injuries were confined to the head, neck and left shoulder. Two major (long and wide) wounds were found and documented on both sides of the neck and head. A wound on the posterior and right lateral side of his neck and head was noted. Medical examiner noted an irregular rupture on the posterior-right side of the atlanto-occipital joint with impaired bone, but without any damage on the spinal cord. Another gaping cut was noted in the lower part on the left lateral side of his neck. Medical examiner noted that muscles of the left side of the neck, left common carotid artery, left internal jugular vein and left vagus nerve were completely cut off. The body of the C5 and C6 vertebra, with the spinal cord at that level, was completely cut. Also, there were multiple linear and striped parallel abrasions on the outer side of the left shoulder and one abrasion on the left lateral side of the neck. The conclusion of inquiries was “suicide by chainsaw”.

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## 1. Introduction

Suicides, or suicidal attempts committed with power saws, are rare events [1]. It is an uncommonly reported incident and the forensic literature comprises few case reports of chainsaw suicides [1–8]. Obviously, using a chainsaw for suicide is an exception [8,9] and is considered a violent method, more frequently used by men [2]. These injuries almost exclusively involve the neck or the head region, leading to lethal central dysregulation and exsanguination.

Reconstruction of the sequence of violent events by comparing wound morphology and the tool possibly utilized to inflict an injury, including consideration of biomechanical and technical aspects, is one of the classical tasks of the medico-legal expert. He also needs to know the criminalistic findings to determine whether the incident in question occurred through the action of another person or by accident [3,8–11].

Generally, chainsaw wounds are characterized by one main cut, with multiple smaller adjacent parallel cuts. These side-by-side parallel cuts vary in depth, resulting in tissue loss, surface abrasions, and incisions in the affected tissue [10]. The chainsaw cuts a groove 0.6–1 cm wide by means of gouged-shaped teeth on

each side of the chain. The cuts usually are straight but produce some tags of tissue in the wound [11]. The depth of the wound varies greatly depending on the duration and the force of the saw to the head and neck area. The width of the cuts varies with the lateral motion of the saw.

Autopsies can provide documentation of external or internal injuries, diseases and the presence of alcohols, drugs and other substances in body fluids and tissues. Forensic autopsies may shed light on the circumstances of death in ambiguous and potentially criminal cases, providing essential information to police authorities and courts of law [12]. Absence of autopsy data may increase the possibility of incorrect conclusions as to the cause and manner of death and, in the worst instance, failure to detect homicide [13,14]. The role of forensic autopsy in cases of “obviously chainsaw suicides” is essential and has to determine whether injuries found on the dead body could be self-inflicted.

In the present case report, the death scene investigation and pertinent autopsy findings are described. This information is compared to the literature on suicides committed with a chainsaw.

## 2. Case report

Situation at the site (conducted by police):

A 39-year-old male, 179 cm height was found dead at the meadow (Fig. 1) in the morning on October 2011 around 09:30 am, with his throat cut and a chainsaw beside him. He was last seen alive with a chainsaw half an hour before he was found dead. When

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**Fig. 1.** Situation at the site and position of the body.



**Fig. 3.** A wound on the posterior and right lateral side of neck and head.

the body was found, the chain saw was operating with a trigger mechanism locked. The blood spattering was found on the chainsaw. He was lying on the ground face down on his right side (Fig. 1). Very little blood was present at the scene, but directly under the victim's head and neck there was a pool of blood. The blood spattering was found on his left hand and soaking of blood was found on the front of his chest. His sweatshirt with collar was torn in left shoulder and left side of neck region (Fig. 2).

**History:** He had a history of multiple suicidal attempts. He had been psychiatric patient for a few years but never had been hospitalized. There was no data about his psychiatric therapy. He was professional lumberjack.

**Autopsy findings:** All physical injuries were confined to the head, neck and left shoulder. Two major (long and wide) wounds were found and documented on the neck and head.

A wound on the posterior and right lateral side of his neck and head, measuring 23 cm × 4 cm and up to 7 cm of depth, was noted (Fig. 3). This cut was located across the right ear and 17 cm below the top of the head. Medical examiner noted an irregular rupture on the posterior-right side of the atlanto-occipital joint with impaired bone. Medical examiner also noted an opening in the spinal canal with discrete hemorrhage in leptomeninges at the same level without any damage on the spinal cord. In addition, mastoid process of the right temporal bone and the right branch of

the jawbone were almost completely destroyed. Another wound on the right lateral side of the neck was noted, measuring 9 cm × 1 cm up to 0.7 cm of depth, and 1.5 cm below and parallel to the previously described.

Another wound was noted on the left lateral side of his neck, measuring 29 cm × 5 cm and up to 9 cm of depth (Fig. 4). This wound was located in the lower part of the neck. Medical examiner noted that muscles of the left side of the neck, left common carotid artery, left internal jugular vein and left vagus nerve were completely cut off. The body of the C5 and C6 vertebra, with the spinal cord at the same level, was completely cut off and the wound at the same level was up to 1 cm wide. Autopsy also revealed that upper left lobe of the thyroid gland, left lateral wall of the trachea, lower part of the thyroid cartilage and esophagus were severely torn. Another wound on the left lateral side of the neck was noted, measuring 8 cm × 1.5 cm and up to 1.5 cm of depth, 1.5 cm below and parallel to the previously described with a small detached flap of skin.

In both described wounds, bone injuries were compatible with the use of a large wide cutting edge instrument as a chainsaw.

Also, there were multiple linear and striped parallel abrasions on the outer side of the left shoulder and one abrasion on the left lateral side of the neck, ranging from 2 to 7 cm in length and 0.3–0.8 cm in width (Fig. 5).



**Fig. 2.** Torn of sweatshirt with collar.



**Fig. 4.** A wound on the left lateral side of neck.

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