SUICIDE TO HOMICIDE BASED ON AUTOPSY AND SCENE OF CRIME VISIT - A CASE REPORT

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Abstract: Hanging is one of the commonest mode of suicide which frequently comes for autopsy. Death due to Hanging is almost suicidal since Homicidal hanging is very rare because killing someone by hanging unless the victim is already in an inebriated state or incapacitated by some other means. Here is a case of homicide by strangulation and the circumstances were fabricated to mimic suicide by hanging. A 45 year old male alleged to have hanged himself in his house with the door locked inside. Autopsy findings were inconsistent with suicide, with a subscalpal contusion with contusion and extravasation of blood in deeper planes of neck, with contusion left side of chin which were suspicious of antemortem injuries. Scene of crime visit by forensic experts revealed findings which are not consistent with suicide. Later by further investigations the perpetrators confessed to have committed the crime.

Keyword: hanging, autopsy, strangulation, ligature mark, contusion, scene of crime, homicide.

INTRODUCTION:
Perpetrators however intelligent will leave a clue, sign at the scene of crime. In a country like India, most of the times the crime scene is not left intact. Rather than assuming and also it may be painstaking and time consuming work, a Scene of Crime visit by Forensic experts may play a definite role in giving vital clues and helps in drawing up accurate and logical conclusion. We cannot completely depend upon Police reports, inquests and their version at all times since many a times they are interested whether homicide or suicide was committed and collection of extensive data and vital clues may be missed. Scene of crime visit also helps in interviewing the family members and the neighbours who knew the deceased fairly well which may help in arriving at a conclusion. This paper presents a case of suicide converted to homicide through inconsistent findings of autopsy examination along with scene of crime visit.

THE CASE HISTORY:
A 45 year old employee and his wife were employed in the same concern. Availing leave the husband was at home and alleged to have hanged himself in his house which was on a first floor. Body was found at 5 p.m when his wife returned home from work and knocked the door which was locked from inside, the door was broken with the help of their neighbours.

Then after preliminary investigations body was sent to postmortem examination. During initial investigation Police relying on the history from the spouse and neighbours presumed it to be a suicide. But they did not find any reason for suicide. No suicide note was present. Postmortem was conducted around 1.30 pm next day.

POSTMORTEM FINDINGS:
Moderately nourished body with rigor mortis present all over the body. The following Antemortem injuries were noted:

1. Two transverse ligature mark completely encircling the neck measuring 43/2 cm.
2. The anatomical location of the ligature mark is as follows (fig :1)
   - 7 cm below the right mastoid
   - 7 cm below the left mastoid
   - 7 cm below the centre of the chin
3. On bloodless dissection of neck, The base of the ligature mark is contused with extravasation of blood noted in the superficial and deeper planes of the neck. The underlying neck structures like thyroid, cricoid cartilages, tracheal rings and hyoid bone were intact.
4. On dissection of the scalp, skull and dura,
   - Contusion of the scalp 8/4 cm on left parieto occipital region seen (fig :2)
   - Left temporalis muscle is bruised.
   - Diffuse subarachnoid and subdural haemorrhage noted over both cerebral hemispheres.
5. Contusion 3/3 cm on left side of chin seen.

Multiple superficial surface incisions made all over the body revealed nil other injuries. Viscera sent for analysis. No poison was detected.

Opinion: The deceased would appear to have died of asphyxia due to ligature strangulation with head injury. Scene of crime visit was conducted.

FINDINGS AT THE SCENE OF CRIME:
Police version was the body was already on the floor when they arrived and a nylon rope with a noose lying on the floor near the body. A stool which was 2 feet tall was lying down on its side in the room. No other furniture was present. The size of the room was 10 / 10 feet with an inbuilt cupboard on the wall. The deceased was said to have been hanging from a hook on the ceiling which was very close to fan. The ceiling is 12 feet from the floor.
The only way the victim could have passed the rope through the hook is by climbing up the cupboard. But the dirt on the shelves of the cupboard was not disturbed. The dirt on the fan and the hook were also not disturbed which indicates that the body was not suspended with the rope from the hook. The door was a double door and there was no signs of breaking the door. But the door could be closed with the main latch bolted, with the top latch open from outside. With a hard push from outside the door could be opened. The ligature rope had already been removed by the time of our inspection and there was no left over rope in the hook either. Based on the autopsy and scene of crime visit police were instructed about the medicolegal issues arising out of this case, the possible criminal interference in the death of the victim and directed to do further investigations to rule out homicide.

**FURTHER INVESTIGATIONS**

Subsequently the spouse and some of the neighbours were interrogated and questioned by special investigation team. Finally one of the neighbour who happened to be the deceased wife’s paramour who also happened to a relative, confessed that along with two of his friends he quarrelled with the victim in the afternoon hours when most of the neighbours were away. They overpowered the victim by dashing his head against the wall and strangulated him with a nylon rope and left the body on the floor with the nylon rope near the body. Later when the victim’s wife returned home she opened the door along with the the perpetrators of the crime and claimed to the other neighbours and police that they have brought the body down which was already hanging.

**DISCUSSION:**

If the forensic experts had not visited the scene of crime and had not observed the place for themselves, it would have been very difficult for them to opine upon the mode of death. The typical Hanging usually produces no or minimal injuries and pathological signs other than the ligature mark. The presence of contusion and extravasation of blood in the deeper planes of neck were indicative of antemortem injuries. Homicides by strangulation and making a false statement that the body was hanging though possible is not a common occurrence. If death is due to ligature strangulation, manual strangulation or blunt cranio-cerebral injuries, physical signs of other types of violences are usually present in the victim’s body. Thorough autopsy examination including complete musculo-skeletal dissection is essential to reveal injuries of any other nature. The distinction between homicide and suicide may be impossible by examination of the body alone. The failed attempts by the perpetrators to conceal the crime by providing evidence, unacceptable and inconsistent from medico-legal point of view, raised suspicion and paved the way to take investigations in the appropriate direction. The scene of visit and detailed inquiry into the circumstances allowed us to reveal inconsistency between the history and circumstantial evidence, autopsy findings to arrive at the correct mode of death.

**CONCLUSION**

This is an interesting case of suicide which turned out to be homicide by strangulation, stressing the need for a visit to the scene of crime and assessment of circumstantial evidence in arriving at a conclusion in a case of apparent suicide by hanging with unusual autopsy findings. In doubtful cases scene of crime visit should be conducted with the investigating team to ascertain the mode of death.

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