

Misuse of Service Pistol in a Dyadic Death

Ashok-Chaudhari V^{1*}, Ramdasji-Sabale P², V. Bhatanglikar P³

¹ Jawaharlal Institute of Postgraduate Medical Education & Research, Puducherry, India

² TNMC & BYL Nair Ch. Hospital, Mumbai, India

³ HBT Medical College & Dr. R.N. Cooper Hospital, Mumbai, India

ARTICLE INFO

Article Type:

Case Report

Article History:

Received: 23 Oct 2015

Revised: -

Accepted: 26 Oct 2015

Keywords:

Dyadic Death

Murder-Suicide

Homicide-Suicide

Service Pistol

ABSTRACT

Background: Homicide followed by the perpetrator's suicide commonly seen in dyadic death. The time lag between homicide and suicide is very less. Dyadic deaths are rare in occurrence and their nature varies in each case. Also, the causes of death in suicide and homicide are different but it may be same in few cases. Perpetrators are usually male and always use weapons that are easily available in their vicinity for homicide and suicide.

Case Report: We received two calls, one hour apart from a local police station in South Mumbai, regarding death due to firearm injuries. At the first crime scene, we found a forty-year policeman with a contact shot over the right temporal region. Subsequently, we visited second crime scene that was 100 meters away from the first crime scene. We observed a forty-eight-year-old female with contact shot over the sternal region. Initially investigating authorities mystified over two deaths due to the firearm. We collected evidence from crime scenes. We performed autopsies at the tertiary care teaching hospital. We studied role of perpetrator dyadic death and constructed a crime scene.

Conclusion: Meticulous efforts revealed a dyadic death i.e. murder followed by suicide due to an extra-marital relationship and monetary dispute. Also, the misuse of service pistol (issued by police department) by the perpetrator for killing the victim and himself.

Copyright©2016 Forensic Medicine and Toxicology Department. All rights reserved.

► *Implication for health policy/practice/research/medical education: Service Pistol and Dyadic Death*

► *Please cite this paper as: Ashok-Chaudhari V, R. Sabale P, V. Bhatanglikar P. Misuse of Service Pistol in a Dyadic Death. International Journal of Medical Toxicology and Forensic Medicine. 2016; 6(2): 103-7.*

1. Introduction:

Dyadic death is an event of a homicide followed by the perpetrator's suicide. These are uncommon events with characteristic regional variation. These crimes are

committed by the person usually male; within the family, using poison, sharp weapons, firearms, etc. It involves lethal violence that mainly takes place in partnerships and families. Such type of deaths affects victim's and perpetrator's family and the community (1-3). The deaths in the homicide-suicide acts divided on the basis of some individuals involved (dyadic deaths and triple or multiple deaths). Again these are classified according to the

Corresponding author: Ashok-Chaudhari V, MD. Assistant Professor, Jawaharlal Institute of Postgraduate Medical Education & Research, Puducherry, India. Tell: (+91) 9422025245
E-mail: drvinodchaudhari@gmail.com

chronology of the incidents i.e. simultaneous and consecutive deaths. In such cases, criminal trials are not initiated as there is no one to punish. But it is important to identify the perpetrators (4). Homicide-suicides are also spousal, familial, and extra familial types. These are sub-classified by relationship, age and attributions of motivation (5). In some cases, the destruction of the entire family or non-family members is seen and remains a public concern (6). The murder-suicide mainly comprised of men, masculinity, biological, and social factors. The basic reasons are domestic desperation, workplace justice, and school retaliation (7). The misuse of licensed firearm is not common for the dyadic death. Also, the site of incidences was not the same, so we are presenting this case.

2. Case Report:

Unknown skeleton came to the department. We received two phone calls one hour apart in the early morning from the local police station, South Mumbai, regarding deaths due to firearm injuries. In case 1 the fellow constable who was present in the guard room heard a sound of a firearm and he found his colleague had shot pistol over his head. Then he informed to concern police station regarding the death. At the crime scene of case 1, we found a forty-year-old male, a police constable with contact shot over a right temporal region and pistol in the grip of the right hand. We did not find any motive for suicide. He posted for the duty in the guard room at the time of incidence. On inquiry, deceased return to the room few minutes before the death.

In case 2, son of deceased return to the house and he found the door of house unlocked from inside. Her body was in a pool of blood in the hall. He informed to the police and subsequently we visited crime scene of case 2 which was 100 meters away from a first crime scene. We observed a forty-eight-year-old female with a contact shot over the sternal region no evidence of any defense wounds over the body. On further inquiry, we found their love affair between the case 1 and case 2 and which was not approved by their family members. The male deceased

used to visit frequently house of female deceased. They used to fight over a monetary dispute and estranged love affair. We collected evidence at both crime scenes and conducted autopsies at the tertiary care hospital. The autopsy, crime scene, and ballistic examination findings of case 1 and case 2 enumerated in Table 1. We gave opinion, case 1 as a homicide and case 2 as a suicide.

3. Discussion:

The total of 133 victims in 56 homicide-suicide cases investigated during the six-year study period. Males were 85% out of the total 56 offenders. The mean age in male offenders was 51 years and 40.5 years in females. In eighty percent of events, the culprit used a firearm for homicide and suicide (8). Verzeletti (9) studied 19 cases of homicide-suicide, and the average age of victims and offenders were 37.3 years and 41.57 years respectively. Perpetrators used a firearm for murder (65%) and suicide (84%). The homicide-suicide events occurred at home (66%) and victims related to their perpetrators. Homicide-suicide occurs primarily between intimate relations in the household due to a familial dispute. The male and female culprit of homicide-suicide were equal (10).

Most of the offenders were mothers, and their victims were own children (6 months to 7 years). The common methods adopted for killing and suicide were burning and drowning. The common motives for murder-suicide were family problems (11). Liem (12) studied that homicide-suicides significantly differ from both homicides and suicides about socio-demographic and event characteristics. Viero *et al* (2), observed an unusual case of dyadic death, as a suicide-homicide, where the perpetrator died few minutes prior to the female victim due to a single gunshot. The proper analysis of ego weakness, psychological disorder, personality traits, stressors, and their roles in the homicidal-suicidal behavior was surveyed. The selection of the victim is primary or incidental (6).

In this case causes of death were different but the weapon used was the same i.e.

Table 1: Findings in the case 1 and case 2

Traits	Case 1	Case 2
Scene of crime:	Guard room for Police	House of the victim
Presence of Firearm	Present (P): Pistol in the right hand of deceased	Absent (A)
Suicide note	A	A
Entry wound		
Shape	Circular (Fig. 1)	Circular (Fig. 2)
Size (diameter in cm)	2.5	1.2
Site	Right temporal region, 6 cm above tragus of right ear and 8.5 cm below the vertex.	Sternal region, 10 cm below the sternal notch.
Muzzle imprint	A	P
Circular zone of soot deposit (Corona)	P (0.5 cm in thickness)	Absent
Edges- Scorched	P	P
Track of the wound:		
Blackening	P	P
Direction	Medially & downward	Laterally & backward
Tattooing	A	A
Singeing of hairs	P	A
Circular fracture- beveled out	Inner table	Not Applicable (NA)
Exit wound		
Shape	Irregular (Fig. 3)	Irregular
Size	1.2 cm × 1 cm	1.2 cm × 1 cm
Site	4.5 cm above tragus of left ear and 9 cm below the vertex	Right part of back, 4 cm lateral to the midline at the level of T8 –T9
Margins	Everted & irregular	Everted & irregular
Circular fracture- beveled out	Outer table	NA
Firearm and other evidences	One blank cartridge case (present on right side of the deceased, KF 05 9 mm 22) and blood stained deformed bullet and irregular hole on the wall (present on left side of the deceased)	One blank cartridge case and deformed bullet (8-10 feet away from the deceased, KF 89 9 mm 22). The irregular defect involving whole thickness of mattress bed sheet and irregular pit over the floor beneath the deceased and blood stained deformed bullet. Other blank cartridge case (present on left side of the deceased, KF 96 9 mm 22)

Range of shot	Contact	Contact
Analysis of swab from hands	Positive for gun powder	Negative for gun powder
Chemical analysis of viscera and blood	No evidence of alcohol, drugs and poisons	No evidence of alcohol, drugs and poisons
Gross examination-Track of wound	Full thickness of brain (both temporal lobes), other organs pale.	Chest wall, pericardium, right ventricle of heart, posterior aspect of lower lobe of right lung and other organs pale.
Other injures	Nil	Crescent shaped abrasions on the dorsal aspect of right hand due to perpetrators forceful holding the victim (Fig. 4).
Cause of death	Firearm injury to head	Firearm injury to thorax
Manner of death	Suicide	Homicide
Features of Pistol and cartridges	Dried stains of blood seen on the front part of barrel. Butt no. 3101, barrel no. 16228741, five intact cartridges present in magazine of pistol with numbers of KF and OK series of 9 mm 22.	



Fig. 1. A circular shaped, entry wound of firearm injury in case 1.



Fig. 2. A circular shaped, entry wound with muzzle imprint of firearm injury in case 2.



Fig. 3. Irregularly shaped exit wound of firearm injury in case 1.



Fig. 4. Crescent shaped abrasions on the dorsal aspect of right hand due to perpetrators forceful holding the victim (case 2).

service pistol. The time lag between homicide and suicide was very less. The pistol (with cartridges) and blank cartridges found in both cases were a service pistol issued by Mumbai police. The facts confirmed by the ammunition department of Mumbai Police. The meticulous forensic and

ballistic examinations proved the bullets and cartridges recovered in both cases fired from the same pistol. The serological examination of dried blood stains on front part of barrel matched with both cases. Deaths were due to the same firearm (pistol) and consecutive in nature i.e. homicide (case 2) followed by suicide (case 1). Perpetrator misused the service pistol (issued by Police Department)

for killing the victim and himself. In our case, the selection of victim was primary. The victim's house was near to the workplace of the perpetrator. After proper psychoanalysis, the main reasons for dyadic death were a tense love affair and monetary dispute between perpetrator and victim.

4. Conclusion:

The primary emphasis is analyzing the crime scene, a nature of violence, and forensic examinations. Such an endeavor helps for labeling dyadic death and identifying the perpetrators. The psychological analysis should be conducted periodically for Police personnel. Also, periodic counseling and training should be conducted for Police personnel to prevent misuse of firearm or service pistol.

5. References:

1. Plessis M, Hlaise KK. Homicide-suicide (dyadic death): a case study of double hanging. *Am J Forensic Med Pathol.* 2012;33(3):262-4.
2. Viero A, Giraudo C, Cecchetto G, Muscovich C, Favretto D, Puglisi M, Fais P, Viel G. An unusual case of "dyadic-death" with a single gunshot. *Forensic Sci Int.* 2014;S0379-0738(14)00315-6.
3. Cheung G, Hatters-Friedman S, Sundram F. Late-life homicide-suicide: a national case series in New Zealand. *Psychogeriatrics.* 2015.
4. Melez IE, Avşar A, Başpınar B, Melez DO, Şahin F, Özdeş T. Simultaneous homicide-suicide: a case report of double drowning. *J Forensic Sci.* 2014;59(5):1432-5.
5. Cohen D, Llorente M, Eisdorfer C. Homicide-Suicide in Older Persons. *American Journal of Psychiatry.* 1998;155:390-6.
6. Felthous AR, Hempel A. Combined homicide-suicides: a review. *J Forensic Sci.* 1995;40(5):846-57.
7. Oliffe JL, Han CS, Drummond M, Sta ME, Bottorff JL, Creighton G. Men, Masculinities, and Murder-Suicide. *Am J Mens Health.* 2014;1557988314551359.
8. Lecomte D, Fornes P. Homicide followed by suicide: Paris and its suburbs, 1991-1996. *J Forensic Sci.* 1998;43(4):760-4.
9. Verzeletti A, Russo MC, De Ferrari F. Homicide-suicide in Brescia County (Northern Italy): a retrospective study from 1987 to 2012. *J Forensic Leg Med.* 2014;25:62-6.
10. Adinkrah, M. Homicide–Suicides in Fiji: Offense Patterns, Situational Factors, and Sociocultural Contexts. *Suicide Life Threat Behav.* 2003;33(1):65–73.
11. Gupta BD, Gambhir Singh O. A unique trend of murder-suicide in the Jamnagar region of Gujarat, India (A retrospective study of 5 years). *J Forensic Leg Med.* 2008;15(4):250-55.
12. Liem M, Nieuwebeerta P. Homicide followed by suicide: a comparison with homicide and suicide. *Suicide Life Threat Behav.* 2010;40(2):133-45.