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Int J Legal Med. 2002 Oct;116(5):273-8. doi: 10.1007/s00414-002-0325-8. Epub 2002 Aug 16.

Autopsy features relevant for discrimination between suicidal and homicidal gunshot injuries

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PMID: 12376836 DOI: [10.1007/s00414-002-0325-8](https://doi.org/10.1007/s00414-002-0325-8)

Abstract

A total of 624 consecutive gunshot autopsies from the Institutes of Legal Medicine in Münster and Hamburg was investigated retrospectively. In a subsample of 284 suicides and 293 homicides (n=577), a large variety of features such as firearm, ammunition, number and site of entrance wounds, shooting distance and direction of the internal bullet path were recorded and binary logistic regression analysis performed in the case of bullet paths. Females constituted 26.3% of the homicide victims and 10.6% of the suicides. Short-barrelled firearms outnumbered long arms in homicides by 6:1 and in suicides by 2:1. More than 1 gunshot injury was found in 5.6% of the suicides (maximum 5 gunshots) and in 53.9% of the homicides (maximum 23 gunshots). The suicidal gunshots were fired from contact or near contact range in 89% while this was the case in only 7.5% of the homicides. The typical entrance wound sites in suicides were the temple (36%), mouth (20%), forehead (11%) and left chest (15%) but uncommon entrance wound sites such as the eye, ear, and back of the neck and head were also encountered. In suicidal gunshots to the right temple (n=107), only 6% of the bullet paths were directed downwards and only 4% were directed from back-to-front. In gunshots to the left chest (n=130), bullet paths running right-to-left or parallel occurred frequently in suicides (75%) and infrequently in homicide victims (19%). From 61 suicides who fired the gun inside their mouth, only 1 pointed the gun downwards. Consequently, some bullet path directions cannot be considered indicative of suicide: downwards and back-to-front in gunshots to the temple, left-to-right in gunshots to the left chest and downwards in mouth shots. The isolated autopsy findings can only be indicative of suicide or homicide but the combined analysis of several findings can be associated with a high probability.

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