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Case Report

Crime Scene Staging – A Case Report

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ABSTRACT

When investigating deaths due to cut-throat injury, the forensic pathologist is often in a dilemma with regard to the manner of death. Though differentiating features are elaborated in various medical literatures, one always comes across unusual cases which do not fit into the classical criteria. Presence of tentative cuts, defence injuries and other associated injuries are commonly looked into apart for analysing the pattern of cut-throat injury alone with respect to its multiplicity, direction and involvement of deeper structures. The case further gets complex when the crime scene is altered and staged to simulate and mislead the investigators. Here, we present a case where according to the history a 23-year-old female had locked herself up in the bedroom of her house and had cut her throat with a knife. Though the case was brought initially as suicide, later after the autopsy and crime scene visit, it turned out to be a case of homicide. The perpetrator had staged the crime scene to make the case look like suicide.

Keywords: Forensic sciences, Homicide, Cut-throat injury, Manner of death, Autopsy, Crime scene visit, Staging

INTRODUCTION

Sharp force trauma especially cut-throat injury causes uncertainty in the minds of forensic pathologists and investigating officers while establishing manner of death. Often, it tests one's abilities. Characteristics of the cut-throat injury and other associated features usually differentiate a self-inflicted one from that of a homicide. Many text books emphasise classical differentiating features; however, few cases are peculiar and equivocal. In few cases, perpetrator tries to get away by altering the crime scene. Such purposeful alteration of crime scene in an attempt to mislead investigators and to frustrate the criminal justice process is defined as staging.

A number of authors have defined staging as the purposeful alteration of a crime scene in an attempt to mislead investigators and to frustrate the criminal justice process. The most common type occurs when the perpetrator changes elements of the scene to make a homicide appear to be either a suicide or an accident to cover up what is actually a murder[1]. Here, we report a case of staged crime scene where the husband had killed his wife and had altered the crime scene to make it look like suicide.

CASE HISTORY

On the morning of September 24th, sleepy neighbourhood of a locality in Bangalore woke up to the news of suicide of a young woman. Police visited the place of occurrence and registered a case of unnatural death. Victim, a 23-year-old female, was orphaned at an age of five and had been raised and educated by her adopted father. She was married for the past 4 years, lived happily with her son and husband in a rented house which had a kitchen, living room and a bedroom with attached toilet. She worked as a receptionist in a private hospital. As per her parents' and husband's version, she liked to lead a lavish lifestyle; occasionally, she used to lose her temper and threaten to commit suicide.

Sequence of events as stated by the husband – on 23rd September, the couple celebrated their son's birthday, left

the son at her father's place and went to witness a religious ceremony in the vicinity. Both consumed alcohol and had dinner later around midnight. She picked up a quarrel with her husband over a motorcycle ride in the night, which the husband had denied. Later, she locked herself up in the bedroom in a fit of anger at around midnight. Husband slept in the living room and left for work at around 6.30 am, after informing his father-in-law about the events of the previous night.

On 24th September, at around 8 am, the door of the bedroom was forced open by the father with the help of the neighbours to find his adopted daughter lying in a pool of blood, with a knife beside her. Her mobile phone was found next to her and it had text message in the sent box addressed to her husband the previous night – 'I miss you dear' police took up the case as suicide and requested for autopsy.

AUTOPSY FINDINGS

Autopsy was conducted on 24th September at around 11 am. It was a dead body of an adult female aged about 23 years, moderately built and nourished and fair in complexion. Rigor mortis was appreciated all over the body. Post-mortem staining was present faintly over the back of chest and abdomen. There were two obliquely placed cut-throat wounds merged together, measuring 12 cm and 10 cm × 2.5 cm × underneath structures deep. The margins were clean cut, with head end on the right and tailing to the left. Strap muscles of the neck, trachea, oesophagus, right carotid artery were severed (Figure 1).

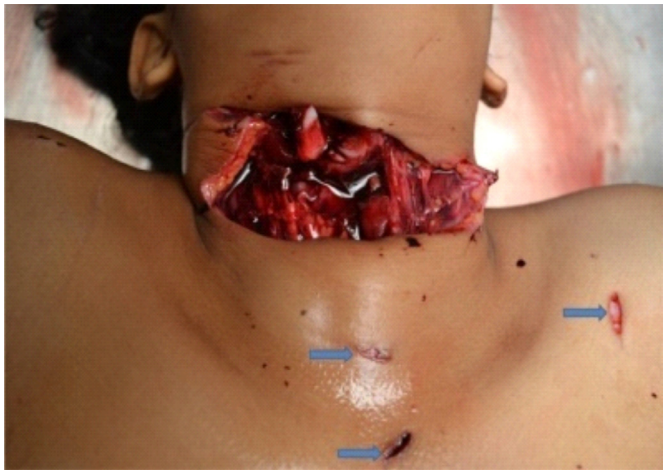

Figure 1: Cut-throat wound with three incised wounds over chest

Body of fourth cervical vertebra had two parallel transverse cuts, 1 cm apart (Figure 2). The injury was directed from right to left and above downwards. There were five other incised wounds, one in front of right ear, three over middle of upper chest (Figure 1), one over front of left shoulder (which corresponded with the tear in the T shirt which was worn by the deceased). There were also two scratch abrasions over hypothenar eminence of right palm.

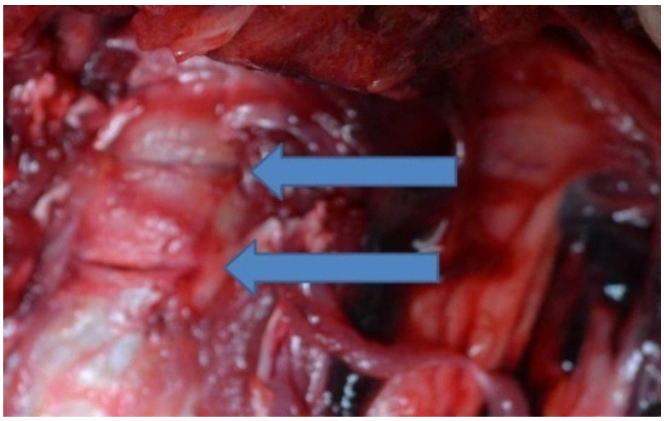

Figure 2: Two parallel transverse cuts over body of fourth cervical vertebra

Internal Examination: All organs were intact and pale. Stomach – had partially digested rice particles mixed with blood and smelt of alcohol. On observing the injuries with respect to its **direction, number, depth, pattern** and also other associated injuries on the body along with the presence of defence wound on the palmar aspect of left hand, the police were informed to investigate the case on the lines of 'homicide'.

Crime scene visit was undertaken. At the crime scene, an attic was observed above the toilet attached to the bedroom in which the victim was found dead. This attic had a connection to the attic in the kitchen (Figure 3. Blood stains were found on the wall adjacent to the head end of the bed and were directed upwards and also were quite high from the level of the bed. This indicated that the victim was in the supine position as the blood had spurted out from the carotids high onto the wall. Sequence of events was recreated and it was suggested to the police that the husband after slitting his wife's throat, had sent a text message from her phone to his – 'I miss you dear'. Later, he left the knife near the body, locked the bedroom

Figure 3: Interconnected attics of the bedroom and the kitchen

from inside, climbed up the attic, came out into the kitchen then to the living room and later had exited his house. Police were asked to look out for husband's clothes which he had worn the previous night which will definitely have blood stains. Clothes were later recovered by the police from the bushes in front of the house which were indeed stained with blood. This would account as corroborative evidence to the commission of crime.

Further, police interrogation made the husband confess the crime. The husband had a suspicion about his wife's fidelity and had confronted her that night. Chemical analysis revealed the presence of alcohol. Cause of death was opined as haemorrhage and shock as a result of cut-throat injury; manner of death was opined as homicide.

DISCUSSION

Opining manner of death in sharp force trauma is most of the times a demanding task for forensic pathologists. Wound characteristics like dimensions, number, location, tentative cuts and involvement of deep neck structures are all considered to ascertain the manner of death. Blood stain pattern and crime scene findings are also looked into to aid in investigation.

Sometimes there may be disparity between the findings and the probable manner of death. Crime scene may at times be altered by the perpetrator to mislead the investigating officer.

Most suicides appear to raise the chin to provide better access to the throat, so that the skin is stretched when cut. This tends to cause straight-edged incisions, rather than the jagged cut (the so-called 'dentele' toothed incision) seen when a knife is drawn over loose skin. Throwing back the head moves the carotid bundle under the protection of the sternomastoid muscles and, if the cuts are confined to the centre of the front of the neck, only the larynx or trachea may be damaged, rather than large blood vessels[2]. In the present case, there were two cut-throat injuries merged together, carotid on the right was severed and fourth cervical vertebra had two parallel cuts. Margins were also jagged at placed (dentele incision) (Figure 4).

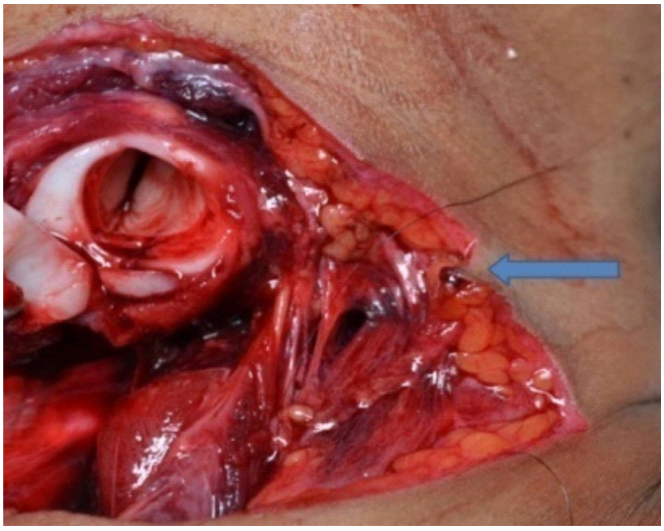

Figure 4: Jagged margins of the cut-throat wound

In another study, both bone and cartilage wounds proved to be strong predictive factors relative to the manner of death. To explain the lower frequency of bone or cartilage wounds in suicides, one can easily imagine that suicide victims avoided solid anatomical structures, such as ribs and the sternum. In contrast, the frequency of bone or cartilage wounds in homicides may be high because assailants ignore the presence of these solid structures, either at the anterior part of the thorax or at other sites[3]. In the present case, the body of fourth cervical vertebra had two parallel cuts suggesting homicidal as manner of death.

However, few authors have also reported deep cut-throat injuries in suicides, where carotids and trachea were injured[4]. In another unique case of suicidal cut-throat injury, there was absence of weapon, absence of suicide note and the single external entry/exit door which was locked from outside[5].

Suicidal wounds are typically multiple, often being characterised by a number of preliminary trial cuts called 'tentative incisions'. These are most often seen on the throat and wrists, where the person often makes a series of shallow incisions, presumably hesitating while gaining courage to make a final decisive cut. In many suicidal attempts, the subject abandons this method after a few trial incisions and uses some other method of self-destruction. A suicidal cut throat usually has these trial incisions; there may be only one or two or there may be scores of trial cuts. If successful, there will be one or more deep incisions superimposed, which may destroy some of the previous shallow cuts. Although the presence of tentative incisions is strong, presumptive evidence of suicide, exceptions do occur, and the pathologist must take all other aspects of the scene into account before giving an opinion to the investigators. Some have observed 'typical' suicidal injuries were present on wrist or throat in murders. However, these trial cuts were not observed in our case[2]. It has also been reported that typical hesitation wounds can be found in homicide cases[6].

There was a superficial incised wound in our case on the right palm which was concluded to be a defence wound. Cuts of the hands are considered the most frequent form of defence injuries resulting from sharp force. Preferential sites for defence injuries are the left forearm and left hand, with approximately two-thirds of all defence injuries being located on the left hand side[7] and typical defensive wounds can be found in suicides[8].

The classical description of the suicidal cut throat is of incisions starting high on the left side of the neck below the angle of the jaw, which pass obliquely across the front of the neck to end at a lower level on the right. This assumes that the victim is right-handed, the obliquity being reversed in a left-handed person. The cuts are said to be deeper at their origin, becoming shallower as they cross the throat, tailing off into surface cuts at the extremity[2].

In the present case, the injuries were directed from right to left and were directed above downwards that is the tail end was lower than the head end. This indicates that the perpetrator, a right handed person could have assaulted from the front of the victim after forcing her down to supine position. The direction of infliction of an incised wound may be difficult to interpret with certainty. Minute skin tags pointing towards the *beginning* end or tiny amounts of 'heaped up' epithelium at the *terminating* end may provide a clue to directionality[9].

A significant link between the manner of death and the associated traumatic wounds is demonstrated in a study[3]. In the present case, there were five other incised wounds including a defence wound.

The importance of a joint visit to the scene by the police and the forensic pathologist cannot be emphasised enough. The purpose of this visit to the scene is to reconstruct the sequence of events in the given case. It has turned out that, for this purpose, it may often be helpful to inspect the scene again after having performed the autopsy, as only then will the extent of the injuries and the cause of death be known. For example, for the evaluation of the blood stain pattern, it is important to know whether and, if so, which arteries of the victim were injured and how long the capability to act may have been maintained[7].

Staged crime scenes involve an offender deliberately altering evidence to simulate events to mislead investigators. In a study, a legal database was searched for detected staged scenes. A total of 115 cases were examined, and this study reports on 16 staged suicides that were examined through descriptive analysis. Findings indicate the frequent involvement of firearms, hanging or asphyxia, and that offenders are usually known to victims, although not necessarily intimately[10].

In the present case, we visited the crime scene with the police after the autopsy though the police had initially visited the crime scene. During our visit, the blood stain pattern was analysed and the connectivity of the attic between the bedroom and the kitchen was detected. This confirmed that the case was homicidal in manner and the husband had lied and staged the crime scene.

CONCLUSION

Cut-throat injury would leave the forensic pathologists in uncertainty when it comes to manner of death. Crime scene staging by the perpetrator would further complicate the situation. No single criterion would differentiate suicidal or homicidal cut-throat injury. Hence, for justice to prevail, it is reiterated that manner of death should be ascertained after analysing the autopsy findings and collating them with findings of crime scene investigation.

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