

Case Report

Body beside Turtled Auto: Accident or Homicide

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Abstract

A 27 years old male auto driver's body was brought to the mortuary of Rangaraya Medical College, Kakinada, Andhra Pradesh, by police people along with required documents, for the post-mortem examination U/S 174 Cr.P.C. on 26th October 2012. Post-mortem examination conducted on the same day at 11:00am. As per inquest His body was recovered from a drain at road margin, a beer bottle also present nearer to the body in the same drain, and his auto turtled at the road edge. During the post-mortem examination externally no struggle marks and no defence wounds were found, but the injuries which were found on the body externally and internally are unusual in accident. After thorough investigation it was found that it is a case of homicidal death without any struggle marks and defence wounds because person was under influence of alcohol, which impairs the ability of protection from others.

Key Words: Auto driver, Alcohol, Injuries, Accident, Homicide

Introduction:

With increasing urbanization and traffic, road traffic accidents are escalating steeply.

Hence ever increasing work load on doctors to conduct autopsy. Also the number of homicides being projected as a road traffic accident is increasing. The doctor conducting the autopsy should always use his utmost skill while conducting the autopsies, though it is being brought as a routine road traffic accident, whatever the work load may be, barring all pressures. Besides it, the doctor should always use his scientific skill to bring out more information to aid the investigating officer in probing the case.

Case Study:

A male body aged about 27 years is brought for post-mortem examination U/S 174 Cr.P.C., on 26th October 2012.

As per inquest report the deceased is an auto driver, working in contractual basis for sea port. Last seen alive in his home, at about 5pm the before the day of autopsy, and went out in the evening in a casual way with his auto. He was found dead in a drain at road margin.

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He had injuries over his body and his auto turtled at the road edge, in early hours of morning, in the outskirts of Kakinada. (Fig.1-3)

Autopsy Findings:

Clothes stained with mud and dust. Scalp hair matted with dried blood clots.

External Examination:

1. A bone deep reddish laceration of 4x2 cm size present on forehead extending from eye brow to left nasal bridge. Upper end is situated 6 cm below the hair line and lower end is 2 cm lateral to left eye angle.
2. A reddish abrasion of 2x1 cm size, present on left upper eye lid.
3. A bone deep reddish laceration of 6x1 cm size, present on mid forehead transversely at hair line. It is 5 cms above the nasal angle; right end is 10 cm from the right ear left end is 14 cm from the left ear. (Fig. 5)
4. A bone deep reddish laceration of 10x0.5 cm size is present on the mid parietal region extending from lateral end of the external injury no.3 on to back and top of head.

The front end is nearly attached to the external injury no. 3 with skin tag and back end is 15 cm above the external occipital protuberance. (Fig. 5)

5. A bone deep reddish laceration of 5x0.5 cm size is present on the mid parietal region extending from lower end of the external injury no.4 on to back of head. The front end is 1 cm right to the external injury no. 4 and back end is 10 cm above the external occipital protuberance. (Fig. 5)

6. A bone deep reddish laceration of 4x0.5 cm size is present transversely on parietal region extending to right from front end of external injury no. 5. The lateral end is 10 cm above the right ear. (Fig. 5)
7. A bone deep reddish laceration of 5x0.5 cm size is present on left parietal region obliquely. (Fig. 5)
8. Two bone deep reddish lacerations of each 6x0.5 cm and 5x0.5 cm present obliquely and lower end is on parieto-occipital regions of head 0.5 cm apart from each other. (Fig. 6) Their upper end is 6 cm below the external injury no. 5. Lower end is 4 cm above the external occipital protuberance.
9. Multiple reddish linear patterned contusions of sizes ranging from 8x1 to 10x2 cm present on back of chest over an area of 25x15 cm.
10. Reddish linear contusion of size 10x0.5 cm present on back of lower end of right side of chest.
11. A reddish abrasion of 3x2 cm size present on right side of scrotum.

Internal Examination:

1. A reddish hematoma of 10x6 cm size is present under the scalp of head in mid parieto occipital region.
2. Subdural hematoma of 15x10 cm in left parieto occipital region along with diffuse subarachnoid hemorrhage is present on both cerebral hemispheres.
3. Fracture of right side ribs 8–11 at their lateral angles. Fractured bone edges blood stained. (Fig. 7)
4. Rupture of liver with accumulation of about 450ml of blood and blood clots in the peritoneal cavity.

All the above injuries are ante mortem in nature and sustained due to hard and blunt force by medium to heavy sized blunt objects or weapon and sustained few hours prior to death. (Fig. 8) Routine viscera collected and send for chemical analysis.

The RFSL report said that on chemical analysis of the viscera sent, ethyl alcohol is detected.

Opinion as to the Cause of Death:

The approximate Time of Death was less than 24 hrs prior to PM Examination.

The cause of death to best of my knowledge and belief was due to cranio-cerebral injury (head injury) associated with other multiple injuries due to hard and blunt force by a medium to heavy sized blunt object/ objects, in a person under influence of ethyl alcohol.

Discussion:

Points against It to Be an Accident:

Several lacerations concentrated over head in haphazard way, several contusions over trunk. Pattern of these injuries was unlikely to be caused by a road traffic accident and more likely to be of homicidal in nature. [1-6] Crime scene visit revealed neither big damage to the auto nor grazes on the road to prove it to be an accident.

No Signs of Struggle / No Defence Wounds - Still A Homicide?

Yes it is. The person is intoxicated with ethyl alcohol, and the person might not have had enough consciousness to resist an assault on him. Alcohol intoxication confirmed by the Forensic science laboratory report which showed alcohol in his stomach, intestine, liver, intestine and blood samples. [4]

Probable Weapon:

As per the injuries, the weapon used must be a blunt object with linear striking end of considerable mass and struck with great velocity. [1]

Time of Injury:

All the injuries are red in color. So all the injuries might have been caused at the same time over few minutes and were sustained few hours before death.

Probable Number of Persons:

The body of the deceased is shifted from crime scene to another place in an auto.

For this to be done, at least 2 persons are required. Though the deceased is a young muscular male, as he is intoxicated at the time of assault, 2 persons should be sufficient to carry out the thing. The injuries appear to be caused by a single type of weapon.

However involvement of multiple persons couldn't be ruled out and the probable number of persons involved is two or more.

Motive behind the Incident:

Abrasion on the scrotum is found, which might be caused by a boot hit over scrotum, which points out probability of sexual jealousy behind it. The culprits shifted the body to another site, kept an auto turtled beside him, threw empty alcohol bottles beside him, trying to showcase it as a self accident done in alcohol intoxication.

So the culprits are conscious enough of what they are doing.

Actual Story behind the Crime:

On investigation, the police found out that the deceased, who is a worker under a contractor, got into an illegal affair with the contractor's spouse.

The contractor hired 2 other workers, who were friends of the deceased, to kill him. The culprits took the victim to a private guest house in the pretext of a party, intoxicated him with alcohol and implemented their plot.

They beat him with a cylindrical metal rod (Fig. 9) over his head and trunk. They shifted the body in the auto of the deceased itself to outskirts and tried to mask it as an accident.

Conclusion:

Inquest report should only be a guide and one should never get carried away by it.

Science is unending and one should always put an effort to utilize the available knowledge to the maximum. The doctor should not limit himself to the cause of death, but should try to bring out various truths regarding the case that would be useful to the investigating officer in probing the case.

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Fig. 1: Scene of Crime



Fig. 2: Scene of Crime

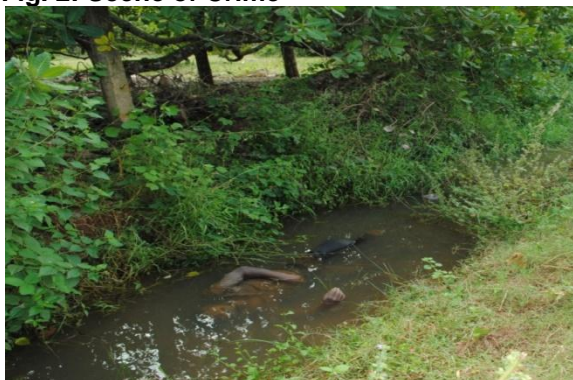


Fig. 3: Body after Recovery from the Water



Fig. 4: Beer Bottle at Scene of Crime



Fig. 5: Laceration over Mid-Parietal Region



Fig. 6: Laceration over Parieto-Occipital Region



Fig. 7: Rib Fracture



Fig. 8: Liver Laceration

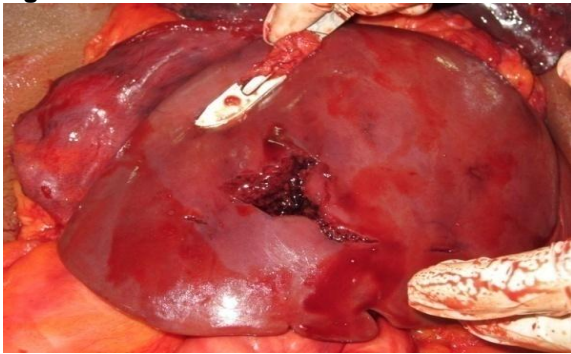


Fig. 9: Metal Rod

