

КОМБИНОВАНО УБИСТВО

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COMBINED HOMICIDE

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ABSTRACT

Introduction: Combined homicide is a combination of two or more different modes of killing. These homicides occur when multiple perpetrators have different mode of killing, to hide the true manner of death, or when an initially unsuccessful attack with one weapon is abandoned and changed by another mode which is more successful, or due to availability of weapons at the scene of homicide, or unexpected appearance of possible eyewitness, or else.

Case report: This case report is about 65-year old woman who was found in her residence on the floor next to the bed lying on her back with two kitchen knives in her neck. Autopsy revealed an abrasion on the frontal part of the neck and a bruise of the soft tissues of the neck with a double fracture of both greater horns of the hyoid bone and a fracture of both superior horns of the thyroid cartilage. The cause of death was exsanguination into right half of the thoracic cavity from the left subclavian artery which was cut, on the spot of stab wound in the neck.

Conclusion: Hemorrhage in the soft tissue near broken hyoid bone and thyroid cartilage indicate that the victim was first strangulated and then stabbed with kitchen knives. Combined homicides are caused by one or more killers in

order to accelerate the killing, or to be sure to provide the fatal outcome. This case is also interesting because the killer left weapon in the victim's neck.

Key Words: Homicide, asphyxia, wounds, stab.

САЖЕТАК

Увод: Комбиновано убиство представља комбинацију два или више начина убијања. Оваква убиства се дешавају у следећим случајевима: више нападача од којих свако има свој начин убијања, скривање правог разлога убиства, када се првобитно неуспели напад са једним оружјем напусти и замени са другим начином убијања који је успешнији, због приступачности оружја на лицу места или због изненадног појављивања потенцијалних сведока и много других разлога.

Приказ случаја: У раду је приказан случај 65-годишње жене која је нађена у свом стану како лежи на леђима поред кревета са два забодена кухињска ножа у врату. Обдукцијом су констатоване повреде у виду: огуљотине на предњој страни врата, крвних подлива меког ткива врата и двоструких прелома оба велика рога подјезичне кости и оба горња наставка штитасте хрскавице. Узрок

смрти је искрварење у десну половину грудног коша из пресечене леве поткључне артерије, на месту убода у врат.

Закључак: Крвни подливи меког ткива врата око преломљене подјезичне кости и штитасте хрскавице указују на првобитно загушење, а након тога до загадања два кухињска ножа. Комбиновано убиство извршава један или више убица да би се убрзало убијање или да би се осигурао смртни исход. Овај случај је такође интересант зато што је убица оставио оружје у врат у жртве.

Кључне речи: убиство, удушење, ране, убодина.

INTRODUCTION

Homicide is a conscious and intentional destroying of someone else's life¹. The World Health Organization defines homicide as any death as a result of the injuries inflicted by another person with intent².

Most of homicides occurred with single mode and combined homicides are uncommon. Combined homicide is a combination of two or more different modes of killing³. These homicides occur when multiple perpetrators have a different modes of killing, to hide the true manner of death, or when an initially unsuccessful attack with one weapon is abandoned and changed by another mode which was more successful, or due to availability of weapons at the scene of homicide, or unexpected appearance of possible eyewitness, or else^{3,4}. It was found that use of multiple modes of killing is likely the result of premeditated homicide, unlike what is happening with passion homicide^{3,5,6}. For example, premeditated murderers tend to use multiple modes of killing such as a combination of stabbing and strangulation to make sure that their victim is dead.

This present case report is about homicide of 65-year old woman by combination of manual strangulation and stabbing.

CASE REPORT

Case History

A 65-year old woman was found in her residence on the floor next to the bed lying on her back.

Postmortem Findings

There were two knives stabbed in frontal part of the neck, in its upper left quadrant. There were

four wounds with smooth edges and sides present in this part of the neck.

The left thumb nail was broken in the ulnar half, with uneven edges.

An abrasion of 5 mm in diameter was present on the frontal part of the neck, in its middle part; there was also bruising of 7 mm in diameter, with irregular shape and uneven intensity, in the immediate vicinity of the abrasion, encompassing left side under the chin and under the mandible on the left side. In the last third of the right side of mandible there was bruise 10 mm in diameter.

In an external third of the right side of forehead, next to the external end of the right eyebrow, there was a stripped abrasion of 28x7 mm in diameter; there was also a stripped abrasion of 20x8 mm in diameter in the right frontal protuberances. Dotted abrasions were found in the central part of the left backhand.

Internally, in the left half of the occipital area there were two superficial bruises of the scalp tissue, 12 mm and 20 mm in diameter. On the left side of the vault of the lower lip, there was contusion of muscles and soft tissue, 12 mm in diameter. In the back scope of occipital aperture encompassing the middle third of the shell of the occipital bone, there was bone defect that was covered with connective tissue.

A bruise of the soft tissues of the neck with a double fracture of both greater horns of the hyoid bone and a fracture of both superior horns of the thyroid cartilage was found. We also found bruising at mucous membranes around root of the tongue and dotted bruising of mucous membranes above the epiglottis.

After removal of the first knife, we observed the following: back scope of the left internal jugular vein was cut in length of 18 mm. Common carotid artery was intact. Soft tissue and ligaments of the left transverse processes of the third and fourth cervical vertebra were cut, then complete separation of the third and fourth cervical vertebra was present and this was the end of this channel. Channel of the first wound measured 45 mm in length. The channel was directed from forward to backward, from left to right side and transversal. After removal of the second knife, we observed the following: the upper half of the left lobe of the thyroid gland was cut; back scope of the esophagus on the border with the pharynx was cut; the front edge of articular continuation of the first rib on the right side was cut, and in that area the left subclavian artery was completely cut; then pleura in the right side of

thoracic cavity was cut and top of the upper lobe of the right lung on the back side was cut 10 mm deep, making the end of the second channel. The second channel was directed from forward to backward, from left to right side and downwards. The third wound was 3 mm behind the first wound with channel in subcutaneous soft tissue, connecting with the channel of the first wound. The fourth wound was 6 mm behind the first wound with channel which entered into the

channels of the first and the third wound. In the right half of the thoracic cavity, there was about 1.5 l of blood. Weight of the right lung was 0.3 kg and that of the left lung 0.22 kg. All organs were pale. Toxicological tests were negative.

The cause of death was exsanguination into the right half of the thoracic cavity.

Autopsy findings of the case suggest that the manner of death was homicide.

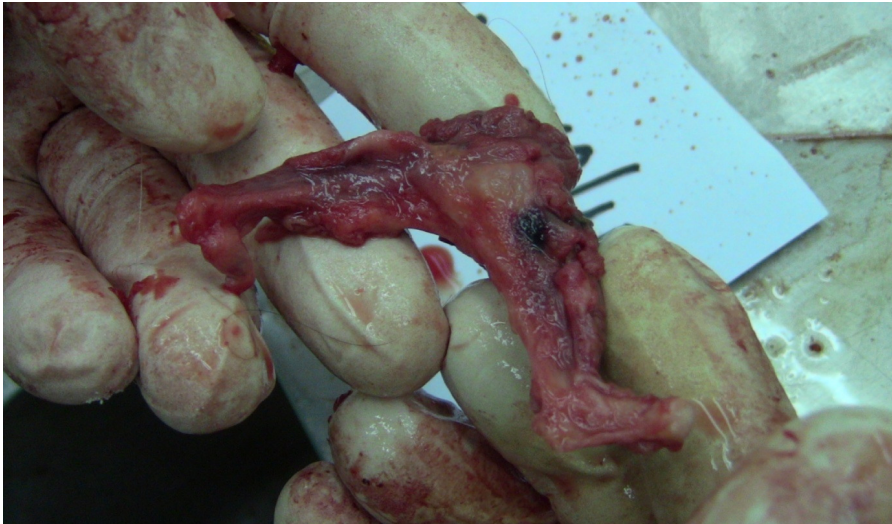


Figure 1. Fracture of both greater horns of the hyoid bone

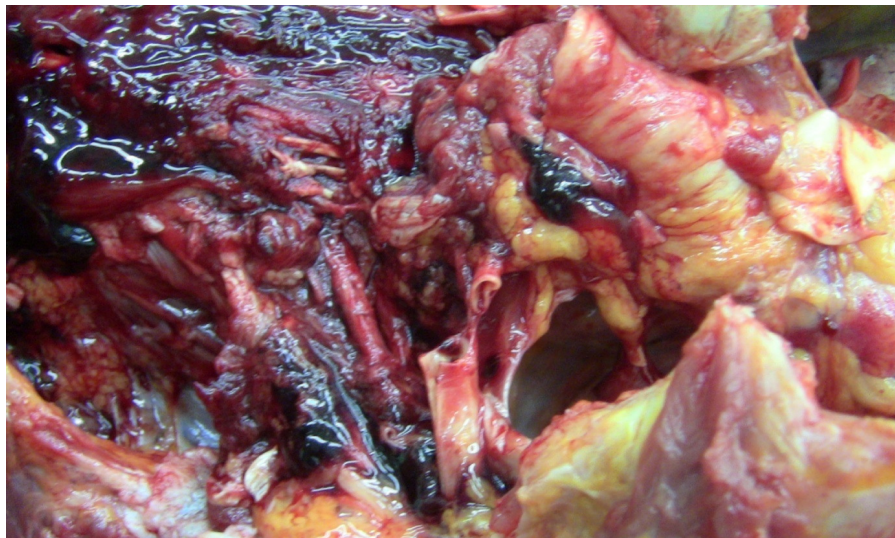


Figure 2. The left subclavian artery was completely cut

DISCUSSION

Majority of the homicides happen after a quarrel on public places such as parks, streets, restaurants and nightclubs. In majority of these homicides at public places the victims were men⁷. Men are also more frequently victims of homicide perhaps due to the nature of their work, as they mostly work outdoors⁸. By contrast, the majority of the female homicide victims were

killed in their residences or close to their residences, and they were often victims of domestic homicides because of their inability to resist violence^{7,8}. Living alone, living in inner city, social isolation, family dissolution, being divorced are risk factors for homicide for both men and woman⁹. The top age range for homicide victims is 20-39 years. This is because this age group is the most exposed to violence due to their way of

life^{7,8}. Victims were infrequently found to be over 60 or under 10 years old⁷. Elderly people (more than 65 years old) are disposed to assault because of their loneliness, weakness or morbidity^{10,11}. Different studies on homicide of elderly have described two main opposing categories – intra-familial homicides by family members and homicides committed by strangers, mostly secondary to burglary or robbery. Also, in some studies it was noted that elderly people were more often killed by strangers than younger population¹⁰. Luis et al found that the most probable motive for homicide of elderly people was robbery, and they usually were perpetrated by a stranger. They also found that homicides usually happened at the victim's house and perpetrator in most of the cases escaped from the scene after the homicide which was consistent with robbery as the main motive^{5,11}. Homicides in the victim's residence were mostly premeditated as the assailants were aware of the victim's residence and motive was financial dispute or murder for gain¹². In our case we had a 65-year old woman who lived alone and was killed in her residence. We found an old scar on back side of her neck from operation which probably caused limited mobility and her weakness.

The usual modes of homicide all over the world are blunt head injury, mechanical asphyxia, stabbing and shooting¹³. Homicidal patterns are different from state to state and are under the influence of many factors such availability of weapons, family relationship, motive behind killing, drug culture, cultural, social influences, criminal activities, etc¹⁴.

The most frequent method of asphyxiation is strangulation, either by ligature or manual. Classical signs like petechial hemorrhage may not be visible if death ensues very rapidly because of vaso-vagal cardiac inhibition, but with cautious dissection of the neck we can see internal contusion of the soft tissue⁷. In our case abrasion in the middle of frontal part of the neck, bruising of the soft tissue of the neck and fracture of hyoid bone and thyroid cartilage indicated manual strangulation. Hemorrhage of soft tissue near broken hyoid bone and thyroid cartilage indicated that the victim was at first strangulated and then stabbed with kitchen knives probably to accelerate or to ensure the fatal outcome. Classical signs of asphyxia including petechial hemorrhages, congestion and edema, cyanosis and fluidity of blood were not present in our case because the cause of death was exsanguination^{1,15}. On the contrary, in our case all mucous surfaces were pale, which is a characteristic of exsanguination.

Homicide by strangulation is usually done when there is disparity of strength between the assailant and the victim^{1,10}. Due to the closeness of the victim and the assailant we often find defense wounds and signs of struggle like dotted abrasions on the left hand and broken nail in our case. Defense wounds are usually found on forearm and hands which also indicate homicidal death^{1,8,11}. Presence of two superficial hemorrhagic infiltrations of scalp tissue on the left occipital region led us to the assumption that victim was lying on the ground, with her head on a hard surface probably when she was strangulated. Combined homicides are caused by one or more killers in order to accelerate the killing, or to be sure to provide the fatal outcome¹. Since asphyxiation takes some time, in order to accelerate the fatal outcome the assailant uses another mode of killing which in our case was stabbing with two kitchen knives.

Sharp force trauma generally includes both cutting and stabbing injuries². Karlsson found that the homicides with 2-9 stab wounds were caused mainly by men and usually perpetrator and victim were strangers or acquaintances¹⁶. In our case, the old woman had four stab wounds in the neck. Mode of death caused by sharp instrument is frequently fatal loss of blood when vital organ or a major blood vessel is injured. Asphyxiation caused by suffocation with blood from stab wounds to the neck and respiratory tract, or air embolism when air goes into venous circulation are much less frequent⁷. Average blood volume of an adult is 7% of body mass which is for a 70 kg person about 5 l. Blood volume varies with physiologic condition and age, so older persons have less blood¹⁷. Adult and healthy person can survive loss of 2/3 of blood but children, ill and old and skinny persons cannot survive a loss even 1/3 of blood¹. Loss of 40% and more of intravascular blood volume can cause irreversible shock and fatal outcome¹⁸. In our case we found 1.5 l of blood in the right half of the thorax cavity which is approximately 1/3 of her blood volume and she was old and skinny. According to the police report from the crime scene, on the spot where the body was lying a pool of blood was found. Signs of exsanguination are mild livor mortis, paleness of visceral organs, capsule of spleen is wrinkled, sub-endocardial hemorrhage in left cardiac ventricle^{1,19}. Our victim had mild livor mortis and paleness of internal organs and mucous surfaces.

Determination of the killing mode is one of the important steps, which can direct the homicide investigation^{3,20}. Also, certain killing mode

may represent a specific murderer's signature. Choice of weapon, type of homicide method and part of body that was injured point to the motive of homicide and the connection between a killer and a victim³. Assaultants who use multiple modes for killing are probably more violent than assaultants who use single mode. These persons are violent in nature, exhibit asocial behaviors and are verbally aggressive. Use of multiple killing modes may also be under the influence of other factors like unsuccessful fatal outcome of the first killing mode, accessibility of weapons at the crime place, and many more^{3,4}. According to Block and Block, usage of a single weapon is more prevalent in expressive homicide; on the contrary, multiple killing modes or weapons are more obvious in instrumental homicides²¹. Kamaluddin et al found that use of multiple modes for killing was obvious for premeditated homicides in order to ensure that murder was successful, unlike with spontaneous or passion homicides. They also found that vengeance was frequent motive when multiple modes for killing were used⁶.

This case is also interesting because the killer left weapon at the crime scene, more precisely in victim's neck. Hazelwood and Douglas divide the offenders on organized nonsocial criminals and disorganized asocial criminals, along with an associated crime place dichotomy. They also found that the asocial type was more prone to use a weapon of opportunity and may leave it at the scene, while the non-social type may carry murder weapon with him and take it when departing the scene²². According to Ressler and Burgess the difference between the organized and disorganized criminals is the following: disorganized offenders leave weapon, body and other evidence at the crime scene²³. Disorganized offenders are asocial, with inferior intelligence, usually unskillful workers and of humble origin, minimally use alcohol, lonely, live or work near the crime scene and have significant behavioral changes²³. Traits of a killer in instrumental homicides are similar: below-average intelligence, asocial, immoral and violent behavior, inconstancy, etc¹.

Investigation of the presented case is still ongoing because the killer or killers have not been found. The police investigation found signs of burglary, but no fingerprints on knives and epithelial cells under the victim's fingernails or other biological traces. Wedding ring was half taken down to the middle finger of the victim's left hand, and could not be spontaneously removed. All of this led us to believe that the killer

was a stranger to the victim, that he was asocial with abnormal behavioral and that the main motive was robbery.

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