

WHAT IS TODAY'S OBJECTIVE?



**RECOGNIZING
PATHOLOGICAL
SIGNS OF SFT**

SUICIDE

- ♥ Usually easy to tell difference b/t suicide & homicide
- ♥ **Use common sense**: wound needs to be anatomically possible to self-inflict
- ♥ Autopsy findings **must be** correlated w/ the history, terminal events, & scene findings

SUICIDE

- ♥ Usually easy to tell difference b/t suicide & homicide
- ♥ **Use common sense**: wound needs to be anatomically possible to self-inflict
- ♥ Autopsy findings **must be** correlated w/ the history, terminal events, & scene findings

✕ People who commit suicide by sharp force injuries usually have **multiple incised wounds** of variable depth on the arms, neck, and the flexor aspects of the wrists

✕ Look for scars in the **same areas** to indicate previous attempts



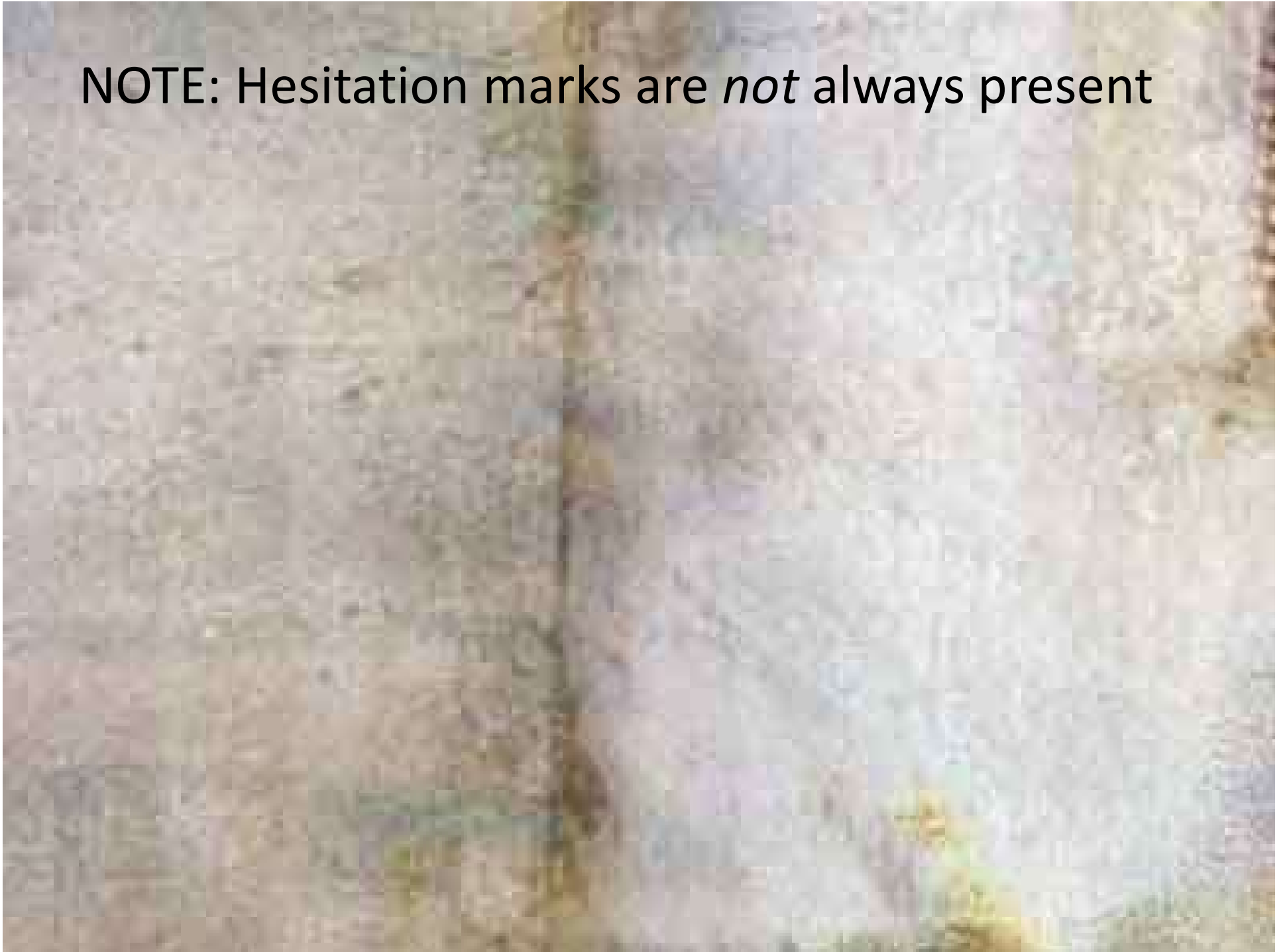
The **location**
and distribution

of injuries is
important in the
differentiation
between
suicidal &
homicidal
injuries

HESITATION MARKS

✕ Hesitation Marks: multiple superficial, usually
II incised wounds that are seen in cases of self-
inflicted sharp force injuries, often adjacent to
larger, deeper, and potentially lethal wounds

NOTE: Hesitation marks are *not* always present



POSTINJURY ACTIVITY

- ✂ Stab wounds are usually *not* immediately incapacitating, and the victim may be capable of movement for some time after injury
 - *Dependent on vessels/tissues injured*
- ✂ Research has shown between **24.5%-71%** of victims survived **at least 5 minutes after injury** (including individuals w/ injuries to the heart & aorta)

DISMEMBERED BODIES

- ✂ Once remains get to the morgue, all body parts are radiographed
 - Arrange parts in anatomic order
 - Exam remains w/ goal of **establishing ID** and **determining the CoD**
 - The best body part for ID is the head/teeth and hands(FPs)
- ✂ Collect specimens for a sexual battery kit, autopsy, toxicology, DNA profiling, documentation & preservation of tool marks
- ✂ **Deflesh** remains for osteologic analysis

POSTMORTEM WOUNDS

- † Decomposing bodies will have associated postmortem color changes:
 - A hemorrhagic track should be visible in the subcutaneous fat of antemortem wounds
 - The subcutaneous fat surrounding the injury *should not* be red, but *should still* be yellow

The “DOs”

- ✂ X-ray all sharps injuries to look for broken knife blades or tips
- ✂ Obtain chest x-ray to evaluate possible air embolism
- ✂ Describe location, size, shape, & orientation of stab wound & incised wounds
- ✂ Describe ecchymoses & especially patterned abrasions associated w/ stab wounds
- ✂ Photograph patterned injuries w/ a scale
- ✂ Examine injuries along wound path before evisceration of the organs
- ✂ Measure length of wound tract & describe direction
- ✂ Retain all tool marks on cartilage & cortical bone

The “DON'Ts”

- ⊘ Thrust probes into stab wounds prior to document of the organs *in situ*
- ⊘ Cut out stab or incised wounds & retain them (*instead: photograph wounds w/ a scale to preserve their shape, size, & orientation*)
- ⊘ Forget to exam cartilage & bone for the presence of tool marks
- ⊘ Alter tool marks by rubbing, cutting, or otherwise mutilating the evidence

BFT

SFI

ABR
LAC
CON
AVLI

CHOP

INC

STB

PUN

SEB

DEB

