



D8 Homicide or Suicide? An Equivocal Death Investigation

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The goal of this presentation is to present to the members of the forensic community the complications involved in an equivocal death investigation, specifically, those equivocal deaths involving a “Staged Crime Scene.”

This presentation will impact the forensic community and/or humanity by indicating the importance of crime scene reconstruction coupled with the evaluation of victimology in determining the factors in an Equivocal Death Investigations. I show examples of suicides involving long barrel firearms and make reference to wound structures due to high velocity rifles. I also illustrate how it this case was forensically impossible. The impact of my presentation occurs as the audience actually sees how the original investigation was unprofessional and resulted in an erroneous finding. The audience is then presented with an alternative finding based upon the forensic evidence and the victimology.

“Equivocal death investigations are those inquiries that are open to interpretation. There may be two or more meanings and the case may present as homicide, suicide or accidental death. The facts may be purposefully vague or misleading as in the case of the “Staged Crime scene.”¹

In this case, the deceased was a single, 25-year-old male. His body was discovered lying on his back with his feet on floor as if he had fallen back onto the bed. A Winchester semi-automatic .308 Model 742 was between his legs. The victim owned the weapon, which came from the premises. There were various amounts of blood, skull and brain matter found in the bedroom. The velocity blood spatter traveled in a South direction going into the bedroom closet. The victim’s brain was found in the front hallway, which was in the opposite direction of the velocity blood. This would be North and East from the bedroom. The entire upper half of the skull was absent due to the gunshot wound. There were two bullet holes in the roof above where the victim was discovered. However, there wasn’t any blood, brain matter or tissue on the ceiling. The police investigators concluded that the deceased had shot himself twice in the head with the high-powered rifle. There were two empty shell casings found by his feet and three live rounds were recovered from the gun, which belonged to the deceased. An open box of Remington .308 ammunition was found in an adjoining room. According to the police report, “There was no evidence of a break-in and the rest of the trailer was observed and there were no signs of a struggle.” The police and coroner assumed that the death was a suicide. A local hospital pathologist conducted an autopsy and determined that the cause of death was a gunshot wound to the head and ruled the death a suicide.

The consultant determined that the scene had been “staged” to make the death appear to be a suicide and concluded that the police investigation was both perfunctory and inadequate according to recognized standards of death investigation. There were numerous investigative errors and serious omissions. A crime scene reconstruction would have revealed that it was forensically impossible for the deceased to have committed suicide as presented in the scene. A detailed examination of the crime scene including the process of the crime scene and weapon for fingerprints was not undertaken. The police did not attempt to recover the fired rounds. The gun was never tested nor did the police conduct any ballistic examinations or perform any GSR testing. The police did not reconstruct the event nor take into consideration the operation of the alleged suicide rifle.

Reconstruction Considerations

The hospital pathologist concluded that the death was a suicide. However, he could not define nor determine the exact location of the entrance wound. In his report he stated, “The entire upper half of the skull completely absent secondary to gunshot wound of skull. Examination of mouth discloses upper and lower natural teeth in excellent dental care. From the outline of the remainder of the skull cavity, the entrance wound appears to be from left to right and upward.” A forensic pathologist would have insisted that the authorities provide the pieces of shattered skull and then glued them together to determine the outline and entrance of the bullet. A forensic pathologist would also have been able to determine if one or two shots had been fired into the brain.

In suicides involving long barrel firearms, such as rifles or shotguns the victim usually selects the forehead, followed by the temple, the mouth or under the chin. The temple shots are usually consistent with the handedness of the victim. In other words, if the victim was right handed the wound will be found in the right temple. In this particular case the victim was right handed. The wound, according to the hospital pathologist was to the left temple.

Placing the barrel of the Remington .308 Model 742 to his left temple would have been extremely awkward if not impossible. The Remington .308 Model 742, which is a semi-automatic rifle, ejects the rounds to the right of the stock anywhere from 8 to 12 feet. In this particular case the police reported finding two spent .308



cartridges by the victim's feet at the base of the bed. It is also important to consider the effects of such a high-powered rifle on the victim. For instance, wounds of the brain from high velocity rifles such as the Remington .308 Model 742 are extremely devastating and produce a bursting rupture of the head. It would have been physiologically and neurologically impossible for the deceased to have fired two rounds into his head with this type weapon. In addition, the discharge of a .308 would have pulled the gun out of the deceased's hands and sent the rifle flying in the opposite direction. The gun would not be conveniently sitting between the deceased's legs with the barrel pointed toward the head.

Remington .308 Model 742 has a tremendous kick-back. The ammunition found at the scene was .308 Win ammo. This translates into 150 to 180 grains providing a velocity of 2200 to 2960 feet per second. In my expert opinion, it would have been virtually impossible to fire this weapon twice into the head in an upward direction toward where the two holes were observed by the police and not leave blood, hair, or brain matter on the ceiling. The insurance company's expert witnesses had concluded that the death of the victim was suicide and was caused by a self-inflicted gunshot wound to the mouth. The consultant dismissed these findings as erroneous and inconsistent based on the hospital pathologist's report.

Furthermore, the insurance company's inquiry conveniently disregarded the most important issue in this particular case. What was the intention of the deceased to take his life?

Victimology

Many suicide deaths are preceded by verbal threats of selfdestruction and other indications of despondency. In some instances these threats are made to people whom the deceased respects or thinks highly about.

In other instances the sudden change in behavior is shown by subtle actions, such as increasing life insurance, giving away prized possessions, speaking of life in the past tense or abuse of alcohol or drugs. These behaviors are termed "Warning Signs" and present the investigator with a base of inquiry, which can support a hypothesis of possible suicide.

The victim in this particular case was a twenty-five-year-old single male, who was socially active. He was last seen at work on Monday when he paid his union dues three months in advance. He did not report to work on Tuesday and his body was discovered on Wednesday.

He was expecting a visit from his fiancé, who was going to stay with him at the trailer. In fact, he was in process of renovating the trailer for his fiancé. He had had purchased paint and wallpaper and had borrowed tools from his neighbor to re-do the kitchen cabinets and had just built a new deck on the trailer. He had recently made a loan application for a trip to Alabama because he owned property in Alabama and planned on relocating there in the Fall with the fiancé after clearing the property. He also attended a local Community college at night and maintained a 90% G.P.A. My opinion of these factors was that they certainly didn't fit the profile of a suicide victim.

The police disregarded the following facts:

- The victim kept at least \$1000.00 in cash in his trailer, but the police recovered only \$2.50. Victim's car found unlocked - keys in ignition.
- The victim's empty wallet was found on floor of the car.
- The victim's tools and radar detector were missing from his car.
- The victim had purchased a Birthday card for sister. A \$50 bill was missing from card.
- The victim purchased \$70 worth of groceries on Monday afternoon.
- There were cigarette butts in ashtray. The victim did not smoke.
- A Gold calculator was missing from the scene. It was later found in town Pawnshop.

Conclusion

It was quite apparent that the victim's death was in fact a murder and not a suicide.

I believe that the authorities made the mistake of assuming that the death of the victim was a suicide. Their assumption was based on the fact that this event was a "Staged" crime scene.

The preliminary observations of the crime scene by the authorities were erroneous as they failed to take each factor to its ultimate conclusion. It is apparent that a detailed examination of the crime scene, including the process of the crime scene and weapon for fingerprints was not undertaken. The background information of the deceased regarding his motivation apparently was not taken into consideration in determining whether or not the facts of the case were consistent with their theory of suicide.

The consultant determined that there were numerous investigative errors and serious omissions in this investigation as well as an obvious failure to forensically support the classification of suicide with evidential facts. The authorities failed to pursue and evaluate the crucial information supplied by the reporting witnesses and next of kin regarding the missing money as well as property taken from the trailer and victim's car. This Wrongful Death consultation revealed the death to be a homicide and exposed the police investigation as perfunctory and inadequate and not in accordance with recognized standards of professional death



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investigation.

¹ Geberth, V.J. *Practical Homicide Investigation: Tactics, Procedures, and Forensic Techniques*. Third Edition, Florida: CRC Press, LLC, 1996, p. 20.

Equivocal Death, Staged Crime Scene, Crime Scene Reconstruction