



Pathology Biology Section – 2006

G86 Guns That Fire Themselves: Report of Three Cases

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After attending this presentation, attendees will be able to recognize characteristics of unusual gunshot wound fatalities that suggest accidental misfires from dropped guns.

This presentation will impact the forensic community and/or humanity by increasing awareness of gunshot wound fatalities due to accidental misfires from dropped guns, recognition of typical characteristics of such cases, and familiarity with pistol types which are associated with accidental misfires on dropping.

Most unwitnessed deaths due to distant gunshot wounds are homicides. Most unwitnessed deaths due to close range or hard contact gunshot wounds are suicides. This report discusses three cases in which dropped guns accidentally took the lives of their owners, in unwitnessed events which had to be pieced together by the examining forensic pathologist.

A 21-year-old man was found shot beside his bed, with a .44 caliber revolver beside him. He had no history of depression, strife, worries, or alcohol abuse. A trail of blood led to the body from the bathroom, where there was a narrow gouge in the vinyl flooring. There was no soot or stippling on the skin or the clothing. The bullet entered the right chest, and was retrieved from the soft tissues of the back, with an angled trajectory through all three lobes of the right lung. The gouge in the vinyl flooring was measured, and was found to correspond in size to the hammer of the gun.

A 30-year-old man was found shot inside a locked residence. Earlier in the evening, a 911 call had been placed from the residence, but operators only heard an open line, with no talking. Attempts to re-establish communication were unsuccessful. Police arrived to find him dead inside of his locked residence. A .22 caliber pistol, knife, and telephone were nearby. Autopsy revealed a single gunshot wound to the back of the right inner thigh. While it had minimal marginal darkening, there was no soot or stippling. Microscopic examination of the entrance showed evidence of a close range of fire. Firearms examination of the clothing revealed a range of fire estimated between 6 and 30 inches. The bullet had a steep upward trajectory through the body, ending its course anterior to the lumbar vertebrae, after lethal iliac artery injury. The gun had marks on the hammer spur, and could be fired without pulling the trigger if the hammer was resting against the firing pin.

A 22-year-old man, seated on his front porch with his friend, and in possession of an illegal gun, observed a police cruiser passing by. Deciding to return the gun to his house, he left the porch, and entered the small anteroom that led to his apartment, with an additional exit in the form of stairs to the upstairs apartment. His friend heard a single gunshot report. He was found dead in front of his door, with his keys beside him in a location that suggested he had been about to unlock the door. Autopsy showed a single distant (more than 3 feet) gunshot wound of the abdomen, with visceral injuries on a sharply rising course, exiting the back of his neck. Significant history included his involvement in an altercation five days previously, resulting in a fracture in his hand, which had been cast at a local emergency room. It proved to be important that the gun was a Takharov pistol.

Characteristics of these cases include unusual, sharply angled trajectories, no evidence of hard contact gunshot wounds in victims with any documented suicidal ideation, frequent absence of powder soot or stippling, and guns which may be known to misfire on impact. Case discussions highlight these and other useful findings in similar cases.

Gunshot Wounds, Dropped Guns, Accidental Misfires