



D11 The Final Round in Lane #14: Shooting Range Suicides

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The goal of this presentation is to report the findings encountered in a case series of suicides that occurred at indoor shooting ranges in Fairfax County, Virginia.

This presentation will impact the forensic community and/or humanity by providing information on the findings associated with suicides that occurred at indoor shooting ranges with emphasis on the relative ease of renting a firearm, location and characteristics of the wound, caliber of the handgun, items rented at the range, presence of a suicide note, and history of mental illness or life event.

Introduction: Suicide is one of the most important public health issues in the United States. Suicide represents the eleventh leading cause of death in the United States. Nearly 20% of the caseload of the Northern Virginia Office of the Chief Medical Examiner in Fairfax, Virginia is suicide. Suicide rates for this country have been relatively stable over the past decade with approximately 11 per 100,000 population. The most common method of suicide in the United States is the use of a firearm. However, to purchase a firearm in Virginia, one must be of legal age, successfully pass a criminal background check, and be a resident of Virginia for at least 30 days with two forms of identification.

Materials and Methods: This is a retrospective review of case files from the Northern Virginia Office of the Chief Medical Examiner in Fairfax, Virginia. Inclusionary data for this case series included cause of death being a gunshot wound, manner of death ruled as suicide, and place of injury being an indoor shooting range. These cases were reviewed for the following information: the location and characteristics of the gunshot wound, the caliber of weapon, the items rented at the range, the number of shots fired down range, underlying psychiatric illness or life event, the presence of alcohol or other commonly abused drugs, the presence of a suicide note and/or past ideations/attempts, and the demographics of the decedent. The case information was organized into a spread sheet and the data was analyzed for any trends or other interesting correlations.

Results: During the year 2005, 230 suicides were investigated by the Northern Virginia Office of the Chief Medical Examiner. Of these 230 suicides, 84 (37%) were caused by shooting oneself with a handgun. There were three cases of gunshot wound suicides involving a handgun with the place of injury being at a shooting range. The three decedents were male and each comprised a different ethnicity. Ethanol was present in the postmortem toxicology sample of one the decedents. Another decedent had both opiates and benzodiazepines in his postmortem toxicology sample. Only one individual left a suicide note. The location of the gunshot wound was intraoral (2) and right temple (1). Two decedents rented a 44 magnum revolver and the other used a recently purchased 9mm semiautomatic handgun which he was not allowed to possess but could shoot while at the range. Other items rented at the range included: ammunition, targets, eye, and ear protection. The two decedent's shot themselves with the first round. There was no known or documented history of depression, psychiatric illness, or life event in two of the decedents.

Conclusions: This case series emphasized the role that indoor shooting ranges with rental firearms play in suicides of person who otherwise are unable to own/purchase a handgun. In the year 2005, three individuals committed suicide by shooting themselves in the head with a rented handgun while at a shooting range. One individual was not allowed to own a handgun, another individual had all his firearms recently confiscated by law enforcement, and the third had his handgun purchase pending for a background check.

Suicide, Handgun, Shoot Range