



### D78 Multiple Gunshot Suicides

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After attending this presentation, attendees will have a better understanding of the prevalence, features, and implications of multiple gunshot suicides.

This presentation will impact the forensic science community by showing how reviewing literature and case studies will reveal several key features that are similar in multiple gunshot suicide case outcomes. Understanding these factors has the potential to significantly impact medicolegal death investigations of multiple gunshot suicides.

Multiple gunshot wounds are found in 6-10 % of all gunshot suicides. Most cases involve two gunshots, but as many as nine gunshots have been reported. The alternate possibility of homicide may be suspected when there are multiple gunshot wounds. As a result, case management problems often exist. Problems may be related to the skepticism and disbelief of family, media, and others. As in all death investigations, a thorough scene investigation and team approach is critical in determining the manner of death. The position of the body and gun, wound entrance and exit locations, wound characteristics, blood spatter pattern, past and recent medical and psychiatric history, statements from household members, and the presence or absence of a suicide note are important features in trying to determine evidence of suicidal intent.

Research shows that multiple gunshot wound suicide features are similar to those found in single gunshot wound suicides. Wounds are contact or near contact and involve classic entrance wound sites of the head and neck. Soot or back spatter can be present on the hand(s). Multiple gunshot wounds to the head are relatively rare, but do occur. The most common wound area is the left chest or precordial region. Wound characteristics must be documented to determine instant versus delayed incapacitation. Several types of weapons have been documented in suicide cases, including long rifles and shotguns. Twenty-two caliber handguns are used most frequently according to case findings. Four case reports will be presented and characteristics will be compared to the literature findings:

**Case #1** - an 86-year-old male who suffered from Depression and Parkinson's disease. The investigation determined a self-inflicted GSW to the chest with a .22 caliber handgun, followed by a second gunshot wound to the head.

**Case #2** - a 42-year-old male with a history of Bipolar Disorder, occasional erratic behavior, and past suicide attempts. History revealed verbal threats of shooting himself first in the chest and then in the head to "do it right." The male went into the bedroom, and was found with gunshot wounds to the head and chest from a 9 mm pistol.

**Case #3** - a 41-year-old male who was found in a pickup truck at an isolated, rural location. He apparently died from a self-inflicted shotgun wound to the head. Secondary scene investigation revealed a first, unsuccessful shot in the head with a .22 handgun while at home. He then drove to a rural location, and shot himself in the head with a 12 gauge shotgun. The bullet lodged in the head, but did not perforate the skull bone, and was recovered at autopsy.

**Case #4** - a 53-year-old male left a suicide note and apparently shot himself four times in the chest with a low power handgun.

Review of the literature and case studies reveal several key features that are similar in multiple gunshot suicide case outcomes. Understanding these factors has the potential to significantly impact medicolegal death investigations of multiple gunshot suicides.

**Suicide, Multiple Gunshot Wounds, Self-Inflicted**