


Fabricated imprinted firearm wound – A case report

Ateşli silah yarası taklidi – Vaka sunumu

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ABSTRACT

Introduction: Fabricated wounds (fictitious, forged, or invented) wounds can be 'self-inflicted' when a person produces a wound himself on his body or self-suffered when a wound is produced by some other person on his body. The main motive here is to bring a false charge of assault on a person of enmity

Case report: An adult male came to the emergency department of a tertiary care center with an injury mark on the right flank of the abdomen. According to the history given by the patient, this injury was a result of the projectile of a firearm allegedly shot at him by his enemy. Further investigation proved that this was a fabricated wound.

Conclusion: In the case we have reported it was concluded that the injury mark on the body of the patient was a forged wound. The method used for fabrication is unusual and rare, as per our knowledge this type of case has not been reported earlier in the literature

Keywords: Firearm, fabricated, wound, medico-legal, forensic medicine.

ÖZET

Giriş: Fabrikasyon yaralar (kurgusal, sahte veya icat edilmiş) yaralar, bir kişinin vücudunda kendi kendine oluşturulmuş veya başka bir kişi tarafından acı vererek oluşturulmuş olabilir. Buradaki temel amaç bir kişiye asılsız saldırı suçlamasında bulunmaktır.

Vaka sunumu: Yetişkin bir erkek, karınının sağ tarafında yaralanma izi ile üçüncü basamak bir bakım merkezinin acil servisine geldi. Hastanın verdiği öyküye göre bu yaralanma, düşmanı tarafından kendisine ateş edildiği iddia edilen ateşli silahın mermisi sonucu oluşmuştu. İleri araştırmalar bunun uydurma bir yara olduğunu kanıtladı.

Sonuç: Ateşli silah yarası taklidi için kullanılan yöntem alışılmadık ve nadirdir, bilgilerimize göre bu tür bir vaka daha önce literatürde bildirilmemiştir.

Anahtar Kelimeler: Ateşli silah yarası, taklid, uydurma, yara, adli tıp

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INTRODUCTION

Fabricated wounds (fictitious, forged, or invented) wounds can be 'self-inflicted' when a person produces a wound himself on his body or self-suffered when a wound is produced by some other person on his body (1). In some cases, a physical injury inflicted on the body of the victim by the assailant in a actual assault is altered by the victim himself or with the aid of a friend to produce a wound that looks extensive or grievous. The reason here is to convey larger charge on the assailant and subsequently harsher punishment. Different methods are employed to produce forged injuries. A sharp object is most frequently employed. Blunt instruments are less frequently utilized since they produce more pain to the victim. Although it is uncommon, sometimes firearms are used for creating fabricated wounds (2,3).

The use of firearms to produce fabricated injury will bring harsh charges against the alleged assailant because the firearms are considered deadly and dangerous weapons. For this purpose, many different methods are used by the preparators. Here we present a case of fabricated injury where an attempt was made to modify an actual injury in order to mimic a firearm injury

CASE REPORT

A young, well-built male, 22 years old, came to the emergency department in the early hours of the day, accompanied by a few friends. On arrival, he gave a history of alleged physical assault with a firearm weapon the previous night. During the alleged assault, he sustained an injury to the right flank of the abdomen. He was walking home from the market when he was attacked. There were several individuals outside his house that he has a history of animosity with. They all approached him and began verbally abusing him as soon as he got near to them. One of them assaulted him with a baseball bat. He tried to save himself by running away. Suddenly, there was a loud noise, but he could not see anything. After that, the assailants ran away from the spot. The victim went to his home. He did not take any medical help the whole night because of the fear of another attack on the way to the hospital. In the morning, he went to a local hospital for treatment with friends.

From there, he was referred to the tertiary care center for treatment along with examination of the alleged injuries. On examination, the patient a wound on the right flank of the abdomen. The wound was in the form of an irregularly shaped contusion with the greatest dimension of 8.5 cm. On careful examination, there was no abrasion collar, no blackening, powder tattooing, or singeing of hairs. There was a blackish burn mark present in the middle part of the contusion in the shape of a cylinder of size 5.2 cm x 1.1 cm, placed obliquely with slight tapering at the lower end. There was a clear zone around the central burn mark (Figure 1). The patient had not changed his clothes since the alleged incident. He was wearing a T-shirt and there was no defect corresponding to injury. The patient was alleging this wound to be a result of a firearm projectile. As this wound has an unusual presentation, the patient was taken into confidence to tell what actually happened, after some hesitation he admitted that the wound had been fabricated by him with the help of his friends. In reality he was hit by a baseball bat and got a bruise as a result. He then, along with his friends, tried to give the wound the appearance of a firearm wound. For this purpose they used a empty fired cartridge of a rifle, heated it and when it was hot, they stamped it in the middle of the actual wound. It produced a superficial burn mark, which is apparent in the picture (Figure 2).



Figure 1. A clear zone around the central burn mark is seen.



Figure 2. Apparent produced superficial burn mark is seen.

DISCUSSION

In cases where there is no prior history of self-inflicted injury but there is a charge of assault and the forensic pathologist has reasonable grounds to believe that the injury was self-inflicted to create a false injury, then the circumstances must be determined based on the manner in which the injury occurred.

It has been documented in the literature that multiple, superficial, parallel-to-one-another, half-hearted, at approachable parts of body, and not on vital body parts are among the key diagnostic criteria used to diagnose fabricated injuries. Multiple scars of varying ages, lack or correlation between injury description and weapon alleged, purported time of infliction and age of injury are other factors taken into consideration. There may be differences between the patient's history and the examination findings along with no finding on the clothing that corresponds to the injury. Further evidence of injury fabrication will come from the absence of defense wounds despite the assault history. In firearm injuries presence of abrasion collar, blackening, powder tattooing, singeing of hair are taken as features of firearm entry wound. Absence of these features may raise suspicion of fabrication of firearm injury (2–5).

In all cases of bodily injury due to alleged assault, It is crucial to list all of the injuries, locate and document the exact anatomical site of each injury upon the body,

their sizes, directions, and depths. One important part of examination which is often overlooked is examination of clothes worn at the time of alleged incident. Consider the patient's medical and mental health histories (6). In the case we are presenting, the victim had a quarrel with some people, and during that incident, he got injured by a blunt weapon on the right side of the abdomen. He was familiar with the judicial system and knew that this blunt injury over his body would only invite a simple punishment for the assailant. He then, along with his friend, conspired to modify the injury to be more grievous. The fact that the use of a firearm to inflict injury will invite harsher punishment was well known to the victim. He then decided to make this injury look like a firearm injury. For this, they had a idea to make use of the fired cartridge of the Indian-made 315 rifle. They heated the cartridge just enough so that it left its impression over the skin. With that, they reached the emergency department, declaring that the victim had been injured with a firearm projectile.

The typical pattern of fabricated injuries has been elaborated by different authors from time to time, which helps to differentiate between fabricated and actual assault injuries. Many atypical fabricated injuries have been described in the literature (7). Although fabrication of injuries is not an uncommon finding in medico-legal cases, (8,9) the stamping of a empty cartridge of firearm on the human body to stimulate a firearm injury is the most unusual. The case we have presented shows the thought process and criminal mindset of the perpetrators who try to use any means to produce fabricated injuries with intention to charge an enemy of using a deadly weapon.

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