


TYPES OF WOUND

- ① **Hard Contact Wounds** - This is mentioned in D. Mayo book.
In hard contact wound the muzzle of the weapon is jammed hard against the skin, indenting it so that the skin envelops the muzzle.
- ② **Loose Contact Wounds** - In loose contact wounds the muzzle remains in complete contact of skin but is held lightly against it.
- ③ **Angle Contact Wounds** - In angle contact wounds the barrel is held at an acute angle to the skin so that the complete circumference of the muzzle is not in contact with the skin. 
- ④ **Incomplete contact wounds** - Incomplete contact wounds are a variation of angled contact wounds. In this, the muzzle of the weapon is held against the skin but because the body surface is not completely flat there is gap in b/w the muzzle and the skin.

CONTACT WOUND - The imprint of the muzzle may be found on the skin surrounding the entrance hole. This is either due to the continuous pressure of the muzzle on the skin or the gas.

that have entered the hole may press the skin outward against the muzzle.

In double barrel firearms the non-firing muzzle may also leave its impression on the body. The imprints of any attachment on the muzzle may also be found.

⑥ Near Contact Wounds - In near contact wounds the muzzle of the weapon is not in contact with the skin, being held at a short distance away. The distance however is so small that the powder grains emerging from the muzzle do not have much chance to disperse and mark the skin.

⑦ Intermediate range wounds - An intermediate range gunshot wound is one in which the muzzle of the weapon is held away from the body at the time of discharging yet it is sufficiently close so that tattooing of the skin is produced.

⑧ Distant Gunshot Wounds - In distant wounds the only marks on the target are those produced by the mechanical action of the bullet in perforating the

skin.

DIFF. B/W HOMICIDE, SUICIDE OR ACCIDENTAL WOUND (Reconstruction wrt)

- ① SITE OF INJURY - for suicides some specific sites are chosen such as side of the temple, centre of forehead, roof of mouth, under the chin, on the chest, abdomen etc.

In homicide or accident any part of the body may have that wound, even on the inaccessible parts. In self infliction the victim points the muzzle upwards generally.

- ② RANGE OF FIRING - In suicides distance of firing is generally closed. Usually contact shots are used.

In homicide or accident the range of firing may be close or contact but ~~not~~ usually distant.

- ③ DIRECTION OF FIRING - In self inflicted wounds the direction of firing would also be consistent with the handedness of the victim and excessability of direction to the hand of the victim. Whereas in homicide the direction of firing may be

any.

- ④ NO. OF SHOTS - In suicides the no. of shots is generally 1 except in rare cases where multiple shots can be encountered. Still multiple suicidal shots commonly involve same part of the body.

In homicides no. of shots can be any. In scattered shots homicide should be suspected.

- ⑤ CADAVERIC SPASM - In suicides the weapon may be firmly grasped in hand by cadaveric spasm which is difficult to be stimulated by a murderer in case of homicide.

- ⑥ GSR ON HAND - Web of hands

- ⑦ SCENE OF CRIME - In suicide there is generally ^{evidence of} no disorder. In homicide evidence of disorder or struggle may be present.

In suicide victim may leave suicide note in his ^{own} handwriting.

- ⑧ CIRCUMSTANCES OF SHOOTING - Many times these are obvious from the accounts of the family members, eyewitnesses. Some time simple arguments may lead to shooting. Personal history of the victim may be

explored. The victims of suicide may be having some social, marital and economic problems.

⑩ NO. OF FIREARMS INVOLVED - Involvement of multiple guns indicate homicide.

Most of accidental firing is examined by trigger pull value. If trigger pull value is normal then it can't be accidentally discharged. And normally trigger pull value is 2-3 kg and in long barrel firearm 4 kg.