
An Interesting Case of Homicide Disguised as an Accident: A Case Report

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Abstract

Homicide is defined as the killing of one human being by another human being and is one of the most heinous crimes that can be committed against a body. It is punishable by the highest penalty in many countries. The perpetrator wants to escape punishment after committing the crime. To do so, they try to find ways to protect themselves. The following is an interesting case of a 26-year-old laborer whose body was recovered by police in the evening hours of February 22, 2024 in a secluded place. Police, including the deputy superintendent, visited the crime scene and questioned the victim's coworkers. Nobody suspected foul play. Police concluded the incident to be a case of an accidental fall leading to death. However, based on the autopsy findings and a crime scene visit by forensic pathologists, the case was relabeled as homicide.

Keywords: accident, crime scene, disguise, homicide, foul play

Introduction

Homicide is a leading cause of unnatural death¹, and cases of homicide are increasing worldwide. Death by homicide usually results from injuries sustained to the vital parts of the body. The most common body part involved in an accident or homicide is the head. Lacerations over the head can be caused by a fall from height or assault with a blunt weapon. They can appear incised and be confusing to a forensic pathologist. However, a careful examination of injuries can determine the exact manner of infliction.

Injuries sustained from a fall from height involve the bony prominences of the body and have a component of abrasion to them. Injuries caused by assault with a blunt weapon can be present anywhere on the body, have a component of contusion, and can illicit the pattern of the weapon used. In India, a total of 28,522 cases of murder were registered in 2022².

The criminal who has committed a homicide wants to save himself and adopts various methods to do so. Concealment of a crime may include the burning of the corpse, running over it by train or

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motor vehicle, dropping it from a height, or crushing it with a load³. Nevertheless, after a careful crime scene visit, thorough autopsy examination, and meticulous observation of external injuries, the exact manner of death can be ascertained.

Case Presentation

We present the case of a 26-year-old male whose body was recovered from a secluded place near a local river beside a retaining wall in the evening hours of February 22, 2024 near Nerchowk in the Mandi district of Himachal Pradesh, India. His jeanslay at the level of the knees, and stray dogs were eating his left lower limb. He was identified based on a mobile phone recovered from his pocket. He was a laborer by profession from Uttar Pradesh.

The crime scene was visited by the deputy superintendent of police and the station head officer of the local police station, and the case was concluded to be a fall from height leading to death.

A police inquest was conducted under section 174 of the Criminal Procedure Code (CrPC), and the body of the deceased was brought to the department of forensic medicine and toxicology at Shri Lal Bahadur Shastri Government Medical College and Hospital in Nerchowk, Mandi district for postmortem examination on February 23, 2024 at 03:15 PM.

After examining the crime scene photographs provided by the police and the injuries over the head and face of the deceased, it was decided that a visit to the crime scene would be made before conducting an autopsy.



Figure 1: Crime scene photograph furnished by police.

Crime scene visit observations:

- The height of the concrete wall was around 5 feet.
- There were some blood-stained stones of different sizes (police were advised to preserve them).

- Shrubbery at the place where the body was found was undisturbed.
- No drag marks were observed.

Relevant Autopsy Findings

External examination:

The body was stout, well-built, and measured 5 feet, 7 inches in length. The body was clothed in a blue and yellow checkered shirt, a black t-shirt, blue jeans lying at the level of knees, a black belt, and blue underwear. All clothes were soiled with dried, clotted blood, dirt, and dust.

Injuries were apparent over the head and face. The face was smeared with dried, clotted blood, and the right side of the face was grossly deformed. The body had cooled down to room temperature, and rigor mortis was in the passing-off stage. Hypostasis was not appreciable over the body, and there were no external signs of putrefaction. No ligature marks were present externally or internally.

Injuries:

External antemortem injuries

- There were 26 injuries over the body.
- There were 15 lacerations with contused margins over the head, face, both hands, and lower limbs. Some of the lacerations were:
 - o Laceration with red contused margins, of size 5 cm x 2 cm and bone deep, present over the right side of forehead, along the midline and 5.5 cm above the glabella, obliquely oriented.
 - o Laceration with red contused margins, of size 3 cm x 1 cm and bone deep, present over the right side of forehead, 0.2 cm lateral to the midline and 0.2 cm above the right supra-orbital ridge, obliquely oriented.
 - o Laceration with red contused margins, of size 4 cm x 1.5 cm and bone deep, present over the right side of forehead, 8.8 cm lateral to the midline and 3 cm above the right supra-orbital ridge, obliquely oriented.
 - o Laceration with red contused margins, of size 3.5 cm x 0.5 cm and bone deep,

present over the left side of the forehead, 9 cm lateral to the midline and 1.5 cm above the left supra-orbital margin, obliquely oriented.

- o Laceration with red contused margins, of size 7 cm x 2 cm and bone deep, present over the left parietal region of scalp, 4.5 cm lateral to the midline and 6.5 cm above and lateral to the external occipital protuberance, obliquely oriented.
- There were 6 tramline contusions over the back. The major tramline contusions were:
 - o Tramline contusion, reddish-blue, of size 12 cm x 4.5 cm, present over the left sub-scapular region, 2 cm lateral to the midline and obliquely oriented.
 - o Tramline contusion, reddish-blue, of size 7 cm x 3.5 cm, present over the right sub-scapular region, 2 cm lateral to the midline and obliquely oriented.
 - o Tramline contusion, reddish-blue, of size 12 cm x 4.5 cm, present over the right sub-scapular region, 6 cm lateral to the midline and obliquely oriented.
- There were 3 abraded contusions over the bony prominences as mentioned below:
 - o Abraded contusion, reddish-blue, of size 6 cm x 4 cm, present over the right side of the face, 5 cm lateral to the midline and 2 cm below the right eye.
 - o Abraded contusion, reddish-blue, of size 5 cm x 1.5 cm, present over the supra-sternal notch.
 - o Abraded contusion, reddish-blue, 2 in number, of size 0.5 cm x 0.5 cm each, present over the posterior aspect of base of proximal phalanx of right ring and middle finger.
- There were gross contusions over the anterior aspect of both legs as mentioned below:
 - o Gross contusion, reddish-blue, present over an area of 28 cm x 10 cm, over the anterior aspect of right leg, with 4 lacerations of size 2 cm x 0.5 cm and skin deep, 3 cm x 1 cm and skin deep, 3.5 cm x 1 cm and skin deep & 2 cm x 0.5

cm and skin deep respectively, present over anterior aspect of middle and lower 1/3rd of right leg.

- o Gross contusion, reddish-blue, present over an area of 29 cm x 9.5 cm, over the anterior aspect of left leg, with 2 lacerations with red contused margins, of size 1.5 cm x 0.5 cm and skin deep & 2 cm x 1 cm and skin deep, respectively, present over anterior aspect of upper 1/3rd of left leg, and 1 laceration with red contused margin of size 1.5 cm x 0.5 cm and skin deep present over the anterior aspect of lower 1/3rd of left leg.



Figure 2: Multiple lacerations over the face and head of the deceased.



Figure 3: Gross deformity of the nose.

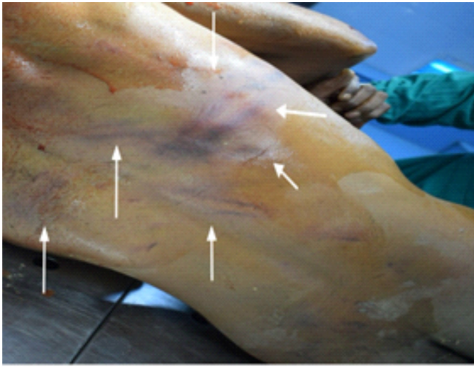


Figure 4: Multiple tramline contusions over the back.

External postmortem injuries

- There was a laceration over the anterior aspect of the left thigh with gnaw marks present over the bone (consistent with a canine bite).
- There was an abrasion over the right anterior superior iliac spine.

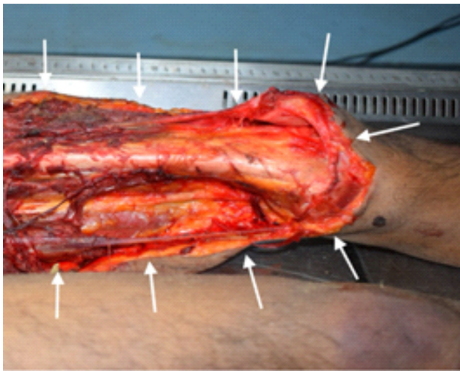


Figure 5: Postmortem laceration over the left thigh.

Internal examination:

On inspection of the scalp, a gross subgaleal hematoma was present over the bilateral frontal region. Both the right and left temporalis muscles were contused. A gross subarachnoid hemorrhage was present over the bilateral frontoparietal region of brain.

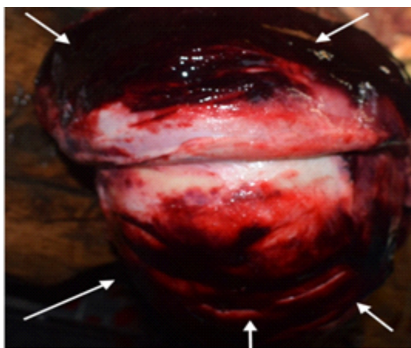


Figure 6: Subgaleal hematoma over the bilateral frontal region of the scalp.

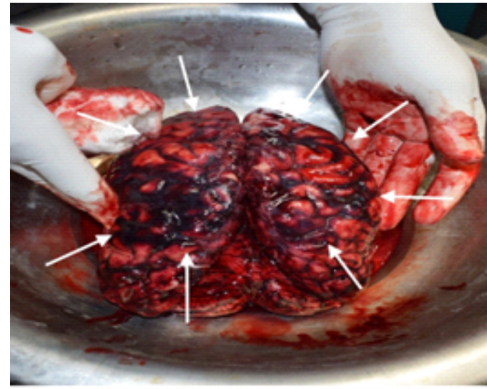


Figure 7: Subarachnoid hemorrhage over the bilateral frontoparietal region of brain.

Fractures:

There was a fracture of the nasal bone, a comminuted fracture of the shaft of the lower third of the left tibia and fibula, and a comminuted, depressed fracture of the right zygomatic bone, maxilla, orbit, and right anterior cranial fossa, along with an extravasation of blood in and around the fracture site.



Figure 8: Gross contusion with underlying fracture of the left leg.

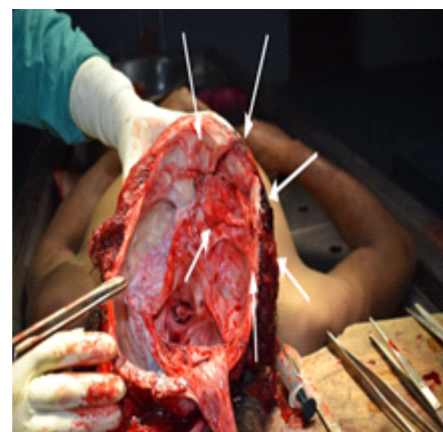


Figure 9: Comminuted, depressed fracture of right anterior cranial fossa.

Cause of death:

The cause of death issued was homicidal traumatic brain injury secondary to blunt trauma sustained in the head region. The time between injury and death was given as instantaneous. The time between death and postmortem was given as around 24–36 hours.

Samples preserved for analysis: Viscera and blood were preserved for chemical analysis, blood was preserved for cross-matching, the victim's clothes were preserved, and the sternum was preserved for DNA profiling. Nothing significant was found in an analysis of the samples preserved.

Based on the autopsy report, police registered a First Information Report u/s 302 of the Indian Penal Code. The police obtained the call records of the deceased. After two days, three accused (two males and one female) were arrested on the charge of homicide. All the accused confessed to the crime, as the victim had been caught with the female (the wife of one of the accused) in an objectionable state on February 21, 2024. The husband of the female and his brother initially punched and kicked the victim and beat him with sticks. The victim eventually lost consciousness from the sustained beating. The perpetrators put the victim in their car and dumped his body at the crime scene to disguise the case as an accidental fall. Finally, to make sure he would not survive, the accused hit the victim's head with a large stone and fled the crime scene.

The police recovered the weapons of offense, and the car used to dump the body. The blood stains recovered from the weapons and the car matched the blood type of the deceased.

Discussion

Any person who has committed a homicide will try to find ways to escape law enforcement agencies. They can try to disguise the homicide as a suicide or accident. A thorough and meticulous autopsy is required to ascertain the exact manner of death. The most common autopsy cases brought to most autopsy centers are accidental, and a case disguised as accidental can always confuse a forensic pathologist.

The injuries sustained in cases of fall from height include lacerations with abraded margins, different

types of abrasions, present predominantly over the bony prominences and exposed areas of the body, contre-coup injuries, different fractures depending upon the part of body on which a person lands and the height from which an individual has fallen. In homicidal cases, the injuries like patterned contusions, injuries over the vertex of the head, lacerations with contused margins are found and these injuries can be present over the un-exposed areas of the body also. These injuries are usually present over a vital part of the body and are multiple due to multiple impacts over a part of the body.

Globally, the incidence of fatal head injuries due to assault is greater than that of non-fatal cases⁴. People are often unaware that an autopsy can make it easier for an investigating officer to find the culprit⁵.

This case demonstrates the importance of a crime scene visit. In this case, the body of the deceased was found near a retaining wall with a height of only 5 feet. The injuries present over the body of the deceased were not consistent with a fall from such a small height. The reliability of the history provided to the forensic pathologist and the inquest conducted by the police were also questionable in this case. There were many patterned contusions over the back of the deceased, which further helped us to confirm the assault.

The authors, Pydiraju et al., reported a premeditated hit and run case with throttling⁶.

In our case, the perpetrators committed the homicide and dumped the body in a secluded place to mislead the investigating agencies.

Conclusion

A careful observation of injuries is imperative in every case. Patterned injuries, if present, can tell investigators about an assault. Forensic pathologists should visit a crime scene as and when required and should not rely exclusively on the history provided by police and inquest papers. The history should be consistent with the findings observed at the time of examination. This can help us to determine the exact manner of death, even if the perpetrator has tried his/her best to disguise the crime.

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Conflict of interest: None

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