Case Report

Suicide by Simultaneous Discharge of Two Handguns

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Background

Several authors have reported cases of multishot suicides with one or more firearms [1 - 8]. Kury et al. [6], Marsh et al. [7], and Sekula-Perlman et al. [8] reported cases in which the victim committed suicide by multiple firings of a single firearm. In the six cases presented, suicide notes were found in only two scenes. Hudson [4] found that most multishot firearm suicides involved only two shots. Hudson [5] did report briefly on a case in which the victim fired pistols from each hand into both temporals. Fatteh [3] reported a case in which a 27-year-old male victim fired two guns simultaneously. Neighbors reported hearing a single shot from the residence and called police who arrived to find the victim deceased. The victim had fired one shot into his chest and the other into his right temporal area. Alempijevic et al. [1] reported a similar case in which a male victim fired two shots into his head from the right and left sides. The victim’s wife, who was in another room of the house, reported hearing a single gunshot sound. Collectively, the cases indicate that most victims discharge multiple shots because of nonfatal trajectories, small caliber loads, or both.

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Case Information

In July 2002, a 30-year-old male was found in a drainage culvert, lying in a supine position with his right hand and arm extended away from his body and his left hand curled over his chest (Figure 1). The victim had apparent gunshot wounds to his head and chest. There were no apparent exit wounds. The victim’s name and phone number were written on his upper abdomen and left forearm with a dark, thick marker. The writing was clear with no smudges and was consistent with the victim writing it with his right hand (the victim was reportedly right-handed). A semi-automatic Sturm-Ruger 9 mm pistol was on the victim’s upper chest with the muzzle still lodged in a bullet hole in his shirt. The victim’s left hand was touching the firearm and his left index finger was still on the trigger guard. The Ruger did not cycle through because a live cartridge had jammed in the slide opening. Seven additional live 9 mm cartridges were found in the magazine. A single expended 9 mm cartridge casing was found on the ground approximately 24” south of the victim’s left foot. Paramedics had lifted the victim’s shirt and may have moved his left hand and the Sturm-Ruger firearm prior to the arrival of the investigators. A chrome-plated Taurus model 608 .44 caliber revolver was on the ground to the right side of the victim’s head. One spent cartridge casing was under the hammer and five live cartridges were in the cylinder.

The victim’s vehicle was parked in a hospital parking lot approximately 200 yards from the victim’s position. The vehicle was locked and the windows were rolled up. Two black “Sharpie” markers were on the front passenger seat. The keys for the vehicle were found in the closed trunk. Also in the trunk was a two-sided metal gun case with .44 caliber ammunition. A receipt in the vehicle indicated that the .44 caliber revolver had been purchased about two weeks prior to the victim’s death. The investigation revealed that eight days before his death, the victim had told his wife that he would write his name and phone number on his body and that he had just bought a bigger gun with which to kill himself. The wife reported that the victim had previously attempted suicide in the past. The investigation revealed that on the day of his death, the victim had told a friend he was going to check into a hospital because of depression and asked the friend to tell his wife. The friend responded to the victim’s residence and found a detailed suicide note. Upon discovering the note, the friend called the victim’s wife at work, who then called local law enforcement.
Three witnesses in the vicinity of the victim’s position reported hearing a single gunshot. One witness was a cement truck driver who had parked his vehicle in a vacant lot to eat lunch. Upon his arrival, the witness observed that the victim was sitting under a tree next to and above the drainage culvert. The driver had a clear, unobstructed view of the victim, who was about 75 yards away. The witness did not observe any other person or vehicle in the area. Within a few minutes of seeing the victim, the witness reported hearing a single loud bang coming from the direction of the victim. The driver could no longer see the victim in the vicinity of the tree. Simultaneously, two Arapahoe County Sheriff’s Office Deputies (who were looking for the victim in the hospital parking lot) heard the single gunshot. The two deputies expanded their search area and quickly located the victim in the cement culvert.

Figure 1

Male victim of self-inflicted simultaneous contact gunshot wounds.
(The victim’s name and phone number on abdomen have been pixilated to protect his identity.)
Further investigation revealed the victim’s history of a bipolar disorder and previous suicidal declarations and suicide attempts.

**Findings at Autopsy**

An external examination (including toxicological studies) was conducted. A penetrating contact gunshot wound to the head was found with an intra-oral entrance wound. A penetrating contact gunshot wound to the chest was also identified with an entrance wound over the precordium. Projectiles were radiologically identified in the head and chest. Toxicological analyses of body fluids obtained at the time of autopsy were essentially negative. Paxil, his prescribed antidepressant medication, could not be detected. His death was attributed to simultaneous contact gunshot wounds to the head and trunk. The manner of death was certified as suicide.

**Discussion**

Investigators do not commonly encounter suicides involving the simultaneous discharge of two weapons. However, any situation presenting complex mechanisms of death should be scrutinized. As indicated above, suicide notes may not be common. However, previous statements or actions may reveal the person’s intent. Detailed interviews with family, friends, co-workers, and health care providers may provide significant information about the victim. A multidisciplinary investigation involving law enforcement and medical investigators is ideal. Similar cases should be reported to broaden our understanding of these unusual events.

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References


