

CASE REPORT

Decapitation Death in a Motorcyclist

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ABSTRACT

Decapitation has been occasionally mentioned by various researchers in road traffic accidents. It can also be found in suicides or homicidal dismemberment of the body. We report a case of a motorcyclist having characteristic injuries due to traction force leading to decapitation.

Keywords: Avulsion, Decapitation, Motorcyclist.

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INTRODUCTION

Decapitation (latin caput, capitis meaning head) is the complete separation of the head from the body. Such an injury is typically fatal to humans, since it deprives all other organs of the involuntary functions that are needed for the body to function, while the brain is deprived of oxygenated blood. Decapitation can be possible in all manner of death. The term beheading refers to the act of deliberately decapitating a person, either by homicide or execution, and can be accomplished by sharp weapons, such as axe, sword, or knife. Beheading is also the mode of capital punishment or justifiable homicide, practiced in Arabian countries.¹ Complete decapitation due to hanging or traumatized railway injury due to suicide is well known.² Accidental decapitation can be the result of an explosion, industrial, or road traffic accidents,³ improperly administered execution by hanging, or other violent injury. Here, we report a case of accidental decapitation of a motorcyclist.

CASE REPORT

The body of a 38-year-old decapitated male motorcyclist was brought by police for medicolegal autopsy at the mortuary of Pravara Rural Hospital, Loni. As per facts mentioned in inquest panchnama and eyewitnesses, the incident happened when the victim was riding by the Loni-Babhleshwar Road and trying to overtake a tractor. Due to sudden stoppage of the tractor and increased acceleration of the motorcycle, the hook at the tail region of the tractor got pierced in the victim's left submandibular region causing decapitation and death.

On postmortem examination, oval-shaped laceration with inverted margins was present over the left submandibular region of size 5×3×2.7 cm associated with dislocation of mandible (Fig. 1). Decapitation was evident at the anterior aspect, while the head with a tag of skin and subcutaneous tissue was attached at posterior aspect. The margins of the wound were not uniform, but clean cut, which was extending anteriorly from mid of thyroid cartilage, bilaterally symmetrical at the level of acromion process, and symmetrically extending over the sternum by making a circle. There is avulsion of main bronchus, complete transection of spinal column with laceration of cord at the level of C3 and avulsion of neck muscles (Fig. 2).

DISCUSSION

Decapitation has been reported by several researchers in cases of fall and railway cuttings; it can be either complete



Fig. 1: Oval-shaped laceration over left submandibular region due to piercing of hook

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Fig. 2: Avulsed spinal column with avulsion of vessels, muscles, trachea, and well-demarcated separation of skin due to traction

or incomplete.⁴⁻⁷ In cases of road traffic accidents, few researchers have also reported decapitation.^{8,9} There is unambiguous statistical evidence showing that riders and passengers of two-wheeled vehicles are at a greater risk of sustaining injuries than closed vehicles.¹⁰ Complete transection of pedestrians and occupants of cars is seen in road accidents with vehicles traveling at a high speed.¹¹ In our case, the victim was a two-wheeler rider, who got decapitated as a result of traction in the neck region by the piercing of hook at the trail part of tractor. A similar kind of case was also reported by Sharma et al,¹² where the vertical iron bar of a grill fence caused decapitation of the driver of a two-wheeler scooter.

CONCLUSION

Decapitation in medicolegal autopsy, though a rare entity, can be found in all manner of death. Proper documentation of injuries along with history of the case and visit to

the scene of crime has immense importance to make a conclusion on both cause and manner of death.

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