



FIGURE 1: The deceased 41-year-old married woman recovered from the scene of the suicide.



FIGURE 2: Soft and broad red-colored nylon dupatta used as ligature material with no blood stain.

On external examination, the deceased appeared to be a well-built woman. Rigor mortis was present throughout the body, and fixed postmortem hypostasis was observed on the back. Two incision wounds were present on the ventral aspect of the left wrist: one superficial wound measuring 2 cm x 0.1 cm, and another tendon-deep wound measuring 7 cm x 2 cm with underlying superficial blood vessels and subcutaneous tissue incised (Figure 3).



FIGURE 3: Two incision wounds on the ventral aspect of the left wrist. One appeared to be the hesitation cut, and the other was the fatal cut.

An incomplete ligature mark was present over the neck above the level of the thyroid cartilage, which was discontinuous and oblique in nature. The total length of the ligature mark was about 26 cm, with a maximum width of 3.5 cm (Figures 4, 5).

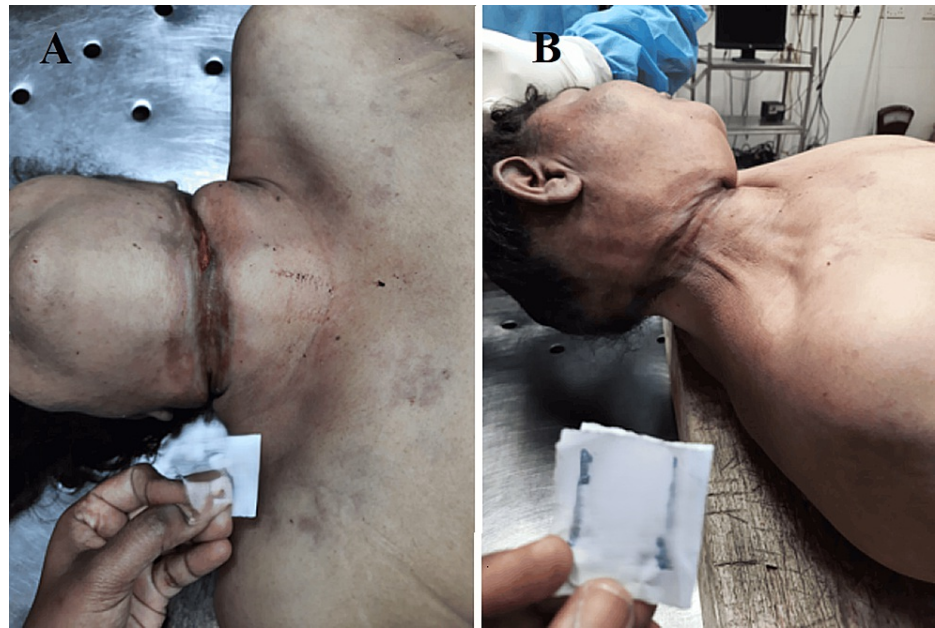


FIGURE 4: Ligature mark on the anterior and lateral aspects of the neck.

A: An oblique, incomplete ligature mark was present over the anterior aspect of the neck above the level of the thyroid cartilage.

B: An oblique, incomplete ligature mark was present over the lateral aspect of the neck above the level of the thyroid cartilage.



FIGURE 5: Broad ligature mark at the posterior aspect of the neck with discontinuity.

Internal examination revealed all neck structures were normal. There was no contusion or bulla at the ligature mark, and the hyoid bone was intact. Both lungs were edematous, and a cut section showed

