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Consultant Canine Behavior and Aggression

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To Whom It May Concern:

I have been asked, in my capacity as an expert on canine aggression and fatal dog attack investigation, to review color photographs and other documents bearing on the discovery of the body of Sandeep. Sandeep was a young male, discovered deceased in the Yelahanka New Town area of Bangalore, India on July 1, 2011. I have been asked to review the photographs and documents regarding the likelihood that Sandeep was the victim of a fatal dog attack.

I have examined several color photographs, a police report translated into English, and the report documenting the autopsy of Sandeep, video of the scene and area from which Sandeep would have come, and find the following points of interest:

1. In the photographs the child's scalp has been skinned from the top surface of the skull in a straight line. The straight incision at the edge of the near surface of the removed scalp and hair is behind the child's left ear, extending vertically from below the level of his ear to nearly the crown of the skull. The incision then proceeds diagonally away from the vertical axis of the initial straight line, and then curves around to the right side of the child's head, meeting at the rear of the field of vision. This straight-edged, clean removal of scalp tissue is a type of wound that I have never seen caused by a dog. There are no ragged edges or torn spots typical of a dog-caused injury. The incision appears to be more consistent with injury caused by cutting with a sharp edged instrument. (See figure #1, 1a).



Figure 1: Scalp wound - Sandeep



Figure 1a: Example, canine attack, scalp wound.

2. The portion of skull that was beneath the removed scalp tissue is clearly defined, showing the sutures of the skull, yet exhibits no tooth marks or other visible scratches or defect. I would expect that if the scalp was removed by a dog there would be visible

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marking (tooth marks, scratches, etc.) on the underlying bone caused by the scraping of teeth on the bone or by the gripping or grasping of the child's head by dog(s).

3. There are significant wounds on the child's throat consistent with canine bite. However, the wounds are of less apparent severity than I would expect from a concerted attack on a living victim of canine predatory attack. (Figure #2, 2a) The autopsy does not mention any injury to or severance of the carotid artery or the jugular vein.



Figure 2: Sandeep throat injury



Figure 2a: Example throat injury

4. There is a significant amount of blood staining on the child's face, neck, and there is also matted blood in his remaining hair. This appears consistent with scalping and possible the visible neck wound. There does not, in these photographs, seem to be a substantial amount of blood on the ground below the child's head, indicating that the child was moved after the primary bleeding on his face and neck, leading to the conclusion that the scalping, and appreciable loss of blood, most likely occurred elsewhere. Further, there is no visible blood on the ground below the hip, groin, or the detached leg, all wounds that would be expected to produce significant bleeding. Finally, the detached leg is immediately next to the child's body; the leg appears, in fact, to be resting on the ground directly under the child's head. Had this been an undisturbed scene of canine scavenging or predation I would not expect a detached limb to be abandoned directly next to the body. This placement is more consistent with human dumping of the body.

5. There appears to be no blood on the surface of the child's abdomen, right leg or inguinal area, nor on the severed leg or the exposed bone of the severed leg. There would be no reason to expect that, if dogs were licking the blood from the skin they would limit such actions to a specific region of the body. This lack of blood leads me to suspect that the leg may have been removed post-mortem. The head of the femur of the child's left leg is missing and shows what may be an angled fracture or mechanical severance, an injury unlikely to have occurred by dog(s) either chewing off an attached leg or pulling on a leg and torso strongly enough to separate the tissue and bones. No mention is made in the autopsy whether the remains of the femur head is still within the hip joint. If the leg was mechanically severed by human action, this joint may have been intact. If assumption is made that the leg was torn from the hip joint, to generate

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enough force to physically pull the child's leg off, even if the child were deceased, would require a strong enough grip that clear, deep bites would show on the extremities. Such bites are not apparent. (Figure #3).



Figure 3: Sandeep severed leg-lack of gripping wounds

6. The entire tissue surrounding the child's left upper thigh has been removed cleanly. This is inconsistent with canine consumption of fresh human remains that I have seen; those cases typically involve incomplete, ragged and irregular removal of tissue rather than a smooth, even removal. (Figure #4, 4a) I would expect a dog consuming a leg to have continued downward further along the leg rather than rotate the bone for clean removal at a consistent level. I would not expect to see a dog, or pack of dogs, selectively and cleanly remove only one leg of a victim.



Figure 4: Sandeep severed leg, cleaned femur.



Figure 4a: Canine scavenging wound

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7. The child's body is reported to have been discovered approximately 700 meters from the Neha Prakash Hospital where he was sleeping. The path from the hospital to where the body was discovered passes along several blocks of a city street. This would require the dog(s) to have removed the child from the apparently secure (press report indicates a night security person) facility, down a city street for nearly half a mile, and then stop and partially consume the body. This behavior is not likely. Dogs typically kill at a location of opportunity and then drag large prey a limited distance, if at all, for dissection and consumption. Most dog(s) will take manageable pieces a short distance away to consume. If taking food to pups from a large kill the dogs will consume the prey and then regurgitate pieces of the prey back at the den. The Indian pariah dog is described as a dog generally 50 to 60 cm in height and approximately 18-20kg. This size dog is, in my opinion, unlikely to have carried or dragged this child such a distance.

8. There are no apparent full-dentition bites on the visible surfaces of the child's body that would indicate that a single dog, or pack of dogs, dragged this body any significant distance. There are visible longitudinal scratches consistent with known cases of a child being dragged a short distance. However, I would expect that for a child to be dragged what was reportedly as much as 700 meters there would be significant bites showing full dentition contact and multiple instances of release and readjustment by the dragging dog(s). These significant bites and readjustments of grip are not present. Further, for a pack of dogs to cooperatively drag prey a substantial distance without multiple points of grip to exposed limbs pulling in varying directions would be unusual. There are no tearing or shearing injuries showing directional pull. I also do not see the extensive embedded debris, dirt, and possible gravel that I would expect from a body dragged such a long distance. Although the photograph only shows the upper surface of the child's body, I would expect extensive dragging to have resulted in the child's body showing deep, extensive longitudinal scratching, embedding debris in most exposed surfaces. The autopsy records no such injuries.



Figure 5: Torso, Sandeep



Figure 5A: Active scavenging, predatory attack.

9. If one applies a working hypothesis that Sandeep had wandered away from the hospital and was then attacked by dogs, I would expect that there would be distinctive predation-related injuries: strong, clear bites to the exposed limbs, possibly defensive

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wounds on the child's arms, and severe bites to the upper back and neck (from the back if so attacked) with probably severe bites to the soft areas of the abdomen. The photograph does not show any such grasping, defensive, or predatory bites, nor are any noted in the autopsy.

10. The child's severed leg seems to have been found in the immediate vicinity of the rest of the body. If the leg had been severed during an attack I would expect that at least one of the dogs would have carried the severed limb away from the scene, most likely back to the dog's den or some isolated location for consumption. If, however, the child's body were dumped by human means at the final location the proximity of the severed leg would be consistent with what was actually found, suggesting some human involvement.

11. There are many single puncture wounds of uncertain origin. Many of the puncture wounds appear to be clean edged and lack blood surrounding, and possibly within the punctures, which would not be consistent with an attack on a living child. In a concerted dog attack I would expect many full dentition bites, especially on the exposed limbs and in the soft tissue areas of the torso. If canine scavengers had been active for a substantial period on this child's body I would expect more tissue removed from the extremities and potential disemboweling and consumption of the soft abdominal tissue.

12. The official police report states "*Any sort of valuables or gold ornaments are not found on the body of the deceased.*" (Police report transcript, section VII). Yet the photographs clearly show not only a gold colored bracelet on the victim's wrist, but a cord or ligature around the front surface of the child's throat. There is no indication in the autopsy that the tissue beneath the cord was examined for bruising or injury nor is there any record of signs, or absence thereof, of symptoms of asphyxia or ligature injury. This object may be a necklace or ornament not recorded by police, but a close examination of this artifact and the tissue beneath should have been conducted to insure that this was not involved in the cause of death. (Figure #6, 6A)



Figure 6: Cord around neck, bracelet on left hand, not noted in official documents.

13. There are no radiograph/x-ray records of Sandeep's body taken during the autopsy. Thus, no documentation of the child's skeletal condition is recorded. This deprives the investigators of valuable evidence. Gross skeletal injury, such as crushed

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ribs or large bones broken from possible vehicle impact, would have been documented. X-ray examination of the child's cervical spine would have either substantiated, or helped exclude, dog attack as a cause of death since canine predatory behavior typically includes violent shaking of a victim (particularly a child-sized victim) that can result in cervical fracture and severance of the cervical spine, leading to death. The autopsy makes no mention of any spinal injury.

14. According to the timeline provided by the police report and the autopsy report, Sandeep was allegedly discovered missing at approximately 0430 hrs local time. The body of Sandeep was discovered at approximately 0630 hrs. Sunrise on 1 July 2011 in Bangalore, India is listed as 0527 hrs local time. This timeline suggests that Sandeep, a two year old child, left a secure building and the presence of his father and uncle in the dark, wandering unobserved at least a significant distance from the secure building wherein they were sleeping, before being attacked by feral dogs. This is unlikely.

15. The autopsy report indicates, on page 3, under "More detailed description of injury/disease" that "*Time since death could not be ascertained precisely as the body kept in cold storage.*" Yet on page 1 of the autopsy, the time log shows the Medical Examiner's Office was dispatched at 10:00 AM, received the body at 10:15 AM, and the autopsy was begun at 10:30 am. No where is cold storage indicated. The time delay between receipt and examination of Sandeep's body is inconsequential. This delay, even if in a cooler (which is not noted), should not be significant.

SUMMARY:

It is completely inconsistent with observed canine behavior to expect that feral dogs might have snuck quietly into a secure building and kidnapped the child while surrounded by adults, especially without rousing anyone. I also feel it is unlikely that Sandeep left the secure building by himself.

My conclusion, based on the materials reviewed, is that this child was likely the victim of violent death that cannot clearly be attributed to dog attack. The true cause of the violent death is not established. Human cause of the child's death cannot, based on the evidence, be eliminated. Post mortem scavenging did clearly occur, including the consumption of at least some tissue on the body of Sandeep. The evidence visible in the photographs and written documents gives serious question to whether canine attack was the only source of trauma to the child. The smoothness of the visible scalp wound and the apparently clean removal of the left leg, coupled with the as-yet unexplained cord or ligature around the child's throat and other noted inconsistencies suggest possible human involvement. This could include, but not be limited to, either homicide or traffic accident. I have personally observed similar injury in both types of violent death cases.

Due to the lingering questions not addressed in the initial investigation by police, and the deficiencies in the official autopsy, I recommend a full investigation, including further questioning of the persons involved and/or witnessing the incident and preceding events, to determine what human factors may have been in play.

Thank you,

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