

Assessing of the forensic reports documented by forensic medicine polyclinic of Adiyaman education and research hospital in 2017-2018

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Abstract

Aim: Blunt trauma, firearm/sharp object injuries, suicide, and accident are judicial events that can cause injury or death of individuals are considered. They are the duties of physicians to examine forensic cases in a timely and carefully manner and to prepare reports by recording the findings obtained. In this study, it was aimed to examine the characteristics of the reports prepared in the polyclinic and thus to determine the forensic case data in our region.

Materials and Methods: In this study, 1,222 cases who lived in and around the province of Adiyaman and whose forensic reports were prepared due to physical injury were retrospectively in 2017 and 2018. We retrospectively examined in terms of sociodemographic characteristics, report date, referring judicial authority, cause of the event, injury site and the decisions.

Results: 930 (76.1%) of all cases were male and 292 (23.9%) were female. It was observed that the reports were prepared most commonly because of battery (46.8%), followed by a traffic accident (29.5%). It was found that injuries occurred most commonly in the head - neck region (n = 355; 29.1%) and the extremity region is secondly (n = 298 ; 24.4%). Nasal bone was the most commonly broken bone (n = 87; 18.2%).

Conclusion: It was thought that determining regional profiles and data in judicial events would contribute to taking preventive measures (education-psychosocial support etc.) and appropriate planning. In addition, preventive measures should be taken for accidental events that occur in childhood and old age.

Keywords: Battery; forensic medicine; forensic report; traffic accident

INTRODUCTION

The right of privacy and the right to protect and develop corporeal and spiritual existence, which are fundamental rights of people, are stated in Article 17 of the Turkish Constitution, "Everyone has the right to life and the right to protect and improve his / her corporeal and spiritual existence". Except for medical imperatives and conditions specified in the law, an individual's physical integrity cannot be invaded; cannot be subjected to scientific and medical experimentation without their free consent. The relevant constitutional guarantee is as follows: "Nobody can be tortured and tyrannized; nobody can be subjected to any penalty or treatment that is incompatible with human dignity." (1). In case of presence of intentional, non-accidental or negligent acts against the privacy of physical integrity, the perpetrators are responsible by the law specified (2).

Judicial events are conditions that can cause injury or death of people as a result of external factors including blunt traumatic injuries, firearm injuries, sharp object injuries, poisonings, suicide - suicide attempts, accidents, and sexual assaults (2,3). Forensic cases are individuals affected by forensic events (3). The individuals' damage suffered will be documented with forensic reports, and it will be possible to judge the related people (2). Forensic report is a medical document prepared by physicians including the responses to questions asked by judicial authorities, which specifies the medical condition of the person involved in the judicial event (3).

The first intervention to forensic cases following the event is usually made in emergency clinics (4). Physicians working in emergency departments should know the relevant legal legislation while preparing forensic reports, and record all findings and the summary of the event accordingly (3,4).

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During the preparation of forensic reports, mistakes and/or defects are frequently observed due to insufficient knowledge about the forensic medicine approach. In our country, detailed forensic reports are prepared by forensic specialists working in central and provincial organizations of the Forensic Medicine Institute, in departments of forensic medicine in universities or training and research hospitals, and sent to relevant forensic authorities (2-4).

In this study, the forensic reports prepared between 01.01.2017 - 31.12.2018 at the Forensic Medicine Polyclinic of Adiyaman Training and Research Hospital were examined. It was aimed to reveal data such as sociodemographic characteristics, event type, and injury site and report result of forensic cases in our region, to determine the presence of relationships between them, and to discuss the results obtained by comparing them with similar studies.

MATERIALS and METHODS

In this study, all forensic reports prepared between 01.01.2017 and 31.12.2018 in Adiyaman Training and Research Hospital, Forensic Medicine Polyclinic, were examined retrospectively. The polyclinic where the study was established in the final period of 2016 and forensic reports started being prepared actively. In the examination of the data, the types of incidents which caused the preparation of a report were recorded primarily, and this study consisted of the reports originating from forensic traumatology assessed in the scope of the articles 86, 87, 89 of the Turkish Criminal Code (TCC) (5). The guideline "Assessment of Injury Crimes Defined in the Turkish Criminal Code in Terms of Forensic Medicine" (6) which is being used in our country, was utilized in the preparation of all reports.

The cases were evaluated in terms of sociodemographic features such as gender, age and age group, institution requesting preparation of a report, report date (month-season-year), type of incident, injured body region, and forensic report result. It was recorded whether the injury was mild enough to be treated with a simple medical intervention (SMI), whether it caused life-threatening, permanent facial scar (PFS), bone fracture, permanent weakening (PW) or loss of functions (LF) of one of the senses or organs. Reports that are supplementary reports (only asked for opinion on a specific subject), that were prepared as a preliminary report due to lack of medical information, or that do not include any of the study data were not included in the study.

The ages of the cases were examined by classifying according to decades. Institutions that demanding preparation of reports was classified as the provincial center, district, and non-provincial judicial authorities. Battery, sharp object injuries (SOI), firearm injuries (FI) were classified as "intentional injuries", while traffic accidents, work accidents, falls and exposure to electric current were classified as "accidental injuries". Cases such as poisoning and burns that could not be clearly differentiated

as occurred intentionally or as a result of accident were not included in these groups. Traffic accidents were classified as in car accidents (ICTA), motorcycle accidents (MA) and non-vehicle accidents (NVTA). ICTA involve the driver and all passengers in the vehicle; NVTA involve bicycles or electric bicycle accidents, and pedestrians. The cases were examined by injury region: head/neck, thorax, abdomen / pelvis or extremities.

In the study, categorical variables were given as frequency and percentage, descriptive statistics, and continuous variables as mean \pm standard deviation. Categorical variables were grouped and their percentages were calculated. Pearson's chi-square or Fisher's exact test was used to compare frequencies according to suitability. Kolmogorov Smirnov test was used for normality in continuous variables ($p > 0.05$). Kurtosis - skewness values were also evaluated. In comparison of the mean values between the two groups, independent samples t-test was used for the data showing normal distribution and the Mann Whitney U test was used for the data not showing normal distribution. All statistical analyzes, tables, and figures were prepared using SPSS 22 (IBM Corp, Armonk, NY) program. The variables with a p value of <0.05 were considered significant and the existence of a relationship between the variables was statistically demonstrated. International ethical rules were followed in this study. For the implementation of the study, approval was obtained from the Non-invasive Clinical Research Ethics Committee of Adiyaman University Faculty of Medicine, with the revised decision dated 21.07.2020 and numbered 2020 / 7-5.

RESULTS

In this study, a total of 6,127 forensic cases for which a forensic report was prepared in Adiyaman Training and Research Hospital Forensic Medicine Outpatient Clinic in 2017 and 2018, were examined retrospectively. When the types of topics that caused the preparation of a forensic report, were evaluated; reports of detention entrance and exit were observed most frequently with a rate of 62.4% (3,823 reports), followed by forensic traumatology reports (19.9%, $n = 1222$). The study sample consists of forensic traumatology reports within the scope of the articles 86, 87 and 89 of the TCC.

Nine hundred and thirty (76.1%) of the all cases were male and 292 (23.9%) were female. The youngest case was 12 months old and the oldest case was 84 years old. The mean age of the cases was 32.4 ± 16.0 years. The mean age was found to be 32.8 ± 15.3 years in the male cases and 31.3 ± 18.1 years in the female cases; it was found that both genders had similar age distribution ($p = 0,207$).

When the cases are evaluated according to age groups, 312 cases (25.5%) were found to be in the 21-30 year old group and 279 (22.8%) cases were found to be in the 31-40 year age group. It was understood that the lowest number of cases was found in the group aged 61 and above ($n = 74, 6.1\%$).

It was observed that 712 (58.3%) of the all reports were prepared in 2018 and 510 (41.7%) were prepared in 2017. It was found that the number of reports prepared increased by forty percent in 2018 compared to 2017. In seasonal evaluation, it was observed that the highest number of reports was prepared in autumn (n = 383, 31.3%) among seasons and in October (n = 160, 13.1%) among months (Figure 1).

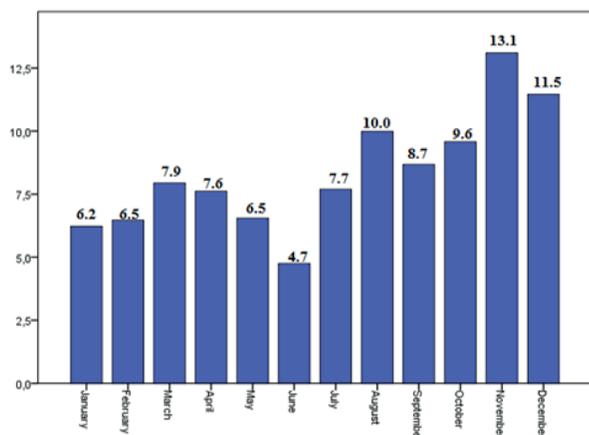


Figure 1. Distribution of cases by months

When the referring prosecution offices/courts were evaluated in terms of a residential area, it was found that judicial authorities in the central district of Adiyaman were involved in 919 cases (75.2%), judicial authorities in the other districts of Adiyaman were involved in 263 cases (21.5%) and judicial authorities in provinces other than Adiyaman were involved in 40 cases (3.3%).

In terms of the type of forensic traumatic event for which a report was prepared in a polyclinic, it was observed that battery was the most common cause of injury with a rate of 46.8% (n = 572) and this was followed by ICTA (14.2%; n = 174) and NVTA (8.0%; n = 98) (Table 1). It was found that SOI, MA, FI, work accidents and multiple-cause injuries were observed with an excessively significantly higher rate in male cases, while poisoning events occurred with an excessively significantly higher rate in female cases (χ^2 : 102.232, SD: 10, p <0.001) (Table 1).

| Types of Incidents | Male | | Female | | Total | |
|--------------------------------------|------|------|--------|------|-------|-------|
| | n | %* | n | %* | n | %* |
| Battery | 421 | 73.6 | 151 | 26.4 | 572 | 46.8 |
| ICTA | 122 | 70.1 | 52 | 29.9 | 174 | 14.2 |
| NVTA | 65 | 66.3 | 33 | 33.7 | 98 | 8.0 |
| SOI | 84 | 93.3 | 6 | 6.7 | 90 | 7.4 |
| MA | 86 | 96.6 | 3 | 3.4 | 89 | 7.3 |
| FI | 43 | 97.7 | 1 | 2.3 | 44 | 3.6 |
| Work Accidents | 40 | 93.0 | 3 | 7.0 | 43 | 3.5 |
| Others ^a | 20 | 54.1 | 17 | 45.9 | 37 | 3.0 |
| Falls | 24 | 68.6 | 11 | 31.4 | 35 | 2.9 |
| Multiple-cause injuries ^b | 19 | 95.0 | 1 | 5.0 | 20 | 1.6 |
| Poisoning | 6 | 30.0 | 14 | 70.0 | 20 | 1.6 |
| Total | 930 | 76.1 | 292 | 23.9 | 1222 | 100.0 |

* Percentage distribution of event types.
^a Other cause injuries (the first 3 by order of frequency): Burns, exposure to electric current, carbon monoxide poisoning.
^b Multiple-cause injuries (the first 3 by order of frequency): battery+SOI, battery+FI, falls+exposure to electric current

| Life-Threatening Causes ^o | Types of Incidents* | | | | | | | | | |
|--------------------------------------|---------------------|------|------|-----|----|----|---------------|--------|-------|-------|
| | Battery | ICTA | NVTA | SOI | MA | FI | Work Accident | Others | Falls | Total |
| CBF | 7 | 1 | 4 | - | 2 | 1 | 1 | - | 9 | 25 |
| Hx / Px / HPx | 2 | 7 | 2 | 6 | - | - | - | - | 1 | 18 |
| IOI | - | 3 | 3 | 5 | 1 | 3 | 1 | - | - | 16 |
| Hx / Px / HPx + Lu. Inj | - | 4 | 1 | 4 | 2 | 2 | - | - | - | 13 |
| CBF + ICH | 3 | 2 | 3 | - | 3 | - | - | - | 1 | 12 |
| CBF + ICH + Brain Inj | 1 | 3 | 1 | - | 6 | - | - | 1 | - | 12 |
| Lu. Inj | - | 5 | 1 | - | 3 | 1 | 1 | - | - | 11 |
| Brain Inj | - | 1 | 3 | - | 2 | - | - | - | 1 | 7 |
| Others | 1 | 11 | 10 | 4 | 8 | 7 | 6 | 13 | 3 | 63 |
| Total | 14 | 37 | 28 | 19 | 27 | 14 | 9 | 14 | 15 | 177 |

* It is ranked according to the total number of cases.
^o CBF: Cranial Bone Fracture, Hx: Hemothorax, Px: Pneumothorax, HPx: Hemopneumothorax, IOI: Intraabdominal Organ Injury, Lu: Lung, Inj: Injury, ICH: Intracranial hemorrhage

When the battery, SOI, FI were classified as "intentional injuries" and traffic accidents, work accidents, falls and exposure to electric current were classified as "accidental injuries", it was found that the distribution was similar between genders ($p = 0.646$). When the individuals were categorized by age as 0 - 17 years (childhood period), 18 - 60 years (adult period) and 61 years and above (old age period), it was observed that injuries caused by accidents occurred with an extremely significantly higher rate in childhood and old age, and intentional injuries occurred with an extremely significantly higher rate in adults (χ^2 : 48.765, SD: 2, $p < 0.001$).

When it was examined whether trauma caused life threat in cases for which a forensic report was prepared, it was found that trauma did not cause a life threat in 1045 (85.5%) cases, and did cause life threat in 177 cases (14.5%). Among the causes of life threat, cranial bone fracture/fractures were observed with the highest frequency (25 cases) (Table 2). Considering the number of incident types causing life threats, the highest number of cases was ICTA ($n=37$) and this was followed by NVTA ($n=28$) and MA ($n=27$) (Table 2). It was found that there were extremely significant differences between event type - risk of life threat datas (χ^2 : 153.896, SD: 10, $p < 0.001$). While the risk of life threat is low in incidents of battery (2.4%) and poisoning (5,0%) compared to other causes, the risk of life threat was found to be high for exposure to electric current (75.0%), falling (42.9%), FI (31.8%) and motorcycle accident (30.3%), respectively.

Table 3. Injury Regions of Life-Threatening Incidents

| Injury Regions | n | % |
|---------------------------|-----|-------|
| Head/Neck | 66 | 37.3 |
| Thorax | 44 | 24.9 |
| Abdomen / Pelvic | 17 | 9.6 |
| Thorax + Abdomen / Pelvic | 9 | 5.1 |
| Head/Neck + Thorax | 8 | 4.5 |
| Others | 33 | 18.6 |
| Total | 177 | 100.0 |

When injury regions where trauma is life-threatening were examined by classifying as head/neck, thorax, abdomen / pelvic, head/neck + thorax, thorax + abdomen / pelvic and other, it was observed that 37.3% of 177 cases ($n=66$) had only head injury and 24.9% ($n=44$) had only thorax injury (Table 3).

In the study, it was found that 54.0% ($n = 660$) of all cases did not have injuries mild enough to be resolved with SMI, while 46.0% ($n = 562$) had injuries mild enough to be resolved with SMI. Among the reasons for not being mild enough to be resolved with SMI, the most common reason was found to be bone fracture/fractures alone, with a rate of 52.3% ($n=345$) (Table 4).

When the injured body areas of all the cases were evaluated, it was found that the injuries were mostly in the head and neck region with 355 cases (29.1%) and secondly the extremities with 298 cases (24.4%) (Table 5).

Table 4. Distribution of Non-SMI Causes

| Causes | n | % |
|-------------------------------------|-----|-------|
| Fracture* | 345 | 52.3 |
| Life Threatening (+) | 104 | 15.7 |
| Fracture + Life Threatening (+) | 71 | 10.7 |
| Muscle - Tendon - Ligament Injuries | 52 | 7.9 |
| FI | 23 | 3.5 |
| Dental Injuries | 16 | 2.4 |
| Skin Subcutaneous Incisions | 14 | 2.1 |
| Others | 35 | 5.3 |
| Total | 660 | 100.0 |

* It does not include head fractures that cause life threats

Table 5. Distribution of All Cases According to Injury Regions

| Injury Regions | n | % |
|--------------------------------|------|-------|
| Head/Neck | 355 | 29.1 |
| Extremity | 298 | 24.4 |
| Head/Neck + Extremity | 217 | 17.8 |
| Abdomen / Pelvic | 46 | 3.8 |
| Head/Neck + Thorax | 44 | 3.6 |
| Head/Neck + Thorax + Extremity | 43 | 3.5 |
| Thorax | 43 | 3.5 |
| Thorax + Extremity | 36 | 2.9 |
| Others* | 140 | 11.4 |
| Total | 1222 | 100.0 |

* Other injuries (the first 3 in order of frequency); Systemic (poisoning), Abdominal / Pelvis + Limb, Whole Body Regions

Bone fractures have special importance in forensic traumatological assessment. In our study, bone fractures were the most common cause, which was not mild enough to be resolved by SMI, among our cases. When a total of 480 cases who had any fracture in any part of the body were examined by classifying the effect of bone fractures on vital functions as mild (1), moderate (2-3) and severe (4-6), it was found that moderate effect was observed most frequently with a rate of 45,8%. When bone fracture cases were classified as single bone fractures and multiple bone fractures, it was found that multiple bone fractures occurred in 328 cases (68.3%) and single bone fractures occurred in 152 cases (31.7%). The most common single bone fracture was found to be nasal bone fracture with a rate of 18.2% ($n=87$) and this was followed by a hand - toe bone fracture with a rate of 6.1% ($n= 29$), femur fracture with a rate of 5.2% ($n= 25$) and rib fractures with a rate of 4.2% ($n=20$). An excessively significant difference was observed between event type-presence of bone fracture data (χ^2 : 237,478, SD: 10, $p < 0.001$). The rate of bone fracture was found to be relatively low in cases of battery (31.1%), while it was found to be high in cases of falls (77.1%), NVTA (73,5%) and MA (67,4%), respectively.

When it was considered whether the injury caused a permanent scar on the person's face, it was found that the

event did not cause a permanent facial scar in 85.4% (n = 1044) of the cases, it was appropriate to evaluate 13.6% of the cases (n=166) 6 months later (wound healing process) and the permanent facial scar was present in 1.0% of the cases (n=12). There was no forensic event that caused constant changes in the face.

Among the forensic reports prepared in the outpatient clinic, a preliminary report stating that reexamination was needed, was prepared with the objective of waiting for the recovery process of trauma in 187 (15.3%) of 1222 cases which were evaluated in terms of the presence of permanent weakening in the function of one of the senses or organs (PW) or loss of function in one of the senses and organs (LF). Among 1035 cases for which a decision was made, PW or LF was not found in 1016 cases (98.2%), PW was found in 11 (1.1%) cases and LF was found in 8 (0.7%) cases. A permanent weakening in the function of one of the senses and organs was found in 4 cases who had functional extremity dysfunction, in 4 cases who had anatomical extremity loss and in 1 case who had undergone segmental small bowel resection. Functional loss in the sense of sight was found in 5 cases and anatomical extremity loss was found in 3 cases. Permanent loss of function of one of the senses and organs was found in 2 cases due to splenectomy performed because of splenic laceration and in 1 case as a result of paraplegia. In addition, it was concluded that it was not possible for the case who had paraplegia to recover.

DISCUSSION

Physical and mental examination performed appropriately by physicians in accordance with the relevant rules is important in terms of defining and presenting forensic cases. Presence of an objective and understandable forensic report prepared in accordance with the law is effective in terms of rapid and accurate execution of the justice system (7).

The finding that 76.1% of the cases were male, was observed to be compatible with the studies conducted by Akbaba et al. (76.2%) and Ulucay et al. (77.2%) (8, 9). In the study conducted by Tiraschi et al. the percentage of male cases was found to be lower (65%) (10). In the study conducted by Ketenci et al., the percentage of male cases was found to be higher (84.4%) (2). The findings that the mean age of the cases was 32.4 ± 16.0 years and the highest percentages were found in the 21-30 year age group (25.5%) and the 31-40 year age group (22.8%), were observed to be compatible with similar studies (2, 7, 11). In addition, it was observed that the lowest number of cases was found in the group aged 61 years and above. It was thought the finding that forensic events generally occurred in relation to men and young adults, was associated with higher rates of interaction between individuals as a result of more frequent existence of these groups in social and working environments.

The finding that reports were prepared most commonly in October-December and autumn season, was fully

compatible with the study conducted in Mugla (3). In a study conducted in Erzurum it was reported that reports were prepared most frequently in November and the spring season, and this was related to seasonal variability of the severity of psychiatric diseases and hormone levels (2). In the studies conducted in Sivas and Manisa provinces, it was reported that the referrals most frequently occurred in the summer months (9,11). Regional differences are observed in referral intensities among studies conducted in our country.

When the types of events were evaluated, it was found that battery occurred most frequently and this was followed by traffic accidents; these findings were compatible with other studies (3,7,12). In the study conducted by Ketenci et al., it was stated that attitudes of the society towards violence should be changed positively, education should be provided to individuals prone to violence, and psychosocial support should be provided to victims of violence in order to remove all individuals in the society from the environment of violence (2). In contrast to our study, it was reported that traffic accidents and battery were observed most frequently, respectively, in some studies conducted in our country (4,9,13). The common aspect of all the studies mentioned is the fact that battery occurred with the highest rate among intentional actions and traffic accidents occurred with the highest rate among accidents.

The finding that SOI, MA, FI, work accidents occurred with higher rates in male cases and poisonings occurred with higher rates in female cases, was found to be compatible with studies in which types of incidents were evaluated separately (3, 14-17). When the type of event - age groups data were compared and evaluated, it was observed that injuries due to accidents occurred with a higher rate in childhood and old age, and intentional injuries occurred with a higher rate in adulthood. This finding was observed to be similar to the studies in the literature (14-21). In the studies conducted by Turkoglu et al., it was stated that the incidents caused by accidents were generally preventable and preventive measures should be taken especially for the elderly and children because accidents occurred more frequently in these age groups, appropriate planning should be made and education should be given to families (18,19). In the study conducted by Yapıcı and Gamsiz Bilgin, it was stated that examining the types of incidents varying by gender and age group and taking necessary precautions, were important in terms of public health (20).

The finding that trauma caused life threat in 14.5% of the cases in our study, was found to be similar to the study conducted by Guven et al. (17.4%) (4). Akbaba and Ulucay showed that the rate of life threat was found to be higher (25.5% - 30.0%), while Cakir and Senol showed it to be lower (2.4%) (8,9,12). While the risk of life threat was lower in cases of battery and poisoning compared to other causes, it was found to be high in cases of exposure to electric current, fall, FI, and motorcycle accidents, respectively, and more serious injuries occurred in these cases. Similarly, electric shock and falling from height

in the study conducted in Diyarbakir province and SOI and FI, respectively, in the study conducted in Gaziantep province, were found to be the incident types that caused life threat with the highest rate (8,10). It was thought that sociocultural and economic differences between regions influenced the types of crimes committed in our country.

It was found that injuries were not mild enough to be treated with SMI in 54.0% of the cases. Among the reasons for injuries for not being mild enough to be eliminated with SMI, the presence of bone fracture/fractures alone was found with the highest rate and nasal bone was the most commonly broken bone. These findings were compatible with similar study (12).

When the injured body areas were evaluated, it was observed that injuries occurred most commonly in the head and neck region and the extremities. These findings were similar to other studies (4,12). In the study conducted by Akbaba, the most common body region exposed to trauma was found to be the head and neck region in cases of battery similar to our study and this was followed by the extremities (8). In cases of traffic accidents, SOI and FI, however, the most common body region exposed to trauma was found to be the extremities and this was followed by the head-neck region. In our study, injury in the solely head region was observed with the highest rate (37.3%) among the cases which caused life threat (n = 177). Among the causes of life threat, cranial bone fracture/fractures were observed most frequently (n = 25). This situation was thought to be an expected outcome of the fact that head - neck injuries occurred most frequently in our study.

It was found that PW or LF occurred in 1.8% of the cases and PFS developed in 1.0% of the cases. In the study conducted by Tıraşçı, PW or LF was reported in 5.8% of the cases; and PFS was reported in 2.9% of the cases (10). In the study conducted by Güven, PW or LF was reported in 6.1% of the cases and PFS was reported in 2.6% of the cases (4). In terms of these two data, our study is limited, because it involves two-year cross-sectional data.

CONCLUSION

Defining the characteristics of forensic cases in our region is important in taking precautions to reduce forensic cases. In this study, it was observed that the cases were generally male and young adults. It was found that forensic events were generally battery and traffic accidents. For reducing rates of battery incidents, individuals' attitudes towards violence should be modified positively, education should be given to individuals who are prone to violence and psychosocial support should be provided to victims of violence. It is known that critical researches have been carried out to reduce traffic accidents in our country. When the studies in the literature are examined, it can be observed that the desired levels have still not been reached, though there is a reduction in the rates of cases caused by traffic accidents. It was thought that individuals should be given a serious traffic education starting from the primary

school period. Finally, preventive measures should be taken for accidental events that occur in childhood and old age.

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