LA-156

V0130

FBI - CENTRAL RECORDS CENTER

LA - LOS ANGELES

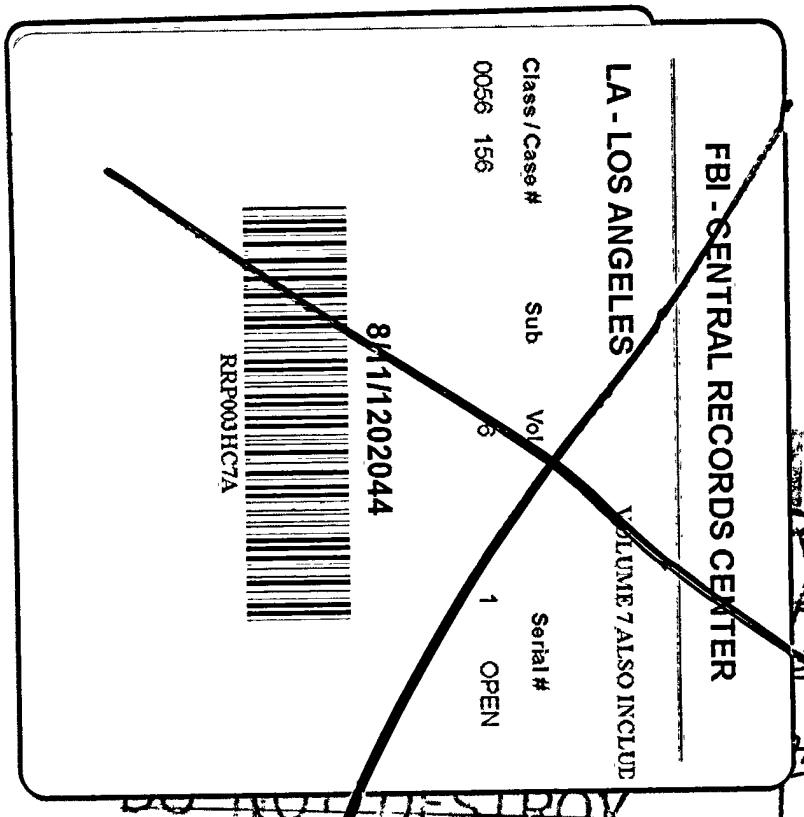
ASSASSINATION REPORT/PARTS

Class / Case #	Sub	Vol.	Serial #
0056 156		3	06/1968 02/1969

8/11/1202044

RRP003HC7A

REDDIN REPORT



IPA
ROY BY
ATION 277
320-8567
217
rod
115
2279
67
DO NOT DESTROY
PRESERVE FOR SELECT
COMMITTEE ON ATIONS

89-136
~~56-156~~
Vol. 6 VI, 7 VII

X DO NOT DESTROY
PRESERVE FOR SELECT
COMMITTEE ON ASSASSINATIONS

FD - 245 (REV. 4-13-60)

U. S. Department of Justice

(MATERIAL MUST NOT BE REMOVED FROM OR ADDED TO THIS FILE)

CLASSIFICATION NO.

FEDERAL BUREAU

of

INVESTIGATION

Bureau File Number

Volume Number

Serials

See also Nos.

MAW-WALKER 18-31713

An INVESTIGATION SUMMARY of the SENATOR ROBERT F. KENNEDY ASSASSINATION

June 5, 1968

89-156

VOLUME VI APPENDIX – Pages 722-851
DETECTIVE BUREAU – LOS ANGELES POLICE DEPARTMENT

An INVESTIGATION SUMMARY of the SENATOR ROBERT F. KENNEDY ASSASSINATION

The FINAL REPORT February 1969

SPECIAL UNIT SENATOR
DETECTIVE BUREAU – LOS ANGELES POLICE DEPARTMENT

APPENDIXES

CONTENTS

VOLUME VI

Page

VOLUME VII

VOLUME VIII

VOLUME IX

VOLUME VI

SENATOR ROBERT F. KENNEDY - REPORTS

Los Angeles Police Department

MISCELLANEOUS COMPLAINT OR CRIME REPORT

CONFIDENTIAL

SHOTS FIRED

WEAPON, FORCE OR MEANS USED (Describe cal., type, etc.): .22 Caliber Revolver	VICTIM'S NAME (Last-first-middle, Firm name if business): 1. KENNEDY, Robert Francis; 2. --
	DR: 68-521 466
	TYPE (Mur-Stat, Rape-Bmt., etc.): Attempt Murder
APPARENT MOTIVE: Unk.	LOCATION OF OCCURRENCE: 3400 Wilshire Blvd.
	REPORTING DIST.: 251
NO. OF SUSPECTS - SEX, DESCENT: M, Latin	DATE AND TIME OCCURRED: 6-5-68 12:15am
	DATE AND TIME REPORTED TO P.D.: 6-5-68 1:15am
TRADEMARKS OF SUSPECT(S) (Actions or conversation): Shot six victs in rapid succession	TYPE OF PREMISES: Ambassador Hotel
	INVESTIGATIVE DIVISION(S) OR UNIT(S) NOTIFIED AND PERSON(S) CONTACTED: Melendres, Patchett, MacArthur, Rampart Dets.
VEHICLE USED BY SUSPECT(S) (Yr-make-body-col-lic. no. & I.D.): --	LIST ANY CONNECTING RPT(S), BY TYPE AND D R NO.: Six Crime Rpt Under Above DR
	VICTIM'S COND. (Hsp, Normal, etc.): Normal

CODE: V-VICTIM R-PERSON REPORTING CRIME W-WITNESS.

VICTIM'S OCCUPATION - SEX - DESCENT - DATE OF BIRTH	CODE	RESIDENCE ADDRESS (Bus. add. if firm) CITY	RES. PHONE	X	BUS. PHONE	X
U.S. Senator, M-Cauc	V	Ambassador Hotel	Unk		Unk	
NAME: Greir, Roosevelt	W-1	Ambassador Hotel	Unk		Unk	
Johnson, Rafer	W-2	" "	"		"	

IDENTIFY SUSPECT(S) BY NO. (Name-address-sex-descent-age-ht-wt-hair-eyes-complexion-clothing-identifying characteristics. If arrested, include bkg. no. & charge.)

1. John Doe, Trans, M, Latin, Approx 25, 5-3, 140, Blk, Brn,

2. Bk'd 217 PC, Bkg #495 139

(1) IDENTIFY ADDITIONAL SUSPECT(S). (2) RECONSTRUCT THE CRIME. (3) DESCRIBE PHYSICAL EVIDENCE, LOCATION FOUND, AND GIVE DISPOSITION. (4) SUMMARIZE OTHER DETAILS RELATING TO CRIME. (5) TIME AND LOCATION WHERE VICTIM/WITNESSES CAN BE CONTACTED BY DAY INVESTIGATORS IF NO AVAILABLE PHONE NUMBERS.

Investigation disclosed that the above Vict #1, had just completed a Political speech, and had exited Ballroom through kitchen area, when the above susp suddenly appeared. Susp using a .22 Caliber Revolver, fired approx. eight shots in rapid succession. Two of shots fired struck Vict #1, behind the right ear and left shoulder. Susp was apprehended at scene by W-1, and disarmed by W-2.

Vict #2: SCHRADE, Paul - Scalp Wound (Gun shot)
Vict #3: STROLL, Irwin - Shot in foot
Vict #4: WEISEL - Shot in left side
Vict #5: EVANS, Elizabeth - Gunshot scalp wound.
Vict #6: GOLDSTEIN, Ira - Shot in ankle.

CRIME CLEARED BY ARREST ☐ YES ☒ NO

If additional space is required, use Continuation Sheet, Form 15.9.

SUPERVISOR APPROVING / SERIAL NO.	INTERVIEWING OFFICER(S) - SER. NO. - DIV. - DET'L.	PERSON REPORTING CRIME (Signature)
S/Lt. C.F. Hughes		X Unable
DATE & TIME REPRODUCED - DIVISION - CLERK: 6-5-68 615a (2) hl	George Renty 7956 Ramp Dets	CLEARED BY MULTIPLE / FOLLOW-UP: DR

Form 3.10 (Rev. Dec. 1967) MISCELLANEOUS COMPLAINT OR CRIME REPORT INDEXED CHECKED

Form RH 345—4M Bks.—8-66 (N-15)

1. (YELLOW)—Permanent
2. (PINK)—Hospital/Treatment Room
3. (WHITE)—Cashier

A

City of Los Angeles

AMBULANCE CALL RECORD

DATE	DIVISION
6-5-68	G-18

LOCATION

Ambassador Hotel

TIME RECEIVED	AT LOCATION	COMPLETED	CLEARED	AT STATION
12 17 am	12 22 am			

NAME (Last) (First) (Initial)

Kennedy, Senator

ADDRESS CITY

Ambassador Hotel

PHONE	M S W D	SEX	AGE	DESCENT

EMPLOYER	EMPLOYER'S ADDRESS

INSURANCE COMPANY	MEMBER/CERTIFICATE NO.	GROUP NO.

STATE CASE NO.	PERS. NO.	MEDICARE I.D. NO.

CAUSE OF INJURY

Shooting

FINDINGS; TREATMENT AND/OR ADVICE

Bullet wound rear head
& shoulder

6 A.M. TO 6 P.M. ☐
6 P.M. TO 6 A.M. ☐
OXYGEN ☐ CHARGE $_____

DISPOSITION

C.R.H.

DRIVER	ATTENDANT
Hulsman	Behrman

WITNESS:

Wife here

REFUSED TREATMENT ☐ TREATED AT SCENE ONLY ☐

I hereby authorize the Superintendent Receiving Hospital or his authorized representative to furnish information to insurance carriers concerning this illness and I hereby irrevocably assign to said Superintendent or representative all payments for services rendered.

SIGNATURE OF PATIENT OR RESPONSIBLE PARTY

_____

618872

CITY OF LOS ANGELES — RECEIVING HOSPITAL
MEDICAL TREATMENT RECORD

CENTRAL RECEIVING HOSP.

IN 1968 June 5th 12:30 AM - 1968 June 5 12:55 AM OUT

NAME (Last, First, Middle)	ADDRESS	CITY	ZIP
Kennedy, Robert F.		New York-Washington	

PHONE NUMBER	SEX	RACE	BIRTHDATE	AGE	BIRTHPLACE	(M)S W.D.	OCCUPATION
	M	Cauc					Senator

ACCIDENT LOCATION	ACCIDENT (Date and Time)	EMPLOYER
Ambassador Hotel		

STATEMENT OF ACCIDENT	EMPLOYER'S ADDRESS
Shooting	

HOW ENTERED? ☐ WALKED ☐ WHEELCHAIR ☒ STRETCHER ☐ CARRIED IN ☒ CITY AMBULANCE ☐ PRIVATE AMBULANCE ☐ PRIVATE CAR ☐ POLICE CAR	BROUGHT IN BY		EMPLOYER'S PHONE
	G-18	Hulsman Behrman	

REMARKS

Priest here and last rites given

Wife here with patient

Treatment

HOW LEFT HOSPITAL ☐ WHEELCHAIR ☐ WALKED ☐ CARRIED Stretcher	AMBULANCE G-16	CALLED BY	WHERE TAKEN Room #2 Good Samaritan
RELATIVES OR FRIENDS NOTIFIED ☐ YES ☐ NO	BY WHOM	ACCOMPANIED BY Stat Code 3 Dr. Holt accompanied patient	
INDUSTRIAL INJURY ☐ YES ☐ NO	INSURANCE CARRIER G-16 VanNess and Nine	SOCIAL SECURITY NO. — —	
IS PATIENT INSURED? ☐ YES ☐ NO	SPECIFY TYPE (Blue Cross, Kaiser, CPS)	MEMBER NUMBER	GROUP NUMBER / CODE/SCHED.
NAME OF SUBSCRIBER:	SURGEON ON DUTY Bazilauskas - Holt	NURSE ON DUTY Eby-Nelson-Mejia-Lightsey No property check	

RH 340—3-67

CLINICAL RECORD

WAS PATIENT ABLE TO ANSWER QUESTIONS INTELLIGENTLY? ☐ YES ☐ NO	Blood Pressure		EMERGENCY CARE:	TOTAL CHARGES	Statement/Receipt No.
--------	0/0			$ No Charge	
WAS PATIENT UNDRESSED? ☒ COMPLETELY ☐ PARTIALLY	Pulse	Temperature	Treatment ☒ Tetanus ☐		Ambulance Call Record No.

Opinion and/or Findings:

Comatose weak thready pulse in extremis
Bullet wound right mastoid area with swelling
Responded with heart beat and breathing with external
cardiac massage and heart-lung machine. Sounds good quality
later deep tendon reflexes normal, elevated knees, pupils 3.5-4 millimeters
round, regular and equal. Rigidity began
with quivering and tremors.

Treatment and Advice:

Cardiac massage/ Adrenalin 1 cubic centimeter intramusculary now. Oxygen
airway weak, heart lung machine, cut down Dextran 6% intravenously cut
down - immediately to Good Samaritan with Dr. Holt and oxygen and so forth.
Blood drawn for type and cross matching. Serum to piggy back.

Narcotic Admin.	Time/By	Repeat/By	Condition on Discharge
Intracardiac adrenalin			Critical

Surgeon's Signature	Patient's Signature if Complete Exam Refused
V.F. Bazilauskas	Action lower extremities left foot more so than right

618872

CITY OF LOS ANGELES — RECEIVING HOSPITAL
MEDICAL TREATMENT RECORD

CENTRAL RECEIVING HOSP.

IN 1968 June 5th 12:30 AM

OUT 1968 June 5th 12:55 AM

NAME (Last, First, Middle)	ADDRESS	CITY	ZIP
Kennedy, Robert F.		Washington	D.C.

PHONE NUMBER	SEX	RACE	BIRTHDATE	AGE	BIRTHPLACE	S.W.D.	OCCUPATION
	(M) F						Senator

ACCIDENT LOCATION	ACCIDENT (Date and Time)	EMPLOYER
Ambassador Hotel		

STATEMENT OF ACCIDENT	EMPLOYER'S ADDRESS
Shooting	

HOW ENTERED	BROUGHT IN BY	EMPLOYER'S PHONE
☐ WALKED ☐ WHEELCHAIR ☒ STRETCHER ☐ CARRIED IN ☐ POLICE CAR ☒ CITY AMBULANCE ☐ PRIVATE AMBULANCE ☐ PRIVATE CAR	G-18 Hulsman Behrman	

REMARKS: This is a duplicate record - E. Beaver, R.N.

Wife here with patient

Priest here and last rites given

HOW LEFT HOSPITAL	AMBULANCE	CALLED BY	WHERE TAKEN
☐ WHEELCHAIR ☐ WALKED ☐ CARRIED	G-16 Stretcher		Betty Eby, R.N. Good Samaritan Hosp #2 Code 3 Stat

RELATIVES OR FRIENDS NOTIFIED	BY WHOM	ACCOMPANIED BY
☐ YES ☐ NO		G-16 VanNess-Nine Dr. Holt also accompani

INDUSTRIAL INJURY	INSURANCE CARRIER	SOCIAL SECURITY NO.
☐ YES ☐ NO		— —

IS PATIENT INSURED?	SPECIFY TYPE (Blue Cross, Kaiser, CPS)	MEMBER NUMBER	GROUP NUMBER	CODE/SCHED.
☐ YES ☐ NO				

NAME OF SUBSCRIBER:	SURGEON ON DUTY	NURSE ON DUTY
	Baz and Holt	Eby-Nelson-Mejia-Lightsey

No property check

RH 340—5-67

CLINICAL RECORD

WAS PATIENT ABLE TO ANSWER QUESTIONS INTELLIGENTLY? ☐ YES ☐ NO	Blood Pressure	EMERGENCY CARE:	TOTAL CHARGES	Statement/Receipt No.
Comatose	at 12:45 0/0 ? 150/90		$	
WAS PATIENT UNDRESSED? ☒ COMPLETELY ☐ PARTIALLY	Pulse / Temperature	Treatment ☐ Tetanus ☐		Ambulance Call Record No. B20588

Opinion and/or Findings:

In extremis - barely perceptible pulse weak pupil 3-4 millimeters round regular and equal. Vital signs almost absent. Heart not heard - not breathing - Immediate closed cardiac massage and so forth. Bullet wound right mastoid area with swelling, bleeding right ear - Responded to treatment with heart beat good quality and spontaneous breathing. No response sensorially.

Treatment and Advice:

Adrenalin one cubic centimeter intramuscularly immediately Oxygen heart lung machine cut down intravenous Dextran 6% 500 milliliters Immediately Good Samaritan with Dr. Holt Blood drawn match and cross match Serum to intravenous polysporin ointment, eyes

Narcotic Admin.	Time/By	Repeat/By	Condition on Discharge
			Critical quivering

Surgeon's Signature	Patient's Signature if Complete Exam Refused
V.F. Bazilauskas	Action lower extremities on leaving - left foot more so

Addendum to Robert F. Kennedy Card #618872

CITY OF LOS ANGELES — RECEIVING HOSPITAL
MEDICAL TREATMENT RECORD

CENTRAL RECEIVING HOSP.

NAME (Last, First, Middle) | ADDRESS | CITY | ZIP

PHONE NUMBER | SEX M. F. | RACE | BIRTHDATE | AGE | BIRTHPLACE | M.S.W.D. | OCCUPATION

ACCIDENT LOCATION | ACCIDENT (Date and Time) | EMPLOYER

STATEMENT OF ACCIDENT | EMPLOYER'S ADDRESS

HOW ENTERED? ☐ WALKED ☐ WHEELCHAIR ☐ STRETCHER ☐ CARRIED IN | BROUGHT IN BY | EMPLOYER'S PHONE

☐ CITY AMBULANCE ☐ PRIVATE AMBULANCE ☐ PRIVATE CAR ☐ POLICE CAR

REMARKS

IN

June 7 10:40 AM '68

OUT

HOW LEFT HOSPITAL ☐ WHEELCHAIR ☐ WALKED ☐ CARRIED | AMBULANCE | CALLED BY | WHERE TAKEN

RELATIVES OR FRIENDS NOTIFIED ☐ YES ☐ NO | BY WHOM | ACCOMPANIED BY

INDUSTRIAL INJURY ☐ YES ☐ NO | INSURANCE CARRIER | SOCIAL SECURITY NO. — —

IS PATIENT INSURED? ☐ YES ☐ NO | SPECIFY TYPE (Blue Cross, Kaiser, CPS) | MEMBER NUMBER | GROUP NUMBER | CODE/SCHED.

NAME OF SUBSCRIBER: | SURGEON ON DUTY | NURSE ON DUTY: Johnson/Stickles

RH 340—3-67

CLINICAL RECORD

WAS PATIENT ABLE TO ANSWER QUESTIONS INTELLIGENTLY? ☐ YES ☐ NO | Blood Pressure | EMERGENCY CARE: | TOTAL CHARGES $ | Statement/Receipt No.

WAS PATIENT UNDRESSED? ☐ COMPLETELY ☐ PARTIALLY | Pulse | Temperature | Treatment ☐ Tetanus ☐ | Ambulance Call Record No.

Opinion and/or Findings:

Addendum to R.F. Kennedy medical treatment clinical record

Right shoulder had bullet wound approximately .7 centimeter anteriorly shoulder function smooth and full range. No crepitus palpable small lump near midline neck posteriorly.

Treatment and Advice:

Inclusion of this less significant wounding was overlooked in write-up

To be added to previous records.

Narcotic Admin. | Time/By | Repeat/By | Condition on Discharge

Surgeon's Signature: Bazilauskas | Patient's Signature if Complete Exam Refused

Los Angeles Police Department

SHOTS FIRED

DEATH REPORT

DESCRIPTION OF DECEASED	SEX	DESCENT	AGE	HEIGHT
	M	Cauc	42	5-10

WEIGHT	HAIR	EYES	BUILD	COMPLEXION
160	Brn	Grn	Med	Med

IDENTIFYING MARKS AND CHARACTERISTICS: --

CLOTHING AND JEWELRY WORN: None

DECEASED RESIDENCE ADDRESS: 3400 Wilshire Blvd., L.A.

DECEASED BUSINESS ADDRESS: --

NAME OF DECEASED (Last-first-middle): KENNEDY, Robert F.

DR 68-521 466

LOCATION OF OCCURRENCE: 1212 Shatto Pl. L.A.

RPT. DIST.: 248 TYPE (Hm.-nat.-hom.): Homicide

LOCATION OF ORIGINAL ILLNESS OR INJURY: 3400 Wilshire Blvd.

RPT. DIST.: 251 TYPE ORIG. REPORT: Att Murder

DATE/TIME DECEASED DISCOVERED: --

DATE/TIME DEATH OCCURRED: 6/6/68 1:44am

DATE/TIME RPTD. TO P.D.: 6/6/68 1:45am

DATE/TIME ORIGINAL ILL/INJ.: 6/5/68 12:15am

OCCUPATION OF DECEASED: U.S. Senator

RELATIVES NOTIFIED BY: At Scene

REMOVED TO (Address): Boston, Mass.

REMOVED BY (Unit/Indiv.): Wife

PROBABLE CAUSE OF DEATH: Gun Shot

REASON (Quarrel-illness-revenge, etc.): Unk.

INVESTIGATIVE DIVISION(S) OR UNIT(S) NOTIFIED AND PERSON(S) CONTACTED: Rampart Det - Jordan

CODE: R-PERSON REPORTING DEATH D-PERSON DISCOVERING DECEASED I-PERSON IDENTIFYING DECEASED W-WITNESS

NEAREST RELATIVE — RELATIONSHIP	CODE	RESIDENCE ADDRESS — CITY	RES. PHONE	X	BUS. PHONE	X
KENNEDY, Ethel (Wife)	I	3400 Wilshire Blvd., L.A.	--		--	
NAME						

DOCTOR IN ATTENDANCE: Henry Cuneo

BUSINESS ADDRESS: 1212 Shatto Pl., L.A.

(1) RECONSTRUCT THE CIRCUMSTANCES SURROUNDING THE DEATH. (2) DESCRIBE PHYSICAL EVIDENCE, LOCATION FOUND AND GIVE DISPOSITION.

R/O responded to Good Samaritan Hospital on 6-6-68 at approx. 2 a.m. in regards to the death of Robert F. Kennedy. The dec. was in the hospital receiving treatment of gunshot wounds. The dec. was pronounced dead at 1:44 am. 6-6-68 by Dr. Henry Cuneo, staff doctor at the hospital.

Dr. Thomas Noguchi, Chief medical examiner at scene and conducted post mortem.

CORONERS CSE. #68-5731

additional space is required, use Continuation Sheet, Form 15.9

SUPERVISOR APPROVING — SERIAL NO.	INTERVIEWING OFFICER(S) — SER. NO. — DIV. — DET.	PERSON REPORTING DEATH (Signature)
S/Sgt. W. Jordan 7167	D. R. Stewart 7607 Hwd Det	X
DATE & TIME REPRODUCED - DIVISION - CLERK	W. Jordan 7167 Ramp.	INDEXED / CHECKED
6-6-68 7a (2) pau		

Form 3.11 (Rev. Jan. '62) DEATH REPORT

Los Angeles Police Department

MISCELLANEOUS COMPLAINT OR CRIME REPORT

WEAPON, FORCE OR MEANS USED (Describe cal., type, etc.): SHOTS FIRED .22 Cal. Revolver

APPARENT MOTIVE: Unk.

NO. OF SUSPECTS - SEX, DESCENT: 1 - M - Lat.

TRADEMARKS OF SUSPECT(S) (Actions or conversation): Shot vict. two times, as he left ballroom at the hotel

VEHICLE USED BY SUSPECT(S) (Yr-make-body-col-lic. no. & I.D.):

VICTIM'S NAME (Last-first-middle. If firm name of business): 1. KENNEDY, Robert Francis

2.

DR: 68-521 466

TYPE (Mur-Stat., Rape-Batt., etc.): Murder

LOCATION OF OCCURRENCE: 3400 Wilshire Blvd.

REPORTING DIST.: 251

DATE AND TIME OCCURRED: 6-6-68 144am

DATE AND TIME REPORTED TO P.D.: 6-6-68 144am

TYPE OF PREMISES: Ambassador Hotel

INVESTIGATIVE DIVISION(S) OR UNIT(S) NOTIFIED AND PERSON(S) CONTACTED: None

LIST ANY CONNECTING RPT(S), BY TYPE AND D R NO.: 5 Attempt Mur. Rpt's 68-521466

VICTIM'S COND. (HBD, NORMAL, ETC.): Normal

CODE: V-VICTIM R-PERSON REPORTING CRIME W-WITNESS

VICTIM'S OCCUPATION - SEX - DESCENT - DATE OF BIRTH	CODE	RESIDENCE ADDRESS (Bus. add. if firm) CITY	RES. PHONE	X	BUS. PHONE	X
U.S. Senator. M/Cauc 42yrs	V	3400 Wilshire Blvd. L.A.	--		--	
NAME						
Greir, Roosevelt	W-1	3400 Wilshire Blvd. L.A.	--		--	
Johnson, Rafer	W-2	" " " "	--		--	

IDENTIFY SUSPECT(S) BY NO. (Name-address-sex-descent-age-ht-wt-hair-eyes-complexion-clothing-identifying characteristics. If arrested, include blg. no. & charge)

1. SIRHAN, Sirhan Bishara, M/Jordanian, 3-19-44, 5'2, 115, Blk, Brn,

2. 696 Howard St., Pasadena

(1) IDENTIFY ADDITIONAL SUSPECT(S). (2) RECONSTRUCT THE CRIME. (3) DESCRIBE PHYSICAL EVIDENCE, LOCATION FOUND, AND GIVE DISPOSITION. (4) SUMMARIZE OTHER DETAILS RELATING TO CRIME. (5) TIME AND LOCATION WHERE VICTIM/WITNESSES CAN BE CONTACTED BY DAY INVESTIGATORS IF NO AVAILABLE PHONE NUMBERS.

Vict had just completed a political speech and was leaving the ballroom at the Ambassador Hotel. By way of a hallway through the kitchen area. The above suspect was waiting in the kitchen area. As Vict and other persons approached through the hallway, suspect fired eight shots in rapid succession two of the shots fired struck vict. One in the head near the right ear, the other in the left shoulder. Vict was taken to Central Receiving Hospital by ambulance, emergency treatment was given by doctors at Cent. Rec. Hosp. Vict. was then transfered to Good Samaritan, for further treatment. Vict passed away at Good Samaritan Hosp. at approx. 1:44 a.m., 6-6-68. As a result of gun shot wounds, sustained as above. (Dr. present at time of death, Henry Cuneo, staff doctor at Good Samaritan Hospital.)

CRIME CLEARED BY ARREST [X] YES [ ] NO

If additional space is required, use Continuation Sheet, Form 15.9

SUPERVISOR APPROVING: S/Sgt. J. P. Malick SERIAL NO.: 3535

INTERVIEWING OFFICER(S) - SER. NO. - DIV. - DET.: C. D. White 7974

PERSON REPORTING CRIME (Signature): X

DATE & TIME REPRODUCED - DIVISION - CLERK: 6-6-68 615a (2) pal

Ramp Dets.

CLEARED BY MULTIPLE FOLLOW-UP: DR 616

Form 3.30 (Rev. Dec. 1967) MISCELLANEOUS COMPLAINT OR CRIME REPORT INDEXED CHECKED

7097-021978

CERTIFICATE OF DEATH

STATE FILE NUMBER — STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

Field	Entry
1a. Name of deceased—first name	Robert
1b. Middle name	Francis
1c. Last name	Kennedy
2a. Date of death—month, day, year	June 6, 1968
2b. Hour	1:44 AM
3. Sex	M
4. Color or race	White
5. Birthplace	Brookline, Mass
6. Date of birth	11/20/25
7. Age	42 years
8. Name and birthplace of father	Joseph P. Kennedy, Boston, Mass.
9. Maiden name and birthplace of mother	Rose Fitzgerald, Boston, Mass.
10. Citizen of what country	U.S.A.
11. Social security number	[redacted]9
12. Married, never married, widowed, divorced	married
13. Name of surviving spouse	Ethel Skakel
14. Last occupation	U.S. Senator
15. Number of years in this occupation	4 years
16. Name of last employing company or firm	United States Government
17. Kind of industry or business	Government

PLACE OF DEATH

Field	Entry
18a. Place of death—name of hospital or other in-patient facility	Good Samaritan Medical Center
18b. Street address	1212 Shatto Street
18c. Inside city corporate limits	yes
18d. City or town	Los Angeles
18e. County	Los Angeles
18f. Length of stay in county of death	10 days
18g. Length of stay in California	10 days

USUAL RESIDENCE

Field	Entry
19a. Usual residence—street address	870 United Nations Plaza
19b. Inside city corporate limits	yes
19c. City or town	New York
19d. County	New York
19e. State	New York
20. Name and mailing address of informant	Ethel S. Kennedy, Same as 19A

PHYSICIAN'S OR CORONER'S CERTIFICATION

Field	Entry
21a. Coroner	INVESTIGATION
21c. Coroner or physician—signature	Thomas T. Noguchi, Chief Medical Examiner—Coroner; June 6, 1968
21d. Address	Thomas T. Noguchi, Coroner—Los Angeles County, Los Angeles, California

FUNERAL DIRECTOR AND LOCAL REGISTRAR

Field	Entry
22a. Specify burial, entombment or cremation	Burial
22b. Date	6-8-68
23. Name of cemetery or crematory	Arlington Natl. Cem.
24. Embalmer—signature	[illegible]
25. Name of funeral director	[illegible]
27. Local registrar—signature	[illegible]
28. Date accepted for registration by local registrar	JUN 6 1968

MEDICAL AND HEALTH DATA — CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(A) GUNSHOT WOUND OF RIGHT MASTOID PENETRATING BRAIN

DUE TO OR AS A CONSEQUENCE OF (B)

DUE TO OR AS A CONSEQUENCE OF (C)

30. PART II. OTHER SIGNIFICANT CONDITIONS

31. Operation: OPERATION — 32a. YES — 32b. YES

INJURY INFORMATION

Field	Entry
33. Specify accident, suicide or homicide	HOMICIDE
34. Place of injury	HOTEL
35. Injury at work	NO
36a. Date of injury	JUNE 5, 1968
36b. Hour	12:15 A.M.
37a. Place of injury	3400 WILSHIRE BLVD., LOS ANGELES
37b. Distance from place of injury to residence	3000 miles
38.	NO
39.	NO
40. Describe how injury occurred	SHOT BY KNOWN PERSON

STATE REGISTRAR A. B. C. D. E. F. X

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE LOS ANGELES COUNTY HEALTH DEPARTMENT IF IT BEARS THE SEAL IMPRINTED IN PURPLE INK.

JUN 6 1968

[signature]

☐ SUPPLEMENTAL ☒ MULTIPLE

Los Angeles Police Department
FOLLOW-UP REPORT

BKG. NO. (Suppl. to 5 2): | DR NO.: 68-521 466

TYPE OF ORIGINAL REPORT: ASSAULT WITH INTENT TO COMMIT MURDER

CONNECTING REPORTS (By type and DR No.): SEE BELOW

VICTIM (Last name, if Suppl. to 5 2):

DATE ORIGINAL REPORT: June 5, 1968

VICE LOCATION:

RPTG. DIST.: 251

DATE THIS REPORT: April 7, 1969

CHANGE OF PROPERTY DESCRIPTION OR SERIAL NUMBER: ☒ NO ☐ YES (Describe below)

CHANGE OF M.O.: ☒ NO ☐ YES (Describe below)

PROPERTY: ☐ PARTIAL RECOVERY ☐ TOTAL RECOVERY ☐ ADDITIONAL LOSS REPORTED ☐ CHANGE OF VALUE

CASE STATUS: ☒ CLEARED BY ARREST ☐ CLEARED OTHER ☐ REPORT UNFOUNDED ☐ INVESTIGATION CONTINUED

RECLASSIFY TO:

SUSPECT(S) | LA OR "J" NO. (OR "NONE") | SEX | DESC. | AGE | HGT. | WGT. | HAIR | EYES | ACTION TAKEN (INDICATE IF NOT ARRESTED)

SIRHAN, Sirhan Bishara | 901 375-S | M. | Cauc. | 25 | 5'2", 115, | Blk, | Brn. | 1 Count 187PC (Murder)
5 Counts 217PC (Assault With Intent to Commit Murder).

(1) EXPLAIN INVESTIGATION PROGRESS AND STATUS. (2) GIVE REASONS FOR NOT INTERVIEWING VICTIM OR WITNESSES LISTED IN CRIME REPORT. (3) DESCRIBE ADDITIONAL PROPERTY LOSS ITEMS COMPLETELY—CONTINUE ITEM NUMBER SEQUENCE STARTED IN ORIGINAL REPORT. (4) IDENTIFY PARTIAL RECOVERIES—ITEM NUMBER AND VALUE AS ORIGINALLY REPORTED. (5) REPORT ALL CHANGES TO, OR ADDITIONAL INFORMATION ON, PROPERTY DESCRIPTIONS, SERIAL NUMBERS AND INSCRIPTIONS—LIST ITEM NUMBER, NAME OF ITEM, AND ADDITIONAL OR CORRECTING INFORMATION. (6) LIST NAME, RES. ADD., RES. PHONE, AND BUS PHONE OF PERSONS REPORTING OR ADDITIONAL PERSONS INTERVIEWED.

ITEM NO.	MULTIPLE REPORT: DR NO.	TYPE CRIME	RPTG. DIST.	VICTIM'S NAME	DATE OCCUR.—VAL. RPTD. STOLEN—VAL. RECOV.
	68-521 466	187 P.C.	251	KENNEDY, Robert F.	June 6, 1968
	68-521 466	217 P.C.	251	KENNEDY, Robert F.	June 5, 1968
	68-521 466	217 P.C.	251	SCHRADE, Paul H.	June 5, 1968
	68-521 466	217 P.C.	251	STROLL, Irwin N.	June 5, 1968
	68-521 466	217 P.C.	251	WEISEL, William S.	June 5, 1968
	68-521 466	217 P.C.	251	GOLDSTEIN, Ira M.	June 5, 1968
	68-521 466	217 P.C.	251	EVANS, Elizabeth Y.	June 5, 1968

CONNECTING REPORTS:

One Murder, one Death, two Arrests (one arrest report listing defendant as "John Doe #1 and one listing his true name) twenty-two Evidence, one Impound and six 217 P.C. reports.

Defendant arrested at the scene of the crime, Ambassador Hotel. Defendant arraigned in Division #40 on six counts of 217 P.C. as "John Doe #1." One of the victims, Senator Robert F. Kennedy, died the following day as a

If additional space is required, use Continuation Sheet, Form 15.9

SUPERVISOR APPROVING: Lt. M. Nielsen | SERIAL NO. 7945 | ACCOUNTING OFFICER: Frank J. Patchett | SER. NO. 7872 | DIVISION: S.U.S. | PERSON REPORTING (Signature): Charles E. Collins #6207

DATE AND TIME REPRODUCED: 1-8-69 1345 | DIVISION: S.U.S. | CLERK: bju | Charles E. Collins 6207 S.U.S.

Form 3.14
REV. JUNE 1965

FOLLOW-UP REPORT

Los Angeles Police Department

CONTINUATION SHEET

ITEM NO.	QUAN.	PAGE NO.	TYPE OF REPORT	BOOKING NUMBER	DR NO.
		2.	ASSAULT WITH INTENT TO COMMIT MURDER		68-521 466

SERIAL NUMBERS

result of the injuries sustained. An indictment was returned by the Grand Jury and a warrant was issued charging the defendant with one count, 187 P.C. (Murder) and five counts of 217 P.C., (Assault with Intent to Commit Murder).

Form 15.9 (Rev. July '65)

CONTINUATION SHEET

LOS ANGELES COUNTY CORONER'S AUTOPSY REPORT

The following sixty-two pages are the Coroner's Medicolegal Investigation. The names and page numbers listed below are an index to that report.

MEDICOLEGAL INVESTIGATION

ON THE

DEATH OF

SENATOR ROBERT F. KENNEDY

THOMAS T. NOGUCHI, M. D.

DEPARTMENT OF CHIEF MEDICAL EXAMINER-CORONER
COUNTY OF LOS ANGELES

TABLE OF CONTENTS

REPORT ON THE MEDICOLEGAL INVESTIGATION OF SENATOR ROBERT F. KENNEDY

COUNTY OF LOS ANGELES
DEPARTMENT OF CHIEF MEDICAL EXAMINER – CORONER

HALL OF JUSTICE, LOS ANGELES, CALIFORNIA 90012
THOMAS T. NOGUCHI, M.D.
CHIEF MEDICAL EXAMINER-CORONER

File 68-5731

This is to certify that the autopsy on the body of Senator Robert F. Kennedy was performed at The Hospital of The Good Samaritan, Los Angeles, California, by the staff of the Department of Chief Medical Examiner-Coroner on June 6, 1968.

From the anatomic findings and pertinent history, I ascribe the death to:

GUNSHOT WOUND OF RIGHT MASTOID, PENETRATING BRAIN.

The detailed medical findings, opinions and conclusions required by Section 27491.4 of the Government Code of California are attached.

Thomas T. Noguchi, M.D.
Chief Medical Examiner-Coroner

TTN:etf

FINAL SUMMARY

GUNSHOT WOUND NO. 1 (FATAL GUNSHOT WOUND)

ENTRY: Right mastoid region.

COURSE: Skin of right mastoid region, right mastoid, petrous portion of right temporal bone, right temporal lobe, and right hemisphere of cerebellum.

EXIT: None.

DIRECTION: Right to left, slightly to front, upward.

BULLET RECOVERY: Fragments (see text).

LESIONS IN DETAIL (NEUROPATHOLOGY)

A. Primary lesions - Caused by the bullet and further injuries by bone and bullet fragments.

1. Bone, dura and dural sinus.

   a. Penetration of right mastoid process.
   b. Fracture of right petrous ridge.
   c. Severance of right petrosal sinus.
   d. Metal fragments in right temporal bone.

2. Cerebrum.

   a. Contusion-laceration and hemorrhage of right temporal lobe.
   b. Intraventricular hemorrhage due to above.
   c. Metal and bone fragments in right temporal lobe.

3. Cerebellum.

   a. Hemorrhagic tract and cavity in right cerebellar hemisphere.
   b. Metal and bone fragments in right cerebellar hemisphere.

B. Immediate Secondary Lesions.

1. Bone Lesion.

   a. Fracture of right supraorbital plate.

2. Meningeal Lesions.

   a. Subdural hemorrhage.
   b. Subarachnoid hemorrhage.
   c. Laceration of right supraorbital dura.

3. Cerebral Lesions.

   a. Contusion-laceration of right orbital gyri.
   b. Contusion-laceration of right occipital lobe.
   c. Contusion of contralateral (left) inferior temporal gyrus.

4. Cerebellum.

   a. Hemorrhagic necrosis of cerebellar tonsils.

5. Brain Stem.

   a. Hemorrhage in midbrain.
   b. Hemorrhagic necrosis of left inferior olive of medulla.

6. Epidural hemorrhage of C1 and C2 vertebral level.

C. Later Secondary Lesions.

1. Edema of brain and herniations.
2. Subdural hemorrhage.
3. Subarachnoid hemorrhage.
4. Intracerebral and intraventricular hemorrhage.
5. Hemorrhagic infarction of right temporal cortex.
6. Intracerebellar and intraventricular hemorrhage.
7. Petechial hemorrhages of thalami.
8. Brain stem hemorrhage and early necrosis.
9. Herniation of cerebellum through craniotomy wound.
10. Early laminar necrosis of occipital lobe.

GUNSHOT WOUND NO. 2, THROUGH-AND-THROUGH.

ENTRY: Right axillary region.

COURSE: Soft tissue of right axilla and right infraclavicular region.

ENTRY: Right infraclavicular region.

DIRECTION: Right to left, back to front, upward.

BULLET RECOVERY: None.

GUNSHOT WOUND NO. 3.

ENTRY:	Right axillary region (just below Gunshot Wound No. 2 entry).
COURSE:	Soft tissue of right axilla, soft tissue of right upper back to the level of the 6th cervical vertebra just beneath the skin.
EXIT:	None.
DIRECTION:	Right to left, back to front, upward.
BULLET RECOVERY:	.22 caliber bullet from the soft tissue of paracervical region at level of 6th cervical vertebra at 8:40 A.M., June 6, 1968.

EVIDENCE OF RECENT SURGICAL PROCEDURES.

1. Craniotomy, right temporal occipital.
2. Other, minor surgical procedures are described elsewhere.

PATHOLOGIC FINDINGS RELATED TO GUNSHOT WOUND NO. 1.

1. Hypostatic Pneumonia.

MISCELLANEOUS PATHOLOGIC FINDINGS NOT RELATED TO CAUSE OF DEATH.

1. Adenoma of left kidney (benign).
2. Retention cyst of left kidney.

DESCRIPTION OF GUNSHOT WOUNDS

GUNSHOT WOUND NO. 1:

The wound of entry, as designated by Maxwell M. Andler, Jr., M.D., Neurosurgeon attending the autopsy, and more or less evident by inspection of the apposed craniotomy incision, is centered 5 inches (12.7 cm) from the vertex, about 3/4 inch (1.9 cm) posterior to the center of the right external auditory meatus, about 3/4 inch (1.9 cm) superior to the Reid line, and 2-1/2 inches (6.4 cm) anterior to a coronal plane passing through the occipital protuberance at its scalp-covered aspect. The defect appears to have been about 3/16 inch (0.5 cm) in diameter at the skin surface. The surgical incision passing through the area of the wound of entry has been fashioned in a semilunar configuration with the concavity directed inferiorly and posteriorly. The incision has been intactly sutured by metallic and other material. The arc length is about 4 inches (10 cm).

Further detailed description of the area is given elsewhere in this report.

Varyingly moderate degrees of very recent hemorrhage are noted in the soft tissue inferior to the right mastoid region, extending medially as well. There is no hematoma in the soft tissue.

In conjunction with the wound of entry, the right external ear shows, on the posterior aspect of the helix, an irregularly fusiform zone of dark red and gray stippling about one inch (2.5 cm) in greatest dimension, along the posterior cartilaginous border and over a maximum width of about 1/4 inch (0.6 cm) at the midportion of the stippled zone. This widest zone of stippling is approximately along a radius originating from the wound of entry in the right mastoid region. Moderate edema and variable ecchymosis is present in the associated portions of right external ear as well.

No evidence of powder burn, tattoo, or stippling is found in the area surrounding the wound of entry of Gunshot Wound No.1, to include an arbitrary circular zone superimposed upon the above-described stippling on the right ear.

LESIONS IN DETAIL (NEUROPATHOLOGY)

A. Scalp and Cranium.

A U-shaped recent surgical wound is present over the right temporo-occipital region of the recently shaved scalp behind the right ear. Many wire sutures are in place. About 2 cm. above the tip of the mastoid process immediately behind the

pinna at about the level of the external auditory meatus, the anterior portion of the skin of the incision shows a semi-circular defect said to be a portion of the original bullet entrance wound (according to the surgeons who were present at the examination). After removing the wire sutures, the scalp is incised by the usual mastoid-to-mastoid incision across the vertex. The incision on the right is extended into the surgical incision mentioned above. After reflecting the scalp, dark red subcutaneous and subgaleal hemorrhages are found in the right temporo-occipital region overlying and around the wound and the surgical craniotomy over an area measuring 9.5 x 10 cm. The hemorrhage ranges up to 3 mm in thickness. The right temporal muscle shows a small amount of hemorrhage along its posterior aspect.

The bony defect of the cranium included the superior portions of the right mastoid process and the adjacent temporo-occipital bones in an irregularly oval area measuring 6 x 5 cm. Gelfoam and hemorrhagic material is removed from the craniotomy site.

A circumferential cut with three notches is made in the calvarium with a vibratory saw. The calvarium is removed from the underlying dura. There is no lesion in this portion of the cranium.

The bone surrounding the craniotomy is removed in a single piece, including the posterior half of the right external auditory canal. The bullet wound in the skull appears to be located with its anterior margin 1 cm posterior to the right external auditory meatus, 2 cm superior to the tip of the mastoid process; but the original configuration is obscured by the surgical enlargement and by the adjacent craniotomy. The surgical opening of the right temporo-occipital bone measures 6 cm anteroposteriorly and 5 cm supero-inferiorly. Burr holes, saw cuts, and rongeur cuts can be seen along the margins of the bone.

The bullet wound of the mastoid extends medially to the base of the petrous portion where there is a triangular defect with the base of the triangle corresponding to the petrous ridge and measuring 8 mm in width.

A curved fracture about 1 cm long is found in the central thinnest portion of the right supra-orbital plate with intra-orbital hemorrhage beneath it surrounding the right eye. A laceration of the dura and contusion of the right orbital gyri are located above the fracture.

B. Meninges, blood vessels and cranial nerves.

In the dorsolateral aspect of the subdural space there is a

film of blood up to 3 mm thick, covering the arachnoid over both posterior frontal and parieto-occipital regions and extending downward to, and in some places below the sylvian fissure bilaterally, slightly more on the left side than on the right. Similar blood clot is also found on the left middle fossa and in both posterior fossae, again more on the left side. A small amount of blood clot, about 2 cc, is found between the cerebral hemispheres just dorsal to the midbrain.

Rather diffuse subarachnoid hemorrhage is present over the parieto-occipital regions, over the dorsal and right side of the cerebellum and also over the ventral surface of the pons and medulla. All of this, however, is quite slight and the blood clot does not obscure the underlying structures.

Epidural hemorrhages are found in the following three locations:

1. Adjacent to the craniotomy defect of the right temporo-occipital region. This is minimal and extends not more than 1 cm from the surgical incision and it is less than 1 mm in thickness.

2. Above the right supraorbital plate where the fracture is present as described above. This is deemed minimal and less than 1 mm in thickness covering an area 1.5 x 1 cm.

3. Epidural hemorrhage measuring 2 cm longitudinally and 1 cm transversely is found in the dorsal aspect of the epidural space at C1 and C2 vertebral levels.

The dorsal veins which empty into the superior saggital sinus are inspected but they reveal no evidence of the source of subdural hemorrhage.

The right superior petrosal sinus is severed for a distance of 8 mm corresponding to the defect of the petrous ridge mentioned above. The remainder of this sinus adjacent to the defect has been cauterized. The tentorium which has its attachment to the right petrous ridge is lacerated where the bony defect is present. This laceration of the dura is continued laterally and communicates with the surgical defect which measures 4.5 x 2.0 cm just anterior to the right sigmoid sinus and above the transverse sinus beneath the craniotomy opening. A second surgical defect is present on the dura posterior to the sigmoid sinus and inferior to the transverse sinus and this measures 3 x 2 cm. There are areas of brownish discoloration and a minimal amount of blood clot is scattered along the margins of these dural openings.

The lateral portion of the transverse sinus and the sigmoid sinus thus transverse the craniotomy defect horizontally through its posterior portion and vertically through its inferior portion.

The tentorium cerebelli shows no defects in its central portions.

The dura was lacerated over a small area over the right supra-orbital plate where a curved fracture was present as mentioned above.

The superior saggital sinus, left transverse sinus, left sigmoid sinus and cavernous sinuses are inspected and reveal no evidence of thrombosis or laceration. The right transverse and sigmoid sinuses do not appear to be damaged in spite of their proximity to the dural openings anterior and posterior to it, but cautery marks are on and close to these sinuses which contain dark red blood clot.

Examination of the arteries of the brain stem and cerebellum reveals a right vertebral artery that is smaller than the left. The basilar artery measures 3 mm in diameter and is slightly tortuous. The anterior inferior cerebellar arteries and the posterior inferior cerebellar arteries have a normal distribution and show no evidence of traumatic injury. The left superior cerebellar artery is intact. The right superior cerebellar artery is intact throughout its main trunk but several of its superficial branches are involved in the cortical contusion and laceration of the cerebellum and many of its deeper branches have been damaged by the penetrating bullet and bone fragments.

All of the remaining blood vessels of the brain stem, cerebellum and cerebral hemispheres have normal distribution and show very slight atherosclerosis. There is no evidence of injury except for the areas of contusions and lacerations.

The cranial nerves are all intact.

C. Cerebrum.

Slight depression of the cerebral cortex is noted over both posterior frontal and parietal convexities in the areas beneath the subdural hemorrhage that is described above. The right cerebral hemisphere is slightly larger than the left with shallow tentorium grooves over both unci, slightly more prominent on the right than on the left. However, there is no evidence of herniation of the cingulate gyri beneath the falx. The gyri over both cerebral convexities are flattened.

When the brain is inspected from the ventral aspect, three areas of contusion-laceration can be seen in the cortex of the right cerebral hemisphere and a fourth area of contusion on the left. The largest one measures 4 x 3 cm. It consists of superficial and deep lacerations and contusions of the mesial half of the posterior one-third of the right inferior

temporal gyrus for an anteroposterior distance of 4 cm; the middle third of the right fusiform gyrus for 3 cm and the lateral portion of the hippocampal gyrus for a distance of about 1 cm. Coronal sections show that this laceration has a subcortical hemorrhage extending 1.5 cm into the subcortical white matter to the floor of the posterior part of the temporal horn of the right lateral ventricle with rupture into this cavity. The medial portions of the temporal lesion are characteristic of laceration and contusion while the lateral portions of this lesion are quite characteristic of hemorrhagic infarction.

The second largest contusion is in the middle part of the right orbital gyri and measures 1.5 x 1.0 cm with a 5 mm-curved laceration within it. Hemorrhage extends into the subcortical white matter to a depth of 6 mm. This lesion overlies the lacerated dura and fracture of the right supraorbital plate.

The third contusion measures 14 x 7 mm with a linear 6 mm transverse laceration and is situated in the mesial portion of the inferior part of the right occipital cortex.

The fourth contusion of the cortex is a very small lesion in the middle of the left inferior temporal gyrus and measures 5 x 2 mm. There is no laceration in this area. This condition is limited to the gray matter.

D. Cerebellum.

In the anterior and lateral aspects of the right hemisphere of the cerebellum, there is an irregular penetrating wound. The opening measures 2 x 2 cm with irregular margins. The margins of this wound and adjacent areas are elevated to form a ring of tissue at the bony margin, 2 mm distal to the internal bone surface. This indicates herniation of the cerebellar tissue into the bony defect. On the surface of this defect and in the bone incision, there are fragments of gelfoam and soft friable blood clots.

A partially collapsed linear tract measuring 5 cm in length extends from the cerebellar cortex and subcortical white matter of the cerebellum to the vermis. The tract begins just rostral to the tegmentum of the anterior one-third of the pons, anterior to the middle cerebellar peduncle and proceeds in a superior and posterior direction. From an imaginary transverse plane between the two mastoid bones, one would estimate that this tract proceeds about 45 degrees posteriorly and medially and 30 degrees superiorly from the mastoid perforation. The tract ends in the vermis of the cerebellum where a 1 cm transverse laceration is found in the region of the primary fissure which is approximately 3 cm posterior to the anterior cerebellar notch. At the

termination of the tract, hemorrhage can be seen within the cortical laceration.

The size of the penetrating wound is difficult to determine at this time since the tract is largely filled by the swollen white matter of the cerebellum and by hemorrhage. However, probing into the tract at the entrance wound indicates that it was in the order of 2 cm in width at maximum expansion.

Upon palpation and probing in the region of the laceration in the superior vermis, a metallic fragment is found just beneath the arachnoid membrane and within an area of hemorrhage. This irregular gray metallic fragment measures 6 x 3 x 2 mm and corresponds to the largest fragment that was identified in the postoperative x-ray of a radiopaque object near the midline.

In addition to the penetrating wound and the laceration of the vermis at its terminal end, an area of contusion and hemorrhagic necrosis measuring 2.5 x 2.0 cm covers most of the superior surface of the right cerebellar hemisphere and extends 5 mm over the midline. Beneath this area of contusion and communicating with the penetrating wound, a recent hematoma is found that measures 2.5 x 2.0 cm. The hemorrhage involves the region of the declive, folium, and tuber. Smaller satellite contusions and hemorrhagic necrosis are scattered lateral to the large contusion of the superior surface of the cerebellum. Both cerebellar hemispheres are markedly swollen with flattened gyri and with a cerebellar pressure cone. Two small areas of hemorrhagic necrosis, each 3 mm in diameter, are present in the cortex of the herniated left cerebellar tonsil. The right cerebellar tonsil shows a single area of cortical hemorrhagic necrosis also 3 mm in diameter.

An elliptical groove over the superior surface of the anterior lobe of the cerebellum indicates upward herniation of these structures through the incisura of the tentorium cerebelli.

Horizontal sections of the cerebellum reveal the penetrating wound and the hemorrhage described above. These lesions have destroyed much of the cortex and subcortical white matter of the right cerebellar hemisphere, the dentate nuclei and probably the roof nuclei.

E. Brain Stem.

The ventral surface of the pons and medulla is markedly flattened.

The periaqueductal gray matter contains multiple petechial

hemorrhages extending over an area of 8-9 mm in width on the left side and about 5 mm on the right side. In sections above the pons, the midbrain reveals several irregular hemorrhages within the tegmentum. The largest of these hemorrhages is slit-like and measures 5 x 1 mm in size and is situated in the left lateral tegmentum. Numerous petechial hemorrhages are found throughout both the tegmental and ventral portions of the rostral 3/4 of the pons on multiple horizontal sections. Section through the medulla shows an area of hemorrhagic necrosis 4 x 3 mm in diameter located in the left inferior olive.

F. Ventricular System.

The lateral and third ventricles are moderately narrowed in size. They contain a small amount of blood clot totaling about 6 cc. The source of the intraventricular hemorrhage is due to rupture into the right inferior horn of the hemorrhage of the right temporal lobe. The fourth ventricle also contains a small amount of fresh blood clots.

G. Spinal Canal and Spinal Cord.

The foramen magnum and the upper cervical vertebrae are inspected and they show no abnormalities.

The bodies of the lower cervical, thoracic and upper lumbar vertebrae are removed in a column. After inspecting the spinal nerve roots, the cervical, thoracic and lumbar spinal cord is removed in toto.

A 41-cm portion of the spinal cord extending from the high cervical region into the lumbar region is examined. The leptomeninges are thin and transparent. The anterior spinal artery is thin-walled and shows no evidence of occlusion or laceration.

The posterior aspect of the spinal cord additionally reveals thin leptomeninges and normal distribution of vessels and nerve roots. There is no evidence of pathologic damage to the spinal cord. The subarachnoid space shows faint blood staining. Multiple transverse sections of the spinal cord and nerve roots show no gross lesions.

H. Pituitary Gland.

The diaphragma sella and pituitary stalk are normal in appearance. The pituitary gland measures 1.1 x 0.8 x 0.5 cm. Section shows a pink homogeneous anterior lobe and a reddish gray posterior lobe. The bony structures forming and surrounding the pituitary fossa are all within normal limits.

MICROSCOPIC REPORT (NEUROPATHOLOGY)

There are 31 slides divided into three groups: A, B and C. Each group is again numbered as A-1, A-2, A-3, or B-1, B-2, B-3, B-4 and C-1, C-2, C-3, C-4, etc.

Sections confirmed all the lesions described at the gross examination.

All tissue sections show congestion and some extravasation with occasional actual petechial hemorrhages, the latter being particularly noticeable in the thalami near the ventricular walls. A few mononuclear cells are present in the perivascular spaces. The ground substance of the cerebral cortex and centrum shows fine vacuolations. In the occipital cortex, there is early status spongiosus, portions of which have a laminar distribution. Some nerve cells have pyknotic nuclei and homogenization of the cytoplasm, the latter showing definite eosinophilia. The white matter of the frontal lobe shows occasional areas of pallid staining. In the ventral pons there is early necrosis in addition to the hemorrhages.

A-1, RIGHT FRONTAL LOBE:

This section shows marked congestion of the meningeal and parenchymal blood vessels. The endothelium of the blood vessels shows hypertrophy. There is no inflammatory infiltrate in the meninges. There is a diffuse rarefaction of the matrix of the cortex and white matter, but more marked in the white matter where there are actual areas of early status spongiosus. Many of the nerve cells are pyknotic. The glial and ependymal elements are swollen.

A-2, LEFT FRONTAL LOBE:

Findings are similar to A-1, except that the status spongiosus of the white matter is not obvious.

A-3, RIGHT TEMPORAL LOBE - HIPPOCAMPUS:

Findings are similar to A-2.

A-4, LEFT TEMPORAL LOBE - HIPPOCAMPUS:

In addition to similar findings as in A-3, there are several small petechiae in the cortex. This section also shows slight subarachnoid hemorrhage.

A-5, RIGHT PARIETAL LOBE:

The general findings of these sections are similar to A-2. However, some nerve cells are not only pyknotic but they are also beginning to show eosinophilia of the contracted and homogenized cytoplasm.

A-6, DEEP PARIETAL LOBE:

This slide shows findings similar to A-2. In addition, there is subarachnoid hemorrhage.

A-7, RIGHT OCCIPITAL LOBE:

This section shows marked congestion of all the blood vessels with extravasation of blood in the white matter. The cortex shows early status spongiosus which has a suggestive laminar pattern.

A-8, LEFT OCCIPITAL LOBE:

This section shows findings similar to A-7 above. Some of the nerve cells are beginning to show eosinophilia of the cytoplasm.

A-9, RIGHT STRIATUM:

In general the blood vessels and nerve cells show changes of the cortex similar to those described in A-2. The subependymal blood vessels show a few mononuclear cells in the perivascular spaces. There is also some extravasation of blood from these vessels.

A-10, LEFT STRIATUM:

The findings are similar to A-9.

A-11, RIGHT LENTICULAR NUCLEUS:

The findings are similar to A-9 except the extravasation of blood is not obvious.

A-12, LEFT LENTICULAR NUCLEUS:

The findings are similar to A-11.

A-13, RIGHT THALAMUS:

These sections show generalized congestion and actual petechial hemorrhages in the walls of the third ventricle. The nerve cells show pyknotic changes. Portions of the matrix show early status spongiosus.

A-14, LEFT THALAMUS:

The findings are similar to A-13 but the petechial hemorrhages are not as marked.

A-15, -16, -17, and -18, SPINAL CORD:

Sections are taken from the cervical, thoracic and lumbosacral regions. The vascular changes in the meninges and spinal cord are minimal and certainly not as pronounced as those in the cerebrum. A few of the nerve cells in the grey matter, mostly in anterior horns, show pyknotic changes.

B-1, RIGHT TRANSVERSE SINUS:

Sections show red blood cells between the laminae of the dura. The sinus contains antemortem thrombus along the vessel walls. This thrombus consists mainly of platelets. In the remainder of the blood clot, there are numerous neutrophils.

B-2, RIGHT SIGMOID SINUS:

Portions of the dura show coagulation necrosis with tinctorial changes toward basophilia. Antemortem thrombus is also found in the sinus, as in B-1.

B-3, RIGHT FRONTAL LOBE - ORBITAL GYRI:

Sections show hemorrhagic necrosis of the cortex.

B-4, RIGHT TEMPORAL LOBE - PARAHIPPOCAMPAL AND FUSIFORM GYRI:

This section shows most extensive hemorrhagic defects, both in the grey and white matter. The defect communicates with the external surface. The remaining portions of the specimen show changes similar to A-2.

B-5, RIGHT TEMPORAL LOBE:

The findings are similar to B-4.

B-6, RIGHT OCCIPITAL LOBE, MEDIAL INFERIOR ASPECT:

Sections show superficial hemorrhagic defect of the cortex.

C-1, LEFT INFERIOR TEMPORAL LOBE:

This section shows multiple hemorrhagic necrosis in the cortex.

C-2, MIDBRAIN:

Section shows multiple hemorrhages. The cerebral aqueduct is patent.

C-3 AND C-4, PONS:

Sections show multiple hemorrhage, mostly in the ventral portions, and acute necrosis. The fourth ventricle is collapsed.

C-5, MEDULLA:

Focal hemorrhagic necrosis is present in the left inferior olive.

C-6, CEREBELLUM, DORSAL ASPECT:

This shows a large hemorrhagic defect with multiple petechial hemorrhages in portions of the dentate nucleus. In another portion of the dentate nucleus, where there is no hemorrhage, there is acute necrosis.

C-7, CEREBELLUM, TONSIL:

This shows multiple petechiae in the cortex.

ADDITIONAL MICROSCOPIC SLIDES (NEUROPATHOLOGY):

The Pineal Gland shows a few corpora amylacea.

Sections of the temporal lobe reveal essentially the same histopathological findings described previously.

SLIDE LABELED GUNSHOT WOUND [GSW #1], (Entrance Wound):

The perpendicular section, stained with hematoxylin and eosin, through the wound track shows loss of epithelium and patchy areas of swollen dermis.

The area of margins of squamous epithelium shows perinuclear vacuolation and spindle form distortion.

The dermis is extensively involved with coagulation also visible in special stain. The hair follicles and sebaceous glands are partly involved also. Capillaries are dilated. There are areas of extravasation and infiltration by acute inflammatory cells. Scattered, varying-sized powder residues are found in the keratin layer and the inner surface of the wound track to a depth of 2 mm. There are also disc-like powder granules embedded in the epidermis, and the powder-embedded area is surrounded by pink-staining denatured collagen. Powder residues are in an assortment of shapes and sizes, the edges showing minute crystalloid material which is also visible on the unstained sections.

Subcutaneous tissue and muscle elements are hemorrhagic and heavily infiltrated by neutrophils.

Microscopic Diagnosis:

Entry of the gunshot wound is consistent with very close range shooting.

SLIDE FROM POSTERIOR ASPECT OF HELIX OF RIGHT EAR, INCLUDING GROSSLY DESCRIBED POWDER SMUDGING AND TATTOOING:

The sections stained with hematoxylin and eosin show patchy areas of loss of epithelium due to thermal and blast effect. The squamous epithelium between the exposed coagulated dermis shows perinuclear vacuolation and nuclear elongation, along with fragmentation at the edges.

Dark brown to black powder residues in varying sizes are embedded through the epithelium to the dermis, which is also recognizable in unstained sections. The dermis shows extensive coagulation of the collagen tissue. Sweat glands and hair follicles, together with associated sebaceous glands, are involved with changes consistent with heat and blast effect. Coagulation of the collagen tissue is also visible on sections stained by Masson's method.

TTN:ATL:etf

DESCRIPTION OF PRE-OPERATIVE X-RAYS

Anteroposterior and lateral portable films of the skull, exposed on June 5, 1968 at approximately 1:00 A.M., reveal a gunshot wound of the right temporal bone. The wound of entry is 2.0 cm above the temporal tip and approximately midway between the external auditory canal and the sigmoid sinus region, approximately 1.0 cm posterior to the auditory canal.

There are two bullet tracks. One extends slightly anterior to the vertical dimension (15 degrees). The second extends 30 degrees posterior to the vertical dimension, so that the two tracks diverge 45 degrees.

In the frontal projection, both tracks extend superiorly toward the vertex at an angle of 30 degrees to the horizontal.

In the tracks of the bullet wound are numerous metallic foreign bodies and fragments of the mastoid. The largest metallic fragment is situated in the petrous ridge and at about the arcuate eminence. This measures 12 mm in transverse dimension, 7 mm in vertical dimension, and approximately 12 mm in anteroposterior dimension.

Several metallic foreign bodies are present in the soft tissues lateral to the mastoid process. Twelve metallic foreign bodies, one millimeter or larger, are present in the mastoid process. In addition to the largest fragment described, at least thirty metallic fragments one millimeter or larger are present in the posterior fossa.

One fragment of bone and several metallic fragments projected through the orbit above the petrous ridge are, I believe, supratentorial, and in the mesial aspect of the temporal lobe posteriorly.

A fragment, 7 mm in transverse diameter, 4 mm in greatest anteroposterior dimension and vertical dimension, is situated superiorly slightly to the left of the midline and 4.0 cm anterior to the inner cortex of the occipital bone at or just below the tentorium.

The main fragments of the bullet are anterior to the sigmoid sinus as seen in the lateral projection, and this includes the major bony fragment as well.

DESCRIPTION OF POSTMORTEM RADIOGRAPHS

Postmortem radiographs exposed at 2:00 A.M. to 3:00 A.M., under the direction of the Chief Medical Examiner-Coroner, on June 6, 1968, reveal that a major portion of the petrous ridge has been

removed, together with most of the metallic foreign bodies and the detached osseous fragments.

At this time, the metallic fragment most superior and posterior has shifted slightly posteriorly and to the right.

Small fragments remain in the soft tissues lateral to the temporal bone, numbering approximately eleven and very minute. Other fragments, approximately seven in number, are situated directly above the petrous apex and, I believe, supra-tentorial, in the temporal lobe. This represents the remains of the largest metallic fragment noted pre-operatively. Other minute fragments are present in the posterior fossa, numbering approximately twenty.

All of the bony fragments have been removed.

X-rays of the skull at the conclusion of the postmortem revealed that five minute metallic foreign bodies were present in the skin, and approximately twenty minute fragments remained embedded in the remaining portion of the temporal bone in the region of the semicircular canals.

DESCRIPTION OF SPECIMEN RADIOGRAPHS OF SURGICAL BONY SPECIMEN

A series of x-ray films was obtained on June 7, 1968 between 4:00 P.M. and 7:30 P.M.

The initial x-rays consisted of the fragments of temporal bone removed at surgery. These were exposed on industrial film-type M (Kodak) and reveal many more minute metallic foreign bodies than were evident on the early films. Pieces of bone identifiable as mastoid process are filled with approximately seventy individual metallic fragments. Others bearing the Rongeur marks are fragments of cortex removed at surgery from the craniotomy site. Other fragments represent petrous ridge and are also embedded with innumerable fine metallic particles.

The specimen of temporal bone removed at postmortem includes the craniotomy site and the remaining portion of the mastoid process extending posteriorly to include the lateral sinus groove and the facial canal distally. Mesially, the bone is amputated lateral to the cochlea. This contains the external auditory canal. Posterior and superior to the canal are many metallic fragments. These number at least sixty, the majority less than one millimeter in size, with ten above one millimeter.

DESCRIPTION OF SPECIMEN X-RAYS EXPOSED AT THE GOOD SAMARITAL HOSPITAL (Friday, June 7, 1968)

X-rays of the entire brain, taken initially in the vertex-base

direction, reveal small metallic foreign bodies in the cerebellum and temporal lobe. There is a considerable defect of the cerebellum on the right. A small amount of residual contrast (hypaque) is present in the arterial tree in the left temporal area.

Following the above, the individual sections were x-rayed and labeled respectively: A for the tips of the frontal lobes and successively posteriorly at 2.0 cm intervals, B; C (which includes the anterior aspect of thetemporal lobes); and D; etc. E shows one metallic foreign body in the right temporal lobe, plus a defect in the mesial aspect of the temporal lobe in the region of the uncal gyrus. Residual contrast is in the choroid plexus of the lateral ventricle on the left.

Specimen labeled F consists of slice F plus the separate specimen F-1 from the temporal lobe, which contains ten minute metallic foreign bodies in one segment and three minute ones in another area. The cerebellum is also present which reveals a large defect and twenty minute metallic foreign bodies. The specimens of the brain, G and H, extending to the occipital pole, reveal no abnormality.

Separate x-rays were performed on specimen F and F-1 and the cerebellum, plus x-rays of the meninges. The meninges are tattooed with many metallic foreign bodies surrounding the defect; which is in the region of the original wound of entry.

These number fully fifty, with all but three or four under one millimeter in diameter.

TTN:RLS:etf

DESCRIPTION OF SKIN AND HAIR X-RAYS

X-rays of 68-5731 obtained at the Good Samaritan Hospital between 1:00 and 3:00 P.M., Saturday, June 8, 1968.

The right ear is portrayed in profile and en face. The profile shows the skin surface directed away from the identifying number. The larger side of the ear specimen is to the right in both projections.

Tattooed in the skin are many small metallic foreign bodies. Other foreign bodies are present in the ear which do not appear to be metallic.

Gunshot Wound No. 1 was examined in profile with the cutaneous surface directed toward the number. Two fragments of the wound are present. Both reveal metallic foreign bodies of varying size from barely visible to 1 mm in diameter in the subcutaneous tissue. Many minute foreign bodies are present in the skin superficially surrounding the wound of entry. These resemble in size the particles seen in the ear.

The skin of Gunshot Wound No. 2 and Gunshot Wound No. 3 also reveals the superficial dense metallic impregnation of the skin with several metallic foreign bodies in the subcutaneous tissue. These specimens are also arranged in profile with the cutaneous surface extending toward the identifying number.

The third examination is of the scalp hair obtained prior to surgery. In this area, many dust-like metallic particles are evident, varying in size but all extremely small and differing appreciably from the several artifacts noticed to the left of the label "scalp hair" on the superior aspect of the film.

Three metallic particles are noted in the hair obtained at autopsy. Two of these are extremely minute and one is approximately .5 mm in diameter.

TTN:RLS:etf

DESCRIPTION OF X-RAYS OF SKIN WOUNDS

X-rays were obtained of the skin wounds, which are labeled 1, 2, and 3.

GUNSHOT WOUND NO. 1:

A profile view of the skin surrounding wound of entry in the right mastoid area reveals a few metallic foreign bodies superficially and other larger foreign bodies (1 cm.) in the subcutaneous tissue.

GUNSHOT WOUNDS NOS. 2 AND 3:

A frontal projection of the axillary skin surrounding wounds labeled 2 and 3 reveals fine metallic foreign bodies in both these situations.

The wound of exit is placed in profile. Wound 2 reveals two minute metallic foreign bodies barely visible in the subcutaneous tissue below the wound.

TTN:RLS:etf

HEAD AND NERVOUS SYSTEM (Generally):

Also revealed by the reflection of the scalp is a fairly well demarcated area of non-recent hemorrhagic discoloration, about 1.5 cm in greatest dimension, in the left parietal occipital region. No associated galeal hemorrhage is demonstrated.

The cerebrospinal fluid is blood tinged.

Abundant and freshly clotted but drying blood is found at the right external auditory canal, extending outward to the lateral interstices of the external ear. No evidence of hemorrhage is found at the left ear.

The spinal cord is taken for further evaluation. At the time of removal of the cord, a small amount of cervical epidural hemorrhage is noted. There is no evidence, on preliminary inspection, of avulsion of roots leading to the right brachial plexus.

Those portions of peripheral nervous system exposed by the described dissection show no abnormality.

TTN:JEH:etf

GUNSHOT WOUND NO. 2:

This is a through-and-through wound of the right axillary, medial shoulder, and anterior superior chest areas, excluding the thorax proper. The wound of entry is centered 12-1/2 inches (31.8 cm) from the vertex, 9 inches (22.9 cm) to the right of midline, and 3-3/4 inches (8.3 cm) from the back (anterior to a coronal plane passing through the surface of the skin at the scapula region). There is a regularly elliptical defect 3/16 x 1/8 inch over-all (about 0.5 x 0.3 cm) with thin rim of abrasion. There is no apparent charring or powder residue in the adjacent and subjacent tissue. The subcutaneous fatty tissue is hemorrhagic.

The wound path is through soft tissue, medially to the left, superiorly and somewhat anteriorly. Bony structures, major blood vessels and the brachial plexus have been spared.

The exit wound is centered 9-3/4 inches (about 24.5 cm) from the vertex and about 5 inches (about 12.5 cm) to the right of midline anteriorly in the infraclavicular region. There is a nearly circular defect slightly less than 1/4 inch x 3/16 inch overall (0.6 x 0.5 cm).

Orientation of the wounds of entry and exit is such that their major axes at the skin surfaces coincide with the central axis of a probe passed along the entirety of the wound path. No evidence of deflection of trajectory is found.

MICROSCOPIC EXAMINATION OF THE SLIDE LABELED GUNSHOT WOUND NO. 2 (GSW #2) ENTRANCE WOUND.

The perpendicular sections of the gunshot wound show cellular degeneration of the margins of the covering epithelium. The dermis shows extensive coagulation, early cell infiltration by mostly neutrophiles, and hemolyzed and relatively intact erythrocytes. The area of coagulation necrosis includes disintegration of apparently sweat and sebaceous gland. Only remnants are visualized.

Gunpowder granules embedded into the dermis and the surface of the gunshot wound track are visible on stained and unstained sections.

The subcutaneous and adipose tissue shows extensively extravasated hemorrhage.

GUNSHOT WOUND NO. 3:

The wound of entry is centered 14 inches (35.6 cm) from the vertex and 8-1/2 inches (21.6 cm) to the right of midline, 2 inches (5 cm) from the back anterior to a plane passing through the skin surface overlying the scapula, and 1/2 inch (1.2 cm) posterior to the mid-axillary line. There is a nearly circular defect 3/16 inch by slightly more than 1/8 inch overall (0.5 x 0.4 cm). There is a thin marginal abrasion rim without evidence of charring or apparent residue in the adjacent skin or subjacent soft tissue. The subcutaneous fatty tissue is hemorrhagic.

The wound path is directed medially to the left, superiorly and posteriorly through soft tissue of the medial portion of the axilla and soft tissue of the upper back, terminating at a point at the level of the 6th thoracic vertebra as close as about 1/2 inch (1.2 cm) to the right of midline.

Bullet Recovery:

A deformed bullet (later identified as .22 caliber) is recovered at the terminus of the wound path just described at 8:40 A.M., June 6, 1968. There is a unilateral, transverse deformation, the contour of which is indicated on an accompanying diagram. The initials, TN, and the numbers 31 are placed on the base of the bullet for future identification. The usual evidence envelope is prepared. The bullet, so marked and so enclosed as evidence, is given to Sergeant W. Jordan, No. 7167, Rampart Detectives, Los Angeles Police Department, at 8:49 A.M. this date for further studies.

An irregularly bordered and somewhat elliptical zone of variably mottled recent ecchymosis is present in the superior-medial axillary skin on the right, in the zones of wounds of entry No. 2 and No. 3, especially the former. The ecchymosis measures 3-1/2 x 1-1/2 inches (9 x 3.8 cm) overall with the right upper extremity extended completely upward (longitudinally).