

TRIANGULATION OF GUNSHOT WOUNDS

Angles and planes refer to the body considered in the standing position, in accordance with usual anatomic custom.

GUNSHOT WOUND #1

Coniometric studies by Dr. Scanlan are described by him elsewhere in this report. Photographs of internal features of the skull are confirmatory.

GUNSHOT WOUND #2

Autopsy measurements indicate an angle of 35 degrees counterclockwise from the transverse plane as viewed frontally. Triangulation measurements from photographs give an angle of 33 degrees.

Autopsy measurements indicate an angle of 59 degrees counterclockwise from the transverse plane as viewed laterally from the right. Measurements from photographs also indicate an angle of 59 degrees.

Autopsy measurements indicate an angle of 25 degrees measured clockwise from the coronal plane (anteriorly) as viewed from the vertex.

GUNSHOT WOUND #3

Autopsy measurements show an angle of 30 degrees upward from the transverse plane, counterclockwise as viewed frontally. Photographic studies also show an angle of 30 degrees.

Autopsy measurements show an angle of 67 degrees clockwise from the transverse plane as viewed laterally from the right. Photographs indicate an angle of about 70 degrees.

Measurements indicate an angle of 5-1/2 degrees counterclockwise and behind the coronal plane as viewed from the vertex. The photographs are in agreement for this small angle.

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EXAMINATION OF CLOTHING AT THE TIME OF AUTOPSY:

1. There is a dark blue, fine worsted-type suit coat bearing the label "Georgetown University Shop - Georgetown, D.C.". The coat has been cut and/or torn at the left yoke and left sleeve area. The right sleeve is intact. There is variable blood staining over the right shoulder region and on the right lapel. Two apparent bullet holes are identified in the right axillary region, slightly over 1 inch (2.5 cm) and slightly over 1-1/4 inch (3.2 cm) from the underseam area, respectively, and corresponding with wounds described on the body elsewhere in this report. Also noted at the top of the right shoulder region centered about 1-1/4 inches from the shoulder seam and about 5/8 inch (1.6 cm) posterior to the yoke seam superiorly is an irregular rent of the fabric, somewhat less than 1/4 inch (3.2 cm) in diameter and definitely everting superficially and upward. The three front buttons of the garment are intact.

(Subsequent examination of the coat showed the presence of a superficial through-and-through bullet path through the upper right shoulder area, passing through the suit fabric proper, but not the lining.)

2. There is a pair of trousers of matching material with a very dark brown leather belt with rectangular metal buckle and showing the gold-stamped label "Custom Leather, Reversible, 32". The zipper is intact. There is a minimal amount of apparent blood staining over the anterior portions of the trouser legs.
3. There is a white cotton shirt with the label "K WRAGGE, 48 West 46th Street, New York". The laundry mark initials "RFK" are present on the neck band. The left portion of the shirt has been disrupted in approximately the same manner as the suit coat and is similarly absent. The right cuff is intact and is of semi-French design. A chain-connected yellow metal cufflink with plain oval design is in place. A corresponding left cufflink is not among the items submitted. Apparent bullet holes are identified as corresponding to those in the previously described area of suit coat.
4. There is a tie of apparent silk rep, navy blue with an approximately 3/16 inch (0.5 cm) grey diagonal stripe. The label is "Chase and Collier, McLean, Virginia". The maker is RIVETZ.

5. There is a pair of navy blue, nearly calf length socks of mixed cashmere and apparently nylon fiber, the fiber content stencil labeling still being nearly discernible on the foot portions.
6. There is a pair of white broadcloth boxer type shorts with two labels: "Sunsheen Broadcloth V' Cloth - 34"; and "Custom fashioned for Lewis and Thos. Saltz, Washington". There is a small amount of blood stain at the anterior crotch, along with pale straw-colored discoloration to the left of the fly. A few patches of dry blood are present on the back as well.
7. There is a trapezoidally folded cotton handkerchief showing, on what appears to be the presenting (anterior) surface, several scattered dark red and somewhat brown spots ranging from a fraction of a millimeter to about 4 mm (less than 3/16 inch) in greatest dimension.
8. No shoes are submitted for examination.

The above listed items are saved for further and more detailed study by others.

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GENERAL EXTERNAL EXAMINATION:

The non-embalmed body, measuring 70-1/2 inches (179 cm) in length and weighing about 165 pounds (74.5 kg), is that of a well-developed, well-nourished and muscular Caucasian male appearing about the recorded age of 42 years. The extremities are generally symmetrical bilaterally, showing no obvious structural abnormality.

The head shows extensive bandaging, somewhat blood-stained in the posterior aspect. Dressings are also present in the right clavicular region, the right axilla, and the right ankle regions. Also present over the right inguino-femoral region are apparently elastoplast dressings. A recent tracheostomy has been performed at a comparatively low level. A clear plastic tracheostomy tube fitted with an inflatable cuff is in place. The area also shows a gauze dressing.

Lividity is well developed in the posterior aspect of the body, mainly at the upper shoulder and midback regions with approximately equal distribution bilaterally. The lividity blanches definitely on finger pressure.

Rigor mortis is not detected in the extremities or in the neck.

(Rigor was noted to be developing in the arms and legs by the time of conclusion of the autopsy.)

A complete examination of the external surfaces of the body is undertaken following removal of all dressings.

The head contour is generally symmetrical, due allowance being made for the soft-tissue edema and hemorrhage in the right post-auricular region in general. The hair is graying light brown and of male distribution. Portions of the right half of the scalp have been clipped and/or shaved. Hair in the inguinal and femoral regions has also been shaved in part. Hair texture is medium.

There is an irregularly bordered area of comparatively recent yet pale ecchymosis centered about one inch (2.5 cm) above the midportion of the right eyebrow. Marked ecchymosis with moderate edema is present in the right periorbital region but mainly of the upper eyelid. No abnormality is noted in the left periorbital tissue externally. No hemorrhage or generalized congestion is seen in the conjunctival or scleral membranes. The nose is symmetrical, showing no evidence of fracture or hemorrhage. The glabella shows no evidence of trauma.

Eye color is hazel. Pupillary diameters are equal at about 5 mm (3/16 inch).

The buccal mucosa and the tongue show no lesion.

Chest diameters are within normal limits and there is bilateral symmetry. The breasts are those of a normal adult male. The abdomen is scaphoid. No abdominal scar is identified. There is an old low medial inguinal scar on the right.

Texture and configuration of the nails are within normal limits, and no focal lesions are noted. There is no peripheral edema.

The skin in general shows a smooth texture and no additional significant focal lesion. There is abundant suntan, especially at the neck region where its contrast with the areas shaved for surgical preparation on the right can be noted.

No structural abnormality is noted on the back.

There is a diagonally disposed recent surgical incision about 3 inches (7.5 cm) in length in the right anterolateral femoral region. This incision has been intactly sutured. There is an associated plastic tubing of small diameter, centered about 1/2 inch (12 mm) from the infero-medial margin of the incision.

Also noted in a comparable location on the left are several hypodermic puncture marks. These just mentioned areas show the presence of red-orange dye.

There are recent cutdowns at the right ankle and the lateral right knee with thin polyethylene tubes in place. No extravasation is noted.

CAVITIES:

Primary incision is first made as far as the two upper incisions, allowing upward reflection of skin and soft tissue to afford access for carotid angiography before the head is opened. Following completion of these roentgenographic studies, the traditional Y incision is continued. The peritoneal surfaces are smooth and glistening. No free fluid is found in the abdominal cavity. There are no adhesions. Abdominal organs are in their usual relative positions.

The pleural surfaces are smooth. There is no pleural effusion.

The pericardium is intact and encloses a small amount of transparent straw-colored liquid.

CARDIOVASCULAR SYSTEM:

The heart weighs 360 gms. and presents smooth epicardial surfaces. There is moderate right atrial dilatation. The contour otherwise is within normal limits. Cut surfaces of myocardium show a uniform gray-red muscle fiber texture with no focal lesion. The endocardial surfaces are smooth. About 50 ml. of dark red postmortem clot is present in the chambers collectively. No cardiac anomaly is demonstrated. The thickness of the left ventricular wall is up to 1.3 cm, and that of the right, 0.3 cm. Valve circumferences are: Tricuspid - 13, pulmonic - 8.5, mitral - 10.5, and aortic - 7 cm. There are no focal lesions. The coronary arterial tree arises in the usual sites and distributes normally. The coronary arteries are thin-walled and pliable, showing widely patent lumina. The aorta has a normal configuration and varies from 3.3 to 5.2 cm in circumference. The intimal surface of the aorta shows small and comparatively pale yellow atheromatous areas totaling no more than 10 percent of the area studied.

The lining of the inferior vena cava is smooth throughout. The distal end of the intravenous polyethylene catheter is noted at the level of the second lumbar vertebra and shows no evidence of thrombosis at the tip. Free flow is also demonstrated.

Other vessels studied are not remarkable, save where special descriptions are given elsewhere in this report.

RESPIRATORY SYSTEM:

The right lung weighs 490 gm.; the left, 330 gms. There is a moderate amount of wrinkling of the external surfaces, suggestive of atelectasis. Dusky discoloration is noted in the hypostatic portions bilaterally. The outer surfaces of the lungs are intrinsically smooth. Cut surfaces of the lungs disclose a few scattered areas of atelectasis, especially in the left lower lobe. There is mild edema throughout. Hypostatic congestion is noted in an estimated 30 percent of the total lung volume, approximately equally distributed bilaterally. In these hypostatic areas, there is probably patchy hemorrhage of the matrix as well. No areas of consolidation are identified. Non-congested portions of the lungs are comparatively pale tan in color. Anthracotic pigmentation is not excessive for the age of the subject.

A small amount of slightly pink frothy mucoid material is present in the bronchial tree, but no exudate. There is no evidence of aspiration of gastric content.

The hilar lymph nodes show no abnormality.

NECK ORGANS:

The pharyngeal and laryngeal mucosa shows no focal lesion. There are a few petechial hemorrhages of the epiglottis. Intrinsic musculature and soft tissues of the larynx shows no hemorrhage or other evidence of trauma. The vocal cords do not appear edematous, nor is there evidence of generalized submucosal edema. The hyoid bone is intact.

The trachea is in midline. The plastic tracheostomy tube previously mentioned shows no obstruction of its airway and no exudates or hemorrhagic material. The mucosa lining the trachea is moderately injected at the general level of the tracheostomy, again with no obvious exudate.

The thymus is comparatively fatty but not otherwise remarkable.

HEPATOBIILIARY SYSTEM:

The liver weighs 1810 gm. and has a smooth intact capsule. The edges are sharp. Cut surfaces of the liver show no focal lesion in the comparatively dark brown matrix. Little blood wells up from the freshly cut surfaces. A number of normal sized portal veins present themselves. There is no evidence of fibrosis. No fatty sheen is seen on the cut surfaces.

The gallbladder has a wall of average thickness and a smooth serosal surface. The organ is distended by the presence of more than 25 ml of green-black bile of intermediate viscosity. There are no calculi. The extra-hepatic biliary system is patent.

HEMIC AND LYMPHATIC SYSTEM:

The 150 gm. spleen is moderately firm and has a smooth intact capsule. Multiple cut surfaces of the spleen shows no focal lesion in the dark gray-red matrix. The capsule shows no areas of thickening. The malpighian bodies are distinct. No accessory spleen is identified.

There is no evidence of marked departure from normal blood volume. In areas where postmortem clot is found, this is of uniformly normal degree and texture. No evidence of any hemorrhagic diathesis is noted.

The abdominal lymph nodes, mainly the para-aortic, show moderate enlargement (up to three times the normal size) but no induration or focal change. Other lymph nodes studied are not remarkable.

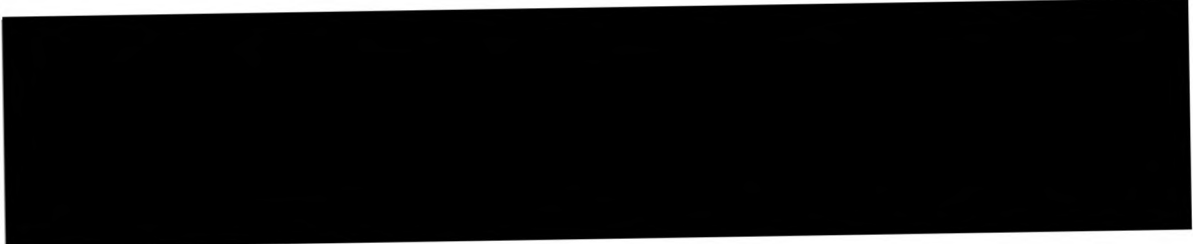
PANCREAS:

Configuration and size are within normal limits. Multiple cut surfaces show no evidence of an acute inflammatory change, fatty necrosis, scarring, or hemorrhage.

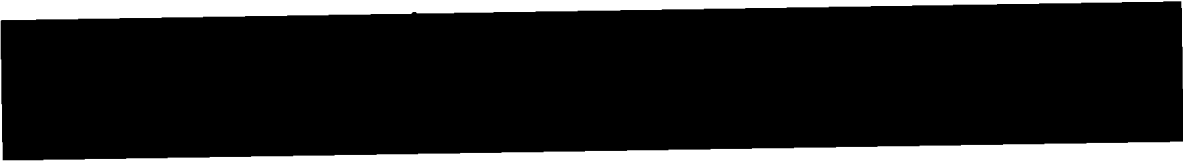
UROGENITAL SYSTEM:

The right kidney weighs 180 gm. and has a smooth capsule which strips readily. Cut surfaces disclose normal corticomedullary ratios, with an average cortical thickness of about 6 mm, compared with 1.0 cm of the medulla. There are no focal lesions. A moderate amount of engorgement is noted.

The left kidney weighs 175 gm. and has a generally smooth capsule which can be stripped readily. Also present, however, is a retention cyst about 2.5 cm. in greatest dimension but showing on subsequent study, a principal volume delineated by a space 2.0 x 1.8 x 1.5 cm. Thin watery liquid is enclosed. About 3.0 cm from one pole of the left kidney and 2.0 cm. from the pelvis, is a well-circumscribed and slightly raised subcapsular nodule having a uniform yellow matrix and measuring 1.0 x 0.9 x 0.9 cm overall. The cut surface of this yellow nodule protrudes slightly. The lesion is about 6.0 cm from the just described retention cyst. Intervening matrix of the left kidney shows no focal change. The renal pelvises of both kidneys and both ureters show no induration, dilatation, or exudates. Ureteral implantation is noted to be normal in the urinary bladder. About 8 ml of faintly amber-pink cloudy urine is contained. There is no focal lesion of the urothelial lining. There are no urinary calculi.



The seminal vesicles are of normal configuration and contain a small amount of green-gray mucoid material.



DIGESTIVE SYSTEM:

The esophagus is lined by smooth pale-gray epithelium following the usual longitudinal folds. No focal lesion is found. The stomach has a wall of average thickness and a smooth serosal surface. There is mild gaseous dilatation. No evidence of hemorrhage or ulceration is found in the gastric mucosa. Within the lumen is about 500 ml of cloudy gray watery mucoid material in which no discrete food fragments are found. The duodenum, small intestine, and colon show no gross abnormalities of mucosal or serosal elements. The appendix is not identified. The mesenteric lymph nodes are not remarkable.

ENDOCRINE ORGANS:

The pituitary is intrinsically symmetrical and within the normal limits of size, as is the sella turcica.

The thyroid is symmetrical and not enlarged; cut surfaces of the brown-red colloid matrix shows no focal change.

The adrenals total 13.5 gm and are of normal configuration. Multiple cut surfaces show no focal lesion. The thickness of the cortex is little more than one millimeter. The medullary tissue is not remarkable.

MUSCULOSKELETAL SYSTEM:

The bony framework is well developed and well retained. No evidence of a diffuse osseous lesion is found. The fracture of the right orbital plate and of other components of the base of the skull are described in detail elsewhere in this report, mainly the neuropathology section. No additional evidence of recent fracture or other focal trauma is demonstrated in the skeleton.

The clinically described and radiologically documented old fractures are not dissected.

The vertebral marrow is a uniform brown-red, showing no focal change.

Cut surfaces of muscles studied, in areas apart from the trauma, show no abnormality.

SPECIMENS STUDIED:

Organs and body fluids enumerated elsewhere in this report for the purpose of toxicological examinations.

GENERAL TOXICOLOGICAL ANALYSES:

Nothing significant could be detected in a "General Unknown" analysis performed on blood, liver and lung tissue.

MICROSCOPIC STUDIES:

Tissue sections for microscopic examination as denoted in other portions of this report.

BLOOD TYPING:

Group A₁, Rh positive.

RADIOLOGICAL EXAMINATIONS:

Radiographs of the entire body were made at the time of autopsy. Subsequent radiographic studies are described elsewhere in this report.

PHOTOGRAPHS IN CUSTODY OF THIS OFFICE:

At autopsy: 35mm Kodachrome transparencies and prints of dissection and study of pertinent external and internal anatomic features.

At-scene investigation: Ambassador Hotel: 35mm Kodachrome transparencies and prints.

At test firings: 35mm Kodachrome transparencies and prints.

Special studies under our direction: Infra-red and panchromatic photographs by James Watson, Scientific Investigation Division, Los Angeles Police Department.

Prints of certain photographs by other jurisdictions, for corroborative studies by this office.

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AUTOPSY CHRONOLOGY AND PERSONNEL:

AUTOPSY:

Place: The Hospital of The Good Samaritan Medical Center
1212 Shatto Street
Los Angeles, California 90017

Date and Time: June 6, 1968. Shortly before 3:00 A.M., the
Chief Medical Examiner arrived at the hospital
and took charge of the case. Autopsy commenced
at 3:00 A.M. The body was released from custody
at 9:15 A.M. the same date.

COUNTY OFFICIAL IN CHARGE OF MEDICOLEGAL INVESTIGATIONS:

Thomas T. Noguchi, M.D.
Chief Medical Examiner-Coroner
County of Los Angeles

AIDE IN CHARGE OF INTER-AGENCY RELATIONS:

Herbert McRoy
Administrative Deputy, Coroner

PATHOLOGISTS:

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

John E. Holloway, M.D.
Deputy Medical Examiner

Abraham T. Lu, M.D.
Deputy Medical Examiner (In Charge of Neuropathology)

RADIOLOGIST:

R. L. Scanlan, M.D., Chairman
Department of Radiology
The Hospital of The Good Samaritan Medical Center, and
Deputy Medical Examiner.

Postmortem radiographs taken under the direction of the
Chief Medical Examiner with assistance of Dr. Scanlan and
his staff.

MEMBERS OF NEUROSURGICAL TEAM PRESENT AS OBSERVERS:

Henry M. Cuneo, M.D., Neurosurgeon in Charge
Nat D. Reid, M.D.
M. Andler, M.D.
James Poppen, M.D.

PATHOLOGIST FROM THE HOSPITAL OF THE GOOD SAMARITAN PRESENT
AS OBSERVER:

J. A. Kernen, M.D.

CONSULTANTS FROM THE ARMED FORCES INSTITUTE OF PATHOLOGY:

Pierre A. Finck
Colonel, MC, USA
Chief, Military Environmental Pathology Division and
Chief, Wound Ballistics Division

Charles J. Stahl, III
Commander, MC, USN
Chief, Forensic Pathology Branch and
Assistant Chief, Military Environmental Pathology Division

Kenneth Earle, M.D.
Chief, Neuropathology Branch

FORENSIC AND MEDICAL PHOTOGRAPHERS:

John E. Holloway, M.D.
Deputy Medical Examiner

Richard Kottke
Deputy Coroner

Charles Collier
Scientific Investigation Division
Los Angeles Police Department

IN CHARGE OF SECURITY OF AUTOPSY ROOM, FOR THE OFFICE OF THE
CHIEF MEDICAL EXAMINER-CORONER:

Charles Maxwell
Chief of Investigation Division

AUTOPSY ASSISTANT:

Edward Day
Senior Investigator

OTHERS PRESENT:

Other individuals were present from time to time during the autopsy for various purposes. Names of these authorized persons appear on rosters maintained by the Department and other agencies also bearing responsibility for the security of the autopsy room.

PATHOLOGIST FOR GENERAL MICROSCOPIC STUDIES AND CLINICO-PATHOLOGIC CORRELATION:

Victor J. Rosen, M.D.
Deputy Medical Examiner

ADVISORS NOT PRESENT AT AUTOPSY:

William G. Eckert, M.D.
Pathologist to St. Francis Hospital, Wichita, Kansas

Russell S. Fisher, M.D.
Chief Medical Examiner
State of Maryland

Edward H. Johnston
Colonel, MC, USA
Assistant Chief of Pathology
Armed Forces Institute of Pathology, Washington, D.C.

Bruce H. Smith, Jr.
Captain, MC, USN
The Director
Armed Forces Institute of Pathology, Washington, D.C.

Cyril H. Wecht, M.D., LL.B.
Chief Forensic Pathologist
Allegheny County, Pennsylvania and
Director, Pittsburgh Institute of Legal Medicine

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NEUROPATHOLOGY

Inspection of the head and removal of the brain, spinal cord and temporo-occipital bone began at 7:40 A.M. and was completed at 9:15 P.M., June 6, 1968, in the autopsy room of The Hospital of The Good Samaritan, Los Angeles, California.

Preliminary examination of the brain and cranial wound was made by 10:00 A.M., including two horizontal sections through the midbrain and upper portion of the pons.

The specimens were then placed in 10 percent neutral formalin for fixation and transferred to the laboratories of the Chief Medical Examiner-Coroner, Hall of Justice.

At 4:00 P.M., June 6, 1968, after six hours of preliminary fixation, the brain was cut in six coronal sections and examined. Records were made of all gross findings.

At 7:00 P.M., June 7, 1968, the brain was further cut into 13 coronal sections and re-examined. All lesions and their locations were again confirmed and descriptions checked for accuracy.

Color photographs and radiographs, including internal carotid artery angiography, were made at different stages of examination.

RADIOGRAPHY

Radiographs of the brain specimen were taken on June 7, 1968.

ADDITIONAL PHOTOGRAPHY

Infra-red and black-and-white photographs of scalp hair, gunshot wounds and of skin from the right ear were taken on June 8, 1968.

AT-SCENE INVESTIGATION

At-scene investigation at the Ambassador Hotel, 3400 Wilshire Boulevard, Los Angeles, was conducted by Dr. Noguchi and Commander Stahl on June 8, 1968.

Additional ballistic aspects were considered during a follow-up at-scene investigation with Mr. DeWayne Wolfer, Los Angeles Police Department and Drs. Holloway and Noguchi on June 11, 1968.

TEST FIRINGS

Test firings were conducted on June 11, 1968, using a weapon and ammunition supplied by the Los Angeles Police Department as being of the most nearly identical manufacture possible to that of the fatal weapon. An area adjacent to the firing range on the Los Angeles Police Academy was utilized. Personnel consisted of Drs. Holloway and Noguchi, Mr. DeWayne Wolfer and Sgt. William J. Lee. Preliminary studies were with a target composed of a single layer of muslin over 3/8 inch (9 mm) gypsum board. The muzzle was perpendicular to the target unless otherwise noted.

A firm contact firing shows a circular defect about 3/8 inch (9 mm) in diameter, surrounded by a concentric zone of powder deposition about 7/8 inch (22 mm) in diameter and sometimes having a multi-laminar configuration at the periphery. These are on the outer surface of the muslin. Also evident on the under surface is a concentric zone of pale soot deposition about 3 inches (7.5 cm) in diameter.

At a 1/4 inch muzzle distance, there is a 5/16 by 1/4 inch (7.5 x 6 mm) defect with transverse ripping of the fabric over a zone 1-1/2 inches (3.8 cm) in length and about evenly divided bilaterally. Also present is a concentric zone of dense, dark gray discoloration one inch (2.5 cm) in diameter with irregular "clouding" within a zone up to 2-1/2 inches (6.3 cm) in diameter. Several faint radial smudges are identified as corresponding roughly with the known land-and-groove characteristics of the test weapon.

A firing at 1/2 inch muzzle distance is similar in configuration except for the absence of ripping of the target fabric and absence of land-and-groove "puffs." Visually detected powder residue is present in a zone having a maximum diameter of about 6 inches (15 cm).

At one inch distance there is the usual central defect and dense but comparatively homogeneous smudging up to a radius of 1-5/8 inches (4.2 mm).

A firing at 2 inch muzzle distance shows fairly homogeneous but comparatively lighter smudging up to a radius of 2-1/4 inches (5.6 cm). Discrete tattoo particles are now seen in a central zone up to 7/8 inch (2.2 cm) in radius.

The 3 inch distance firing shows pale mottling of powder residue within a radius up to 2-1/4 inches (5.6 cm), as well as finely dispersed powder granules up to a radius of about 1-3/4 inches (4.4 cm).

At 4 inches there is a pale smudging zone up to 1-3/4 inches (4.4 cm) in radius. In sharp contrast, discrete powder tattoo particles are identified out to a radius as much as 2 inches (5 cm).

target configuration was then changed as follows. A single layer of muslin was placed over several crumpled thicknesses of the same fabric. Additional firings at close contact, loose contact, 1/8 inch (3 mm), 1/4 inch (6.5 mm), all show patterns similar to those on the original target.

A series of firings was then performed using geometry simulating that of the fatal gunshot wound to the head, as determined by previous studies. The post-auricular region was simulated by the padded muslin described above. The ear was simulated by an animal ear obtained from an abbatoir and with the hair removed.

With the test weapon at an angle of 15 degrees upward and 30 degrees forward (to correspond with goniometric data) and at a distance of one inch (2.5 cm) from the edge of the right "ear," the test pattern is most similar to the powder residue pattern noted on the Senator's right ear and on hair specimens studied. Similarity persists, on the 2 inch (5 cm) distance firing, with respect to the distribution of discrete powder granules.

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DESCRIPTION OF SPECIAL PHOTOGRAPHY AND RADIOGRAPHIC
STUDIES DONE JUNE 7, 1968, AT THE PHOTOGRAPHY
DEPARTMENT, LOS ANGELES POLICE DEPARTMENT, AND AT
THE GOOD SAMARITAN HOSPITAL.

Report of supplemental examinations done on the brain and various associated bony tissue obtained both at the time of surgery and at autopsy.

2:10 P.M. on June 7, 1968

The undersigned and Colonel Pierre A. Finck took the fixed and previously partly sectioned brain specimen, along with bone fragments submitted from the Surgical Pathology Department, Good Samaritan Hospital, and a segment of skull removed at autopsy (to include the surgical margins of the wound of entry to the head and a portion of the associated trajectory zone) to the Los Angeles Police Department Crime Laboratory by prior arrangement. It was recommended by the Director of the Scientific Investigation Division of the Los Angeles Police Department, Captain Martin, that the contemplated x-ray studies might be better accomplished at another facility. There was, however, at our disposal, the services of the Photographic Department of the Los Angeles Police Department and the following photographs were taken by James Watson, Senior Photographer, under our direction:

1. Segment of bone removed at autopsy from the right mastoid region, internal aspect, infra-red at a ratio of reproduction of 1:1 on the negative.
2. The external aspect of the above specimen, infrared technique.
3. External aspect of the above specimen; black and white; pan.
4. Internal aspect of the same; black and white; pan.

The foregoing photographs are all on 4 x 5 material and all bear the identification No. 68-5731, the autopsy number.

5. A 1:1 ratio photograph of various fragments of bone submitted from the Surgical Pathology Department of Good Samaritan Hospital under their number B-2411-68. Pan film; millimeter scale included in photograph.
6. An infra-red study of the same material in the same orientation and at the same scale.

The above negatives, having been exposed and developed and showing adequate representation of the fractures sought, were left for printing by the Los Angeles Police Department photo lab.

We left the Los Angeles Police Department Building at 4:10 P.M. to pursue the x-ray studies at The Good Samaritan Hospital, Department of Radiology. These were done in the company of and with the kind consultation of Drs. R. L. Scanlan and J. D. Camp. The x-ray technician for these studies was Mr. G. O. Drianis. We arrived at The Good Samaritan Hospital at 4:15 P.M. for these studies.

The first studies were of the brain slices re-assembled in the best approximation of their original anatomical positions and x-rayed with the cerebellum approximated in situ as well (two exposures, radiation entering at the vertex).

The thus assembled brain was then x-rayed in a similar manner; but with the cerebellum detached slightly along the mid-sagittal axis (four films).

The segment of skull excised at the time of autopsy and containing both the surgical defect and portions of the wound of entry to the head was then x-rayed with the specimen in as intimate contact with the film plane as possible and thus very nearly representative of a perpendicular view through the center of the surgical defect, but not the wound of entry. Two exposures of this aspect were made. The specimen was then rotated 90 degrees so as to provide a somewhat lateral view with reference to that portion of mastoid in the specimen. The specimen was supported for this study by a balsa wood block. Two exposures were made at varyingly perpendicular planes to the foregoing. The above-mentioned four exposures are all contained on one sheet of film.

Composite films embodying visible evidence of the gunshot wound to the head were then made, including that portion of dura in which the traumatic and surgical defect was present, a portion of posterior aspect of temporal lobe nearest the wound of entry, and the two portions of cerebellum as previously sectioned by the Neuropathologist. Four films of this configuration were taken to include some variety of roentengraphic technique in view of the considerable variation of geometry in the specimens studied. All of the foregoing-described films bear the autopsy number 68-5731.

The next study was a series of two exposures on one sheet of film of the collection of bone fragments obtained at time of surgery (or a portion of these same). The fragments were oriented to emphasize two particular fragments, larger as it happened, which show on infra-red negatives some reaction in that spectrum. The two fragments are at the upper portion

of the x-ray field, the lower aspect being delineated by the number B-2411-68, Surgical Pathology accession number for this specimen at The Good Samaritan Hospital. Again a varying technique was used to afford a more meaningful interpretation of radio-dense areas.

Returning to the brain specimen proper, the re-assembled specimen was then arranged in a serial manner commencing from anterior and proceeding posteriorly with the arbitrary assignment of alphabetical designation of the slices which had been previously chosen by the Neuropathologist.

This first film includes arbitrary sections A, B and C. A letter R designates the right hand side of the array. The next film in this series includes arbitrary sections D and E. The next film includes arbitrary sections F, G and H, with the addition of a separate segment of cerebral cortex and associated hemorrhagic material known to have come from the region of the wound of entry to the head. The latter material bears the designation F-1. This series ends with section H which represents the terminus of the occipital lobes.

The next film is a composite of arbitrary section F, its accompanying fragment F-1, and separated views of cerebellum. Alignment of these specimens on the film is such that the mid-sagittal plane passes perpendicular to the film; the separate fragment of cerebrum and the associated hemorrhagic material are comparably distant from the midline; and the ventral portion of the cerebellum (including the pons) are similarly aligned. The remaining portion of cerebellum is then placed to the left of the ventral portion but along the same axis of lateral displacement.

The next film includes the foregoing configuration and adds the portion of dura which was originally fixed in formalin with the brain and which includes the traumatic and surgical defect.

The last film in this series is an array of the wounds of entry and exit. An "entry" column is arranged on the left of the film and the "exit" column on the right. Numbers appearing beside specimen images correspond to the assignment of gunshot wound numbers indicated in the autopsy protocol. Entry No. 1 is a view in which the superior portion of the image represents merely the integumental free surface and the remainder represents subcutaneous tissue. The specimen designated to include Entry No. 2 and Entry No. 3 is oriented on the film such that the radiation enters at the free surface of the skin. Orientation of this specimen takes into account the previously placed (at time of autopsy) suture nearest Entry No. 2. A faint image of this identifying suture is seen in this radiograph. Exit No. 2 is taken with the same orientation as the tissue including Entries 2 and 3.

Technical data for radiographs of wounds of entry and exit: 90 KV, 100 MA and 1/2 second exposure. The film suggested by Drs. Scanlan and Camp and used for these studies was Eastman Industrial type, affording superior contrast and resolution.

The above studies having been completed and all films processed and dried, the undersigned left The Hospital of The Good Samaritan at 7:25 P.M., to take the above items to the Hall of Justice. Colonel Finck had previously left the hospital (at 7:00 P.M.) for the purpose of returning the brain and other specimens (excluding the tissues containing wounds of entry and exit) to the Office of The Chief Medical Examiner-Coroner for further evaluation by the Neuropathologist. The undersigned returned the gunshot wound specimens to the office, along with the above described films.

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REPORT OF CHEMICAL ANALYSIS
COUNTY OF LOS ANGELES MEDICAL EXAMINER-CORONER
Toxicology Laboratory
Hall of Justice
Los Angeles, California

File No. 68-5731

Name of Deceased Senator Robert F. Kennedy Lab. No. 6-161

Date Submitted June 6, 1968 Time 8 A.M.

Autopsy Surgeon T. T. Noguchi, M.D.

Material Submitted:	Blood X	Liver X	Stomach
	Brain	Lung X	Lavage
	Femur	Spleen	Urine
	Kidney	Sternum	Gall bladder
	Drugs	Chemicals	

Test Desired: General Toxicological Analysis

Laboratory Findings:

A general toxicological analysis was performed
on blood, liver and lungs. Nothing significant
could be detected.

R. C. Gupta
Examined By R. C. Gupta, Ph.D. Head Toxicologist. Date June 14, 1968

REPORT OF MICROBIOLOGICAL ANALYSIS
CHIEF MEDICAL EXAMINER-CORONER'S OFFICE

Bacteriology Laboratory
Hall of Justice
Los Angeles, California

File No. 68-5731

of Deceased Robert F. Kennedy

Submitted June 6, 1968

Autopsy Surgeon Thomas T. Noguchi, M.D.

Material Submitted Blood for ABO and Rh Typing.

Laboratory Findings: BLOOD: Group A1 Rh positive.


Signed By Roderick I. Luke

Date June 12, 1968

GENERAL MICROSCOPIC DESCRIPTION

CARDIOVASCULAR SYSTEM

HEART (Sections 72-12 A, B and C; 72-13 A, B and C; 72-14 A, B and C; 72-15 A, B and C; 72-16 A, B and C; 72-17 A, B and C; 72-18 A, B and C; 72-19 A, B and C; 72-23 A, B and C.)

Epicardial surfaces show flat sparse mesothelium. The epicardial fat is of normal amount. In a few areas there is the usual degree of insinuation of epicardial fat cells in the outermost myocardium extending between isolated fibers and bundles of fibers. All sections show regular myocardial fibers with central nuclei which are of consistent and regular size. Tinctorial characteristics are uniform with the usual degree of eosinophilia. Within the myocardial interstitium is a minimal amount of edema, usually located adjacent to small vascular channels. No myocardial necrosis, fiber fragmentation, or inflammatory infiltrate is observed. No microscopic intra-myocardial hemorrhage can be identified. The endocardial surfaces show an intact endothelium. The usual complement of fibrous connective tissue is present subjacent to the endothelium. Small tributaries of the coronary arterial tree included in the sections of heart show no intrinsic disease. No thrombi or emboli are identified.

AORTA (Sections 72-28 A, B and C)

The section is that of a complete circumferential segment of aorta. It includes intima, media and a generous portion of adventitia. The endothelial surface is intact. In a few random areas, minimally increased amounts of fibrous tissue can be noted beneath the endothelium. A few minute pools of mucopolysaccharide material are seen in the deep intima and inner most media. Only rare isolated foam cells can be seen immediately subjacent to the endothelium. The pattern of the elastic plates of the media is normally preserved. The adventitia consists of the usual loose collagenous connective tissue. The vasa vasorum extending from the adventitia into aortic wall are of normal caliber. No inflammatory infiltrate is identified in any layer of the aortic wall.

INFERIOR VENA CAVA (Sections 72-29 A, B and C)

The structure of the full thickness of vein wall is preserved. The endothelial surface is intact. The usual complement of subendothelial fibrous tissue is present which appears to be loosely arrayed bundles of collagen. The media of the vein shows the usual bundles of smooth muscle separated by collagen bundles. The smooth muscle gradually thins out as it approaches the adventitia which is composed of loose areolar connective tissue.

A few small nerve trunks and blood vessels in the adventitia are unremarkable.

CORONARY ARTERIES (Sections 72-23 A, B and C; 72-24 A, B and C; 72-25 A, B and C represent gross sections of branches of the coronary tree. Sections 72-26 A, B and C; 72-27 A, B and C represent longitudinal sections of coronary arteries.)

Cross-sectioned vessels show intact endothelial surfaces. No cross-sectioned branches show significant luminal compromise. There is a slight increase in fibrous tissue deposition immediately subjacent to the intima, blending with the muscular media. Rare isolated foam cells can be identified. No sharply defined plaques are observed. In a few areas, loose fibrillar appearing pink-staining material is noted in the subintimal connective tissue adjacent to the muscular media and is surrounded by small aggregates of fibroblasts, foam cells and rare lymphocytes.

The longitudinally sectioned arterial branches show no additional alterations beyond those previously described in the cross-sectioned segments.

RESPIRATORY SYSTEM

TRACHEA (Sections 72-4 A, B and C; 72-5 A, B and C; 72-6 A, B and C)

Sections of trachea include epithelium, cartilagenous rings and peritracheal connective tissue. There is focal denudation of the surface epithelium. In other areas the normal columnar epithelium is intact. Some evidence of early regeneration of denuded epithelium is noted. The tracheal basement membrane is irregularly thickened and eosinophilic. Immediately subjacent to it are aggregates of lymphocytes in a slightly edematous subepithelial stroma. Most of the tracheal mucous glands appear intact. A few of their ducts contain inspissated secretions. In one block (72-6 A, B and C) neutrophilic leukocytes are noted aggregating beneath the basement membrane. There is stromal hemorrhage adjacent to the neutrophils. In another section (72-5 A, B and C) necrosis of the epithelial and subepithelial tissue down to the level of perichondrium is noted. The areas of necrosis are manifested by loss of nuclei with persistent nuclear dust, smudging of blood vessels, and some extravasation of blood. The necrosis also involves mucous glands. At the junction of the vital and necrotic tracheal mucosa, neutrophilic leukocytes are gathered. The tracheal cartilagenous rings are viable. In all sections, some central cartilagenous calcification is noted. Some extravasation of blood into the peritracheal connective tissue is seen.

LUNGS (Sections 72-7 A, B and C; 72-8 A, B and C; 72-9 A, B and C; 72-10 A, B and C; 72-11 A, B and C)

sections of pulmonary parenchyma are essentially similar to one another. All show moderate engorgement of the arterial bed with red blood cells as well as congestion of the alveolar capillary bed. In addition, precipitated proteinaceous edema fluid can be seen in many microscopic fields, located within alveolar spaces as well as within the perivascular and peribronchial interstitial tissue. Anthracotic pigment aggregates are sparse and collected in subpleural foci associated with slight fibrous tissue proliferation and lymphocytic aggregates. Other small aggregates of anthracotic pigment can be seen in perivascular and peribronchial location. Terminal bronchioles, respiratory bronchioles, and many alveolar ducts contain neutrophilic exudate. In some small respiratory passageways plugging by neutrophilic cells can be seen, while in other areas the aggregation is loose. In the areas of intra-alveolar neutrophilic exudation diapedesis of neutrophils through alveolar capillaries can be observed. In areas of the neutrophilic collections, fibrin mesh-works are noted. In a few alveolar spaces, fibrinous material appears compressed against the lining, but hyaline membrane formation is not a prominent feature in any of the sections examined. Larger bronchi, small bronchi and bronchioles of various caliber show prominent folding of their mucosal surfaces and some post mortem denudation of epithelium. In the areas of pulmonary parenchyma not involved with the pneumonitic process, slight hyperexpansion of alveolar ducts and alveolar spaces is noted. Several small pulmonary arterial branches contain thrombo-embolic material filling the lumen. No organization is observed. Search of vessels in the described sections reveals no obvious embolic central nervous system tissue.

LUNGS (Sections L20-1 A, B and C; L20-2 A, B and C; L20-3 A, B and C; L20-4 A, B and C; L20-5 A, B and C; L20-6 A, B and C; L20-7 A, B and C; L20-8 A, B and C; L20-9 A, B and C; L20-10 A, B and C; L20-11 A, B and C; L20-12 A, B and C; L20-13 A, B and C; L20-14 A, B and C; L20-15 A, B and C; L20-16 A, B and C; L20-17 A, B and C; L20-18 A, B and C; L20-19 A, B and C; L20-20 A, B and C)

Multiple sections of pulmonary parenchyma reveal varying amounts of red cell congestion of the capillary bed, exudation of neutrophilic leukocytes and proteinaceous material into scattered alveolar spaces, and precipitated edema fluid in other alveolar spaces. The changes are patchy. In some sections, there is collapse of individual pulmonary lobules. In other sections, small bronchi and bronchioles show post-mortem autolytic sloughing of the epithelium. Neutrophilic leukocytic aggregates are also seen in some bronchioles. In other fields, randomly scattered in the sections examined, hyperinflation of alveolar

spaces can be recognized. In section L20-2 A, B and C, two small vascular channels contain aggregates of fibrillar to spongy, pale-pink staining material in which ghosted nuclear structure can be identified. This material suggests embolic autolyzed central nervous system tissue. Special stains for myelin will be prepared.

HEMIC AND LYMPHATIC SYSTEM

LYMPH NODES (Sections 72-35 A, B and C; 72-36 A, B, and C)

Two lymph nodes are represented in these sections. Slides 72-35 A, B and C show a node structure embedded in considerable fibro-adipose tissue. Within the fibro-adipose tissue, are several myelinated nerve structures. The lymph node itself shows a well-formed capsule. The subcapsular sinusoids are open. The lymph node cortex shows small reactive follicles. In the medullary portion of the node are aggregates of macrophages obscured by black pigment. The lymph channels in the medullary portions of the nodes are unremarkable. The lymph node represented on section 72-36 A, B and C demonstrates an intact capsule with small amounts of adjacent areolar tissue and a few tags of smooth muscle. In this node the subcapsular sinusoids are also open and lined by normal littoral cells. The node cortex has small, rather symmetrically distributed lymphoid follicles with visible reactive centers. Within the medullary portion of the node is a large amount of black pigment consistent with carbon incorporated into macrophages. The medullary lymphoid sinusoids are unremarkable. The reticuloendothelial cells lining the sinusoids are not unduly prominent.

SPLEEN (Sections 72-30 A, B and C)

The splenic capsule is intact and of normal thickness. The trabecular framework of the splenic parenchyma is unchanged from normal. Malpighian follicles are normally arrayed along the central arterioles. No significant reactive centers are identified. Some of the central arterioles show a mild to moderate degree of hyalinosis. Throughout the splenic section, red pulp sinusoids are engorged with red cells. The cell population of the red pulp is normal. No evidence of extramedullary hematopoiesis is seen. There is no acute splenitis.

BONE MARROW (Sections 72-31 A, B and C)

Section of marrow includes the enclosing cortical compact and medullary cancellous bone. The adjacent periosteum is of the usual thickness and composed of dense bundles of collagen and small numbers of fibroblasts. The bony cortex shows the usual lamellar pattern. The cancellous bone trabeculae are of the usual configuration. The marrow within the medullary space is cellular and is approximately 20 percent fat. The cellular

maturation of all lines is orderly. Megakaryocytes are present. The myeloid to erythroid ratio is approximately 2.5 to 1, suggesting an early hyperplasia of the erythroid line. There is prominent activity of the normoblastic series in the marrow.

THYMUS (Sections 72-57 A, B and C; 72-58 A, B and C)

All sections show residual thymic elements embedded in lobulated fat containing several small blood vessels. The thymic lobules show nodular peripheral aggregates of mature lymphoid thymic cells. The medullary portions of the thymus are looser but are composed of lymphoid cells in a delicate reticular stroma. Hassell's corpuscles are prominent in all sections. Many show prominent cystic change and the cystic areas are filled with flakes of keratin-like material and epithelial cells with occasional formation of epithelial pearls. Amorphous flocculent pink-staining material surrounds the recognizable ghosted areas. There is no evidence of reactive lymphoid follicular activity within the thymus.

GASTROINTESTINAL SYSTEM

ESOPHAGUS (Sections 72-37 A, B and C)

The section is that of a complete cross-sectional representation of esophagus. Outer adventitial fibro fatty tissue tags are present. The circular and longitudinal muscles, bundles and associated nerve filaments and ganglia are normally distributed. The submucosa consists of rather loose areolar connective tissue. The muscularis mucosae is prominent but not abnormally thickened. The submucosa contains small clusters of lymphocytic cells near blood vessels. The esophageal squamous epithelium is intact and shows normal maturation from basal layer to the lumen. The section appears to represent mid-esophagus as no outer skeletal muscle attachments or submucosal gland structures are identified.

TONGUE (Sections 72-1 A, B and C)

This section includes a generous strip of lingual mucosa, subepithelial tissue and a prominent mass of lingual skeletal muscle. The epithelial surface shows numerous filiform papillations. The tips of the papillae are covered with slightly hypercornified squamous epithelium. The epithelial maturation appears orderly. Numerous bacterial colonies are present in the exfoliating squamous cellular debris. Colonies appear to be predominantly coccal. The lingual musculature is entirely within normal limits. There is no evidence of inflammation.

STOMACH (Sections 72-38 A, B and C; 72-39 A, B and C;
72-40 A, B and C)

All sections reveal similar features. The gastric serosa and muscularis are unremarkable. The gastric mucosal folds are prominent. The epithelium is moderately well preserved. Some superficial autolytic loss of the columnar surface epithelium adjacent to the gastric pits is noted. Between some mucosal folds are aggregates of entrapped mucus, containing exfoliated surface cells. The capillary bed of the mucosa appears engorged. Surrounding the necks of the gastric glands are rather prominent aggregates of plasma cells and occasional lymphocytes. In a few areas these cellular aggregates extend through the full thickness of mucosa and form small mononuclear aggregates at the junction of mucosa and muscularis mucosae. A distinctive feature observed in all sections is prominence of the parietal cell population of the gastric glands, with relative reduction in the zymogen cell population. The muscularis mucosae is of normal thickness. Submucosal tissues are of loose areolar type and contain engorged thin-walled blood vessels.

PANCREAS (Sections 72-41 A, B and C)

The sections are similar to one another. All show well preserved lobular pancreatic tissue. The vascular bed is mildly to moderately congested. Occasional fat cells are present within the lobules themselves, but there is no fat in the interstitial tissue. Several interlobular ducts and some intralobular ductal elements contain inspissated proteinaceous pink-staining material. The epithelium within most ducts is well preserved. Only rare pancreatic acini show ectasia. There is no interstitial inflammatory reaction identified. The islets of Langerhans appear normally distributed through the lobular parenchyma and show no evidence of hyalinization. There is no evidence of arteriolar sclerosis.

LIVER (Sections 72-42 A, B and C)

All sections are similar. The liver lobular architecture is well preserved. The portal triads contain no inflammatory cell infiltrate. The portal vein tributaries, hepatic artery tributaries and bile ducts are unremarkable. The central veins show mild to moderate engorgement by red blood cells. Some congestive changes in the innermost pericentral sinusoids are also observed. The liver cells are arranged in plates of single cell thickness. There is minimal edema of the spaces of Disse. The cells of von Kupfer are normally distributed. There is no evidence of cholestasis. The pericentral liver cells contain the usual complement of lipochrome pigments.

GALLBLADDER (Sections 72-43 A, B and C)

A section of gallbladder shows extensive autolytic changes involving the mucosa, with all the cells apparently ghosted and anucleated. The gallbladder muscular coat is unremarkable. The liver bed of the gallbladder is included in the section and shows unremarkable liver cells at their junction with the pericholecystic connective tissue.

UROGENITAL SYSTEM

KIDNEYS (Sections 72-44 A, B and C; 72-45 A, B and C; 72-46 A, B and C; 72-47 A, B and C; 72-48 A, B and C; 72-49 A, B and C; 72-50 A, B and C; 72-51 A, B and C)

Sections of kidney show moderately well preserved tubular elements and intact glomeruli. Most of the interstitial renal vascular bed is engorged with red blood cells. The glomerular capillary bed shows red blood cell engorgement. There is no evidence of renal tubular necrosis. In some sections, proximal tubular epithelium shows a slightly vacuolated to ground glass appearance suggestive of a minimal osmotic nephropathy. Only rare glomeruli in multiple sections examined show ischemic obsolescence. In general, small arteries of arcuate to interlobar size show slight intimal fibrous thickening. No significant arteriolar hyalinization is found.

Sections taken from blocks 72-44 and 72-45 include an adenomatous nodule within the outer cortex. This nodule appears well encapsulated by dense hyalinized fibrous tissue. A few central fibrous trabeculae course across the nodule. The nodule is composed of sheets, cords and tubules of small cuboidal to columnar cells, occasionally arranged as papillary fronds. The cells have sparse pale pink vacuolated to finely granular cytoplasm and large oval to rounded basophilic nuclei.

No mitotic activity is recognized within the nodule. No insinuation into blood vessels or the surrounding renal parenchyma is observed. There is scarring with associated tubular atrophy and some glomerular distortion and compression in the cortex immediately adjacent to the nodule.

Sections from blocks 72-46, 72-47, and 72-48 include the grossly described renal cyst. The cyst wall is composed of hyalinized fibrous connective tissue. The lining consists of sparse cuboidal cells. The renal parenchyma immediately adjacent to the cyst wall shows a generous rim of atrophic cortical and medullary tubules, compressed and distorted glomeruli, clusters of hyalinized glomeruli, and a minimal lymphocytic infiltration. These changes are consistent with pressure atrophy. Some small blood vessels in this area immediately adjacent to the cyst show prominent fibrosis.

sections of the kidney including the papillae as they enter the calyces show normal endothelial lining the calyces and a normal fibrous and muscular calyceal wall. The tip of a papilla is covered with unremarkable cuboidal epithelium. The collecting tubules appear unremarkable except for a rare focus of calcium salt deposition in their basement membranes.

BLADDER NECK - [REDACTED] (Sections 72-52 A, B and C; 72-53 A, B and C; 72-54 A, B and C)

Sections examined from block 72-52 include bladder with bladder neck and prostatic junction. The bladder wall musculature is unremarkable. The blood vessels immediately subjacent to the bladder epithelium are markedly congested with red cells. There is some loss of the transitional epithelium. In its place neutrophilic leukocytes and occasional mononuclear cells are clustered. The sub-epithelial tissue extending into the muscularis shows moderate edema and associated chronic inflammation. In the [REDACTED] there is also sub-epithelial edema and mild inflammation. The [REDACTED]

[REDACTED]. No atypical features are identified. Sections from blocks 72-53 and 72-54 show only [REDACTED]. The fibro-muscular stroma is unremarkable. The glands are arranged in their normal manner. The epithelium is intact. A few small ductules contain neutrophilic leukocytes and proteinaceous debris and are surrounded by mononuclear cells and rare neutrophils. Other glandular elements contain inspissated proteinaceous material, rare corpora amylacea, and a few small calcific spherules.

ENDOCRINE SYSTEM

THYROID (Section 72-56 A, B and C)

The thyroid follicles show mild to moderate variation in size.

Most contain rather abundant colloid. There is peripheral scalloping of colloid in a few follicles. The thyroid epithelium is generally low and cuboidal. A rare thyroid follicle shows squamous metaplasia. There is no evidence of interstitial inflammation, edema or fibrosis. Intrathyroid blood vessels are unremarkable.

PITUITARY (Sections 72-59 A, B and C; 72-60 A, B and C; 72-61 A, B and C; 72-62 A, B and C; 72-63 A, B and C; 72-64 A, B and C)

Multiple sections of the pituitary includes anterior, intermediate and posterior portions. The connective tissue capsule around the pituitary shows focal extravasation of blood. There is no hemorrhage within the substance of the pituitary, however. The anterior lobe contains the usual complement of cells of eosinophilic, basophilic and chromophobic types. The eosinophils show the usual nodular aggregation along the anterior pole. There is no evidence of necrosis of pituitary cells. Within the pars intermedia a few colloid filled cystic structures lined by attenuated cuboidal epithelium are seen. The posterior lobe has the typical neural appearance and is unremarkable.

ADRENALS (Sections 72-65 A, B and C; 72-66 A, B and C; 72-67 A, B and C; 72-68 A, B and C)

All sections of adrenal are essentially similar. All show a connective tissue capsule composed of dense hyalinized fibrous tissue containing fibroblasts. This capsule has a sharp junction with the surrounding periadrenal fat. Some of the periadrenal fat is of the fetal type such as is frequently seen in this region. A few small arterioles in the adrenal capsule and perirenal fat show minimal hyalinization of their walls. No extracapsular cortical nodules are identified. A few intracapsular microscopic aggregates of adrenal cortical cells are seen. The adrenal cortex shows well demarcated zonation. The glomerulosa is well formed and easily demarcated from the fasciculata. There is no significant nodularity identified within the cortex. The cells of the fasciculata have pale pink cytoplasm which is granular to finely vacuolated. The vascular bed appears mildly congested in the reticularis; in some sections it is moderately to markedly congested as it approaches the medulla. The reticularis shows cells having rather dense eosinophilic cytoplasm. There is the usual interdigitation of reticularis with the adrenal medulla. The medullary cellular elements are well-preserved. The usual thick walled venous channels are seen within the medulla.

PERIPHERAL NERVOUS SYSTEM

PERIPHERAL NERVE (Sections 72-72 A, B and C)

Peripheral myelinated nerve including its epineural connective

tissue shows well formed axonal structures with the usual complement of Schwann cell nuclei distributed in a normal manner. No diagnostic changes are recognized.

MISCELLANEOUS

Slides labeled 72-2 and 72-3 A, B and C are sections of pieces of gelfoam covered peripherally with blood clot, and showing early migration of neutrophilic leukocytes into the more peripheral interstices.

Slides labeled 72-32, 72-33, and 72-34 A, B and C and 72-22 A, B and C are all pieces of blood clot; no lamination or organization is present; and the material appears to be of either agonal or post-mortem origin.

Slides labeled 72-21 A, B and C and 72-20 A, B and C show pieces of gelfoam infiltrated with red cells, neutrophils and lymphocytes. Fibrin and red cells are at the periphery.

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SURGICAL PATHOLOGY SLIDES FOR REVIEW

Microscopic review of surgical tissue sections from The Hospital of The Good Samaritan, received in this office on June 7, 1968. Sections are labeled B2411-68, and consist of three slides.

One section shows skin and subcutaneous fat. Only a small area of surface epithelium is present. Several pilosebaceous structures and scattered sweat glands are noted. Collagen of the dermis shows fragmentation and coagulation, and some coagulation of epidermis is also present. Extravasation of blood into the dermis is widespread, and early neutrophilic migration out of capillaries into dermis and subcutaneous fat is recognized. Scattered fragments of bone dust are spread through the disrupted dermis. Aggregates of fine brown granular material can be observed near and in the most disrupted dermal tissue. These are consistent with grains of gunpowder.

Another tissue section reveals small pieces of disrupted edematous cerebellar cortex without reaction or hemorrhage. Purkinje cells show variable degrees of distortion and nuclear pyknosis. Small pieces of bone are also present on the slide as are irregular pieces of blood clot and fibrin mesh with entrapped leukocytes.

The third slide is a section of a piece of gelfoam to which are adherant a piece of blood clot, a few bony spicules and sparse pieces of brain tissue. Some minute strips of tissue consistent with leptomeninges are also noted.

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CLINICO-PATHOLOGICAL CORRELATION OF
SYSTEMIC AUTOPSY FINDINGS

INTRODUCTORY COMMENT:

The gross and microscopic findings obtained from the postmortem examination of the decedent have been correlated with information available from the clinical records of The Hospital of The Good Samaritan. Each organ system is reviewed, noting all changes and how these changes were manifested clinically. In addition, effects of therapy and the effects of the agonal events upon the gross and histopathological findings are described.

CARDIOVASCULAR SYSTEM:

The structure of the cardiovascular system appears to be within normal limits for the age of the decedent. There is no morphologic evidence of sustained hypertension, as the heart weight is normal and the myocardial thickness is also within the range of normal. No valvular deformities or abnormal intracardiac shunts are found to account for the systolic murmur reported in the clinical notes. No vegetations or antemortem marantic thrombi are seen grossly or microscopically. No myocardial necrosis of the type occasionally noted following the treatment of shock with vasopressors is identified in multiple sections. The coronary arteries reveal no evidence of significant luminal compromise by atherosclerosis. The minimal amount of interstitial edema within the myocardium is considered to be of agonal origin. The aorta and the venae cavae are within normal limits. No antemortem thrombus is recognized in the inferior vena cava in the region of the central venous catheter. The splenic vascular bed shows an amount of arteriolar hyalinosis normally seen in individuals of the stated age. Minimal fibrous thickening of the intima of intermediate sized renal arteries is also consistent with the age of the individual. The slight amount of hyalinosis of occasional periadrenal arterioles is also considered to be within normal limits.

RESPIRATORY SYSTEM:

The gross and microscopic changes described in the trachea are those usually found in comatose individuals in whom tracheostomy has been performed. The patchy denudation and regeneration of surface epithelium frequently accompanies measures utilized to keep the airway open. The are described in the microscopic notes as showing mucosal necrosis and acute inflammation is typical for the site of a tracheostomy tube. Such a lesion can show complete regeneration of epithelium following removal of the tracheostomy tube. The degree of calcification of tracheal cartilage rings is usual for the age of the decedent.

The pulmonary alterations are those usually encountered in the comatose individual. Mild intra-alveolar and interstitial edema frequently appears during the agonal period of life. Some pooling of secretions in the dependent portions of the lungs and the accumulation of the edema fluid in the hypostatic areas have given rise to a mild bronchopneumonic process. No evidence of abscess formation is noted microscopically, and the bronchopneumonic process appears to be early, showing no evidence of organization. No microscopic evidence of oxygen toxicity is noted. The pulmonary septal cells are unremarkable. The thromboemboli described microscopically are small and infrequent in these sections. These thromboemboli appear to be of recent origin and are not associated with infarction. Material suggestive of necrotic central nervous system tissue is identified in two arterial branches. Such pulmonary embolization of central nervous system tissue is not infrequent in craniocerebral trauma in which large vascular channels have become disrupted.

HEMOLYMPHATIC SYSTEM:

The lymph nodes examined microscopically are within normal limits. The spleen demonstrates red pulp congestion such as is usually seen as an agonal event. There is no manifestation of systemic sepsis. The bone marrow reveals a slight erythroid hyperplasia, this change reflecting an early response to a major blood loss. The thymus demonstrates the usual residual atrophic lobules. Many small cystic structures derived from Hassall's corpuscles are found throughout the medullary portion. Such cystic changes are not clinically significant.

GASTROINTESTINAL SYSTEM:

The bacterial colonies identified in the hypercornified lingual epithelium are frequently seen on the tongue of an unconscious individual where there is no mechanical effect of chewing or swallowing to cleanse the surface of the tongue. No inflammatory changes are identified in the tongue.

The esophagus shows no evidence of mucosal erosion or ulceration and there is no evidence of esophagitis.

The stomach shows no evidence of mucosal erosion or ulceration frequently associated with central nervous system disorders. The minimal amount of superficial autolysis of the epithelium is consistent with the post mortem interval from pronouncement of death until autopsy. Of interest is the prominence of parietal cells in the gastric glands. The plasmacytic and lymphocytic aggregates within the lamina propria suggest a slight chronic gastritis.

No specific lesions are identified in the entire gastrointestinal tract.

PANCREAS:-

The pancreas shows no gross or microscopic alteration of any significance.

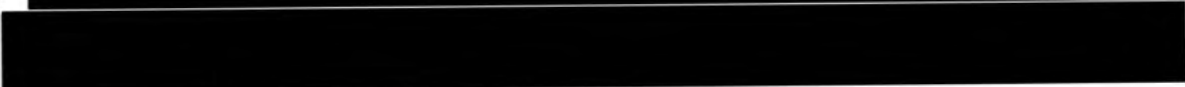

The central venous congestion observed within sections of liver is a usual agonal event. No liver cell necrosis is observed and the liver is devoid of inflammatory disease. There is no demonstrable evidence of toxicity of any therapeutic agent in the material examined.

UROGENITAL SYSTEM:

The left kidney contains a solitary renal cortical adenoma and a renal cortical cyst. The adenoma is well circumscribed, small, and composes of benign renal tubular epithelial cells. Lesions of this type are extremely common findings in postmortem examination and are of no clinical significance. The solitary renal cortical cyst is of no clinical significance. The slight amount of compression atrophy of renal parenchyma adjacent to both the adenoma and the cyst is so minimal as to not compromise renal function.

There is no evidence of renal tubular necrosis morphologically demonstrable in right or left kidney. The minimal vacuolar change described in some of the proximal tubular epithelium is a frequent finding associated with mannitol infusion. Such changes are reversible. There is no evidence of infection involving the renal pelves or calyces or parenchyma. The vascular congestion described is considered of agonal origin.

The slight amount of calcification around basement membrane around collecting tubules identified in the renal papillae is of obscure origin. Such calcification can be seen in individuals suggesting large amounts of milk or alkali or vitamin D. It is of no clinical significance.



ENDOCRINE SYSTEM:

The thyroid gland and pituitary gland show no gross or microscopic alteration.

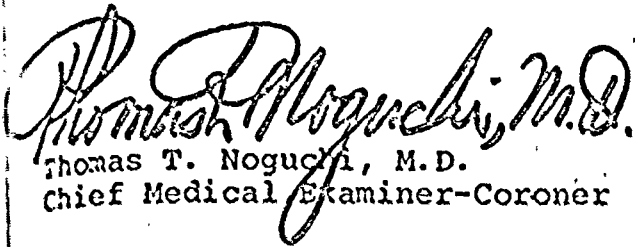
The adrenal glands are small but within normal limits. The cortices are thin, have normal zonation and show decreased lipid. The adrenals frequently show this pattern in healthy individuals dying acutely due to various causes. The Decadron therapy was of too short a course to have caused significant suppression and atrophy of the adrenal cortex.

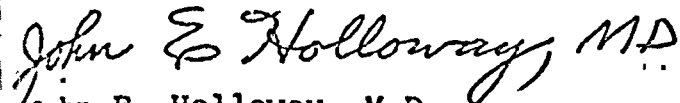
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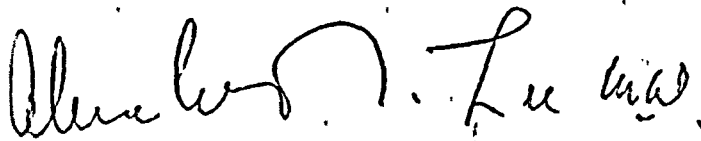
NOTE: In the preparation of these opinions and conclusions, a number of diagrams, x-rays, and photographs, together with their descriptive notes were utilized as work documents consistent with generally accepted medicolegal practice. In each instance, these items support the findings and conclusions contained herein. They are, however, not included as part of this report, pursuant to the provisions of Section 129 of the California Code of Civil Procedure.


TTN:etf

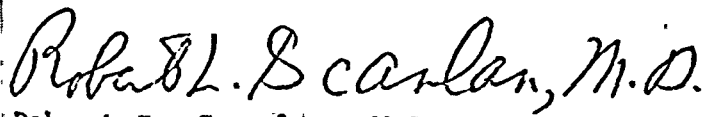
SIGNATURES


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


John E. Holloway, M.D.
Deputy Medical Examiner


Abraham T. Lu, M.D.
Deputy Medical Examiner


Victor J. Rosen, M.D.
Deputy Medical Examiner


Robert L. Scanlan, M.D.
Deputy Medical Examiner

SIRHAN B. SIRHAN - REPORTS

Los Angeles Police Department

ARREST REPORT

DR # 68-521 466 J#

LA # 901 375-S

COMBINED CRIME AND ARREST REPORT

CRIME REPORT VICTIM'S OCCUPATION, DESCENT, AGE Hotel		BOOKING NUMBER 495 139	LOC. BKO. CJ	DRIVER'S LICENSE NUMBER --	STATE --	EVID. BKO? Yes
ARRESTEE'S NAME (last, first, middle) DOE, John #1		SEX M	DESCENT Latin	HAIR Blk		
TYPE OF OFFENSE Assault W/Intent to Murder		EYES Brn	HEIGHT 5-8	WEIGHT 120	BIRTHDATE Refused	AGE 25
TOTAL VALUE --		AKA/NICKNAME Approx.				
TYPE OF PROPERTY --		DIV. & DETAIL ARREST Ramp 2X48	DATE & TIME ARRESTED 6-5-68 12:30am	DATE & TIME BOOKED 6-5-68 220am		
JUV. ONLY INFO PLACE JUV. DETAINED	RESID. R.D. --	PARENTS NOTIFIED BY --	TIME --	LOCATION OF ARREST 3400 Wilshire		
DIV. OF APPEARANCE --		DATE/TIME --	RPT. DIS. 251		PROB. INV. UNIT Ramp Det	
CHARGE (section, code and definition) Assault W/Intent to Murder		HOLD ARR. VLM. FOR --				
BKG APPROVED BY --		DETENT. APPROVED BY --	PRINTED? Y PHOTOS? Y	LOCATION CRIME COMMITTED 3400 Wilshire		
BIRTHPLACE (city & state) Refused		SOCIAL SECURITY # --	OBSERVABLE PHYSICAL ODITIES, MARKS—EVID. NARC. USE --		OCCUPATION/GRADE Refused	EMPLOYER/SCHOOL --
RESIDENCE ADDRESS Refused		CITY --	CLOTHING WORN Blu shirt, Blu levis, Gry shoes			
LIST CONNECTING RPTS. BY TYPE & IDENTIFYING NUMBERS Prop & Evid Report Above DR #		COMPLAINTS OR EVIDENCE OF ILLNESS OR INJURY—BY WHOM TREATED Sprained ankle - Bruises face - L. index finger - DR. E. C. Lane				
VEHICLE USED (year, make, body style, colors, etc., to mark)		DRIVING VEH. (direction & name of st.) --				
CODE: V-VICTIM		W-WITNESS		ON JUVENILES ONLY: P-BOTH NATURAL PARENTS G-GUARDIAN		
NAME		ADDRESS		CITY PHONE		
V1 KENNEDY, Robert F. + 5 Others		RES. BUS.				
V1 Greir, Roosevelt		RES. BUS.				
V2 Johnson, Rafer		RES. BUS.				
<p>ADMONITION OF RIGHTS: THE FOLLOWING STATEMENT WAS READ TO THE ARRESTEE: "You have the right to remain silent. If you give up the right to remain silent, anything you say can and will be used against you in a court of law. You have the right to speak with an attorney and to have the attorney present during questioning. If you so desire and cannot afford one, an attorney will be appointed for you without charge before questioning."</p> <p>THIS ADMONITION WAS READ TO THE ARRESTEE BY (Name & Serial #): PLACENCIA, Arthur #13742</p>						
<p>CIRCUMSTANCES OF ARREST: 1. SOURCE OF ACTIVITY; 2. OBSERVATION; 3. ARREST; 4. BOOKING. SPECIFIC HEADINGS: 1. EVIDENCE (narcotic addition 4/258); 2. INJURIES; 3. NOTIFICATIONS; 4. AGGRAVATED CIRCUMSTANCES; 5. ADDITIONAL (reason juvenile detained, etc.);</p>						
<p>Do you understand your rights? "Yes"</p> <p>Do you wish to remain silent? "Yes"</p> <p>Do you want an attorney present? "Yes"</p> <p>Suspect shot six victims (#1 Critical) in presence of Wit #1 & Wit #2, who apprehended suspect and disarmed him. Suspect refusess to give name.</p>						
<p>If additional space is needed use Continuation Sheet, Form 359 S/White, T. R. #13308 Ramp 2X48 Nov.</p>						
SUPERVISOR S/Lt. Hughes		SERIAL NO. 3089	REPORTING OFFICER(S) S/ Placencia, Arthur		SERIAL NO(S). #13742	DIVISION-DETAIL Ramp 2X48
						VACATION DATE(S) --
TO BE COMPLETED BY INVESTIGATOR						
COMMENTS OF INVESTIGATOR—INCLUDE WHEN REFERRED, NAME OF AGENCY AND PERSON ACCEPTING REFERRAL.						
ARREST REPORT DISPOSITION—REFERRALS—TRANSFERS						
<input type="checkbox"/> Counsel & Ref. <input type="checkbox"/> Plead/adult <input type="checkbox"/> Enon—Innocent <input type="checkbox"/> Action susp <input type="checkbox"/> Enon—Inad. evid <input type="checkbox"/> Social agency <input type="checkbox"/> CVA <input type="checkbox"/> Other law enf. agency <input type="checkbox"/> Other						
INVESTIGATING OFFER		SERIAL NO.	ADULT PRESENT AT INTERVIEW	SUPERVISOR APPROVING	SERIAL NO.	DATE/TIME REPROD. DIV./CLERK
						6-5-68 615a (2) R

Form 5.2—Rev. May 1968

ARREST REPORT

CITY OF LOS ANGELES — RECEIVING HOSPITAL
MEDICAL TREATMENT RECORD

CENTRAL RECEIVING HOSP.

Sirhan Sirhan Bishara (Last, First, Middle)
John Doe - Suspect
Refused answer

PHONE NUMBER: **7** SEX: **M** RACE: **F** BIRTHDATE: **11/11/41** AGE: **26** BIRTHPLACE: **M.S.W.D.** CITY: **Los Angeles** ZIP: **90015**

ACCIDENT LOCATION: **Los Angeles** ACCIDENT (Date and Time): **6/5/68 2:01 AM** EMPLOYER: **None**

STATEMENT OF ACCIDENT: **Examined in Homicide** EMPLOYER'S ADDRESS: **None**

HOW ENTERED: ☒ WALKED ☐ WHEELCHAIR ☐ STRETCHER ☐ CARRIED IN ☐ BROUGHT IN BY **None** EMPLOYER'S PHONE: **None**

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

REMARKS
Examined in Homicide
Pre Booking

HOW LEFT HOSPITAL: ☐ WALKED ☐ CARRIED ☐ WHEELCHAIR ☐ STRETCHER ☐ CARRIED IN ☐ BROUGHT IN BY **None** WHERE TAKEN: **None**

RELATIVES OR FRIENDS NOTIFIED: ☐ YES ☐ NO BY WHOM: **None** ACCOMPANIED BY: **None**

INDUSTRIAL INJURY: ☐ YES ☐ NO INSURANCE CARRIER: **None** SOCIAL SECURITY NO.: **None**

IS PATIENT INSURED?: ☐ YES ☐ NO SPECIFY TYPE (Blue Cross, Kaiser, CPS): **None** MEMBER NUMBER: **None** GROUP NUMBER: **None** CODE/SCHED: **None**

NAME OF SUBSCRIBER: **None** SURGEON ON DUTY: **Lanz** NURSE ON DUTY: **None**

RN 340-3-67

CLINICAL RECORD

WAS PATIENT ABLE TO ANSWER QUESTIONS INTELLIGENTLY? ☐ YES ☐ NO

Blood Pressure: **120/80** EMERGENCY CARE: ☐ Treatment ☐ Tetanus ☐

WAS PATIENT UNCONSCIOUS? ☒ COMPLETELY ☐ PARTIALLY

Pulse: **72** Temperature: **98.6** TOTAL CHARGES: **\$** Statement/Receipt No.: **None**

Ambulance Call Record No.: **None**

Opinion and/or Findings:
Swelling of left ankle - probably sprain
no fracture
Contusion of left index finger
Hematoma of forehead
Minor abrasion of face

Treatment and Advice:
Limited weight bearing left foot

Narcotic Admin.: **None** Time/By: **None** Repeat/By: **None** Condition on Discharge: **None**

Surgeon's Signature: **E. C. Lanz, M.D.** Patient's Signature if Complete Exam Refused: **None**

IN
1968 JUN 5 AM 2:01
OUT

LOS ANGELES POLICE DEPARTMENT BOOKING AND IDENTIFICATION RECORD											
FORM 5.1 - PAGE 2 REV. JAN. 1968		CEN No.				Page 5/3		LA No. 901375-S			
ARRESTEE'S NAME (LAST, FIRST, MIDDLE)			BOOKING NO.	SEX	DESCENT	AGE	HT.	WT.	BIRTH DATE	PROD. INVS. UNIT	
DOE, John # 1			495 139	M	Lat			120	Refused	Ramp D	
DIV. & DET. AREA		LOCATION OF ARREST	APPT. DIST.	DIV. BKS.	DATE AND TIME ARRESTED		DATE AND TIME BOOKED				
Ramp A		3400 Wilshire Blvd.	251	JCD	6/5/68 1210A		6/5/68 220A				
TYPE*	CHARGE (loc. code and definition) OR WARRANT BKG., LIST WARRANT NO., COURT, CHARGE, AMT. OF BAIL, AND PENALTY ASSESSMENT.										
F	217 P. C. Asslt. W/Int to murder - MT										
SIGNATURE AND/OR ALIAS			RESIDENCE ADDRESS			CITY			BIRTHPLACE		
Refused			Refused			Refused			Refused		
HAIR	EYES	HIGHLY OBSERVABLE AND DISTINGUISHING PHYSICAL QUALITIES			EMPLOYED BY		OCCUPATION		SOC. SEC. NO.		
Brown	Brown	None vis.			Refused		Refused		None		
CLOTHING WORN			LOCATION CRIME COMMITTED			DRIVER'S LIC. NO.			STATE		
blu/gry twt chrt. Gry suede shoes, blu chrt & pts.			Same			None					
IN CASE OF EMERGENCY NOTIFY		RELATIONSHIP	PHONE NUMBER	LOCATION OF ARRESTEE'S VEHICLE		DRIVER'S NO.		SPEC. MED. PROB. DIAB. EPI. ECT.		REMARKS	
Refused				Unknown		Yes		Dr. Lanz		None	
PROPERTY (LIST PAID THEREBY BY NO.) JEWELRY & RINGS, MAKE, STYLE & NOB. OR WATCH											RIGHT THUMB PRINT
DESCRIBE OTHER ARTICLES											
No property											
*TYPE OF CHARGE: MISD. — FEL. — OTHER											
ARRESTING OFFICER (NAME, SERIAL NO.)			BOOKING EMPLOYEE (NAME, SERIAL NO.)			SEARCHING OFFICER (NAME, SERIAL NO.)					
Jordan 7167, Willover 37			12605 Disruke 89473			Brokus 5900					

Sirhan refused to give his name and was originally booked as John Doe #1 for 217 PC (Assault with Intent to Commit Murder)

LEAVE THIS SPACE BLANK		TYPE OR PRINT LAST NAME		FIRST NAME	MIDDLE NAME	SEX	RACE
		CONTRIBUTOR AND ADDRESS		ALIASES		HT. (Inches)	WT.
		CHIEF POLICE DEPARTMENT LOS ANGELES, CALIF.		90031		HAIR	EYES
SIGNATURE OF PERSON FINGERPRINTED <i>R. E. Jones</i>		YOUR NUMBER		LEAVE THIS SPACE BLANK			
SCARS AND MARKS		AMPUTATION		PLACE FBI NO. HERE		CLASS	
SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <i>R. E. Jones</i>		DATE 4703 JUN		REF.		IF NO REPLY IS DESIRED	
1. RIGHT THUMB	2. RIGHT INDEX	3. RIGHT MIDDLE	4. RIGHT RING	5. RIGHT LITTLE			
6. LEFT THUMB	7. LEFT INDEX	8. LEFT MIDDLE	9. LEFT RING	10. LEFT LITTLE			
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		LEFT THUMB	RIGHT THUMB	RIGHT FOUR	RIGHT FOUR TAKEN SIMULTANEOUSLY		

ON RESEARCHER RELEASE, FBI IN		Los Angeles Police Department INVESTIGATOR'S FINAL REPORT		★ BOOKING NUMBER 195 139	★ OR NUMBER 68-521 166
★ NAME OF ARRESTEE (Last, First, Middle)		★ CHARGE		DATE AND TIME ARRESTED	★ LA NUMBER
Sirhan, Sirhan Bishara		(217 Att. Murder)		6-5-68 12:30 am	901375-S
ALIAS OR MONIKER		VEHICLE: YEAR, MAKE, BODY TYPE, COLOR, LICENSE NUMBER AND OTHER ID CHARACTERISTICS		OWNS USES	
Refused		Refused		Refused	
OCCUPATION	WHERE EMPLOYED (Name & Address OR RELIGIOUS AGENCY (Location))	LPA RELIEF NO.	UNION & LOCAL NO.	23 ARMED 24 RESISTED AT TIME OF ARREST	
Refused	Refused	Refused	Refused		
SINGLE	DIVORCED	CITY - STATE - YEAR MARRIED		CREDIT REFERENCES (Name and Location)	
MARRIED	SEPARATED				
<small>(1) NAMES OF RELATIVES AND ASSOCIATES (2) GENERAL INFORMATION: HANGOUTS, OTHER OCCUPATIONS, FRATERNAL ORGANIZATIONS, SCHOOLS ATTENDED, CITIES AND ADDRESSES RESIDED, CHRONIC ILLNESSES AND SOURCE OF TREATMENT; OTHER CRIMINAL CHARACTER AND BACKGROUND INFORMATION. (3) CIRCUMSTANCES OF ARREST: HOW CRIME PLANNED AND CARRIED OUT, METHOD USED IN DISPOSITION OF PROPERTY, ETC.</small>					
CODE: S-SPOUSE P-PARENT C-CHILD B-BROTHER T-SISTER F-OTHER RELATIVE F-FRIEND A-ACCOMPLICE G-COMMON LAW SPOUSE, NAMES OF RELATIVES AND ASSOCIATES CODE RESIDENCE ADDRESS PHONE OR LA NUMBER OF A BUSINESS OR C SCHOOL - NAME OR ADDRESS					
Sirhan, Mrs. (P) 696 E. Howard, Pasadena					
Sirhan, Mr. (P)					
Sirhan, Mimir (B) 696 E. Howard, Pasadena					
Sirhan, Adel (B)					
Sirhan, Saidallah (B)					
Dowry, Nabil (F)					
Dowry, Barbara (F)					
Corry, Beverly (F)					
Entered the U. S. at the age of 12. Refuses to make any statements to investigators.					
H. O.: Shot vict. after he had concluded victory speech at the Embassy Room in the Ambassador Hotel.					
<small>IF ADDITIONAL SPACE IS REQUIRED, USE ADDITIONAL INVESTIGATOR'S FINAL REPORT, FORM 530</small>					
Evidence Seized?		RELEASE TO ARRESTEE		HOLD- REASON:	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>		<input type="checkbox"/>	
★ PRISONER DETAINED AT:		★ RELEASE INFORMATION		★ OTHER DISPOSITION OF EVIDENCE	
Co. Cent. Jail		<input type="checkbox"/> FROM CUSTODY <input type="checkbox"/> FROM ORIGINAL CHARGE <input type="checkbox"/> TO OTHER AGENCY		BOOKED TO THIS ARRESTEE, COMPLETED PROPERTY DISPO CARD, FORM 20 & ATTACHED <input type="checkbox"/>	
★ ARREST DISPOSITION		COMPLAINT FILED - CHARGES AND COUNTS		AGENCY RELEASED TO:	
<input checked="" type="checkbox"/> FELONY COMPLAINT FILED		6 cts 217 P. C.			
<input type="checkbox"/> D. A. REJECT CATTADO		★ LIST UNSERVED WARRANTS			
<input type="checkbox"/> MISD. COMPLAINT FILED					
<input type="checkbox"/> C. A. REJECT					
<input type="checkbox"/> 14931 PC DETENTION ONLY					
<input type="checkbox"/> 125 PC 118 HOUR RELD		★ EXPLAIN ACTION TAKEN			
<input type="checkbox"/> UNRELATED FEL/WARR. SERVED		DDA - Joe Carr issued fel. complaint charging 6 cts. 217 P.C.			
<input type="checkbox"/> UNRELATED MISD/WARR. SERVED					
<input type="checkbox"/> OTHER EXPLAIN		Rebooked murder after arraignment.			
★ INVESTIGATING/RELEASING OFFICERS (Name & Serial No.)		DIVISION		DATE OF REPORT	
Sgt. J. P. Melendres 321h P. J. Pachett Ramp				6-6-68	
★ AUTHORITY REC'D BY (Name & Ser. No.)		★ DATE AND TIME AUTHORIZATION RECEIVED			
Lt. Perre 1350					
INVESTIGATOR'S FINAL REPORT					

Los Angeles Police Department

ARREST REPORT

COMBINED CRIME AND ARREST REPORT

DR # 68-521 466 J#

LA# 901 375-S

CRIME REPORT INFO		VICTIM'S OCCUPATION, DESCENT, AGE		BOOKING NUMBER		LOC. BKA		DRIVER'S LICENSE NUMBER		STATE		EVID. BKD?	
		U.S. Senator - Cauc. 42		495 739		C.J1		--				Yes	
TYPE OF PREMISES		Hotel		ARRESTEE'S NAME (last, first, middle)		SIRHAN, Sirhan Bishara		SEX		DESCENT		HAIR	
								M		Cauc		Blk	
TYPE OF OFFENSE		Murder		EYES		WEIGHT		BIRTHDATE		AGE		AKA/NICKNAME	
				Brn		5-2		115		3-19-44		24 John Doe #1(6-5-68)	
TYPE OF PROPERTY		TOTAL VALUE		DIV. & DETAIN. ARREST.		DATE & TIME ARRESTED		DATE & TIME BOOKED					
				Ramp Dets		6-6-68 2pm		6-6-68 2pm					
JUV. ONLY INFO.		RESID. R.D.		PARENTS NOTIFIED BY		TIME		LOCATION OF ARREST		APY. DIS.		PROB. INV. UNIT	
								County Central Jail		107		Ramp Dets	
PLACE JUV. DETAINED		DIV. OF APPEARANCE		DATE/TIME		TYPE CHARGE (action, code and definition)		HOLD ARR. VEN. FOR					
								Fel 187 PC (Murder)					
BAC. APPROVED BY		DETENT. APPROVED BY		PRINTED? Y N		PHOTOS? Y N		LOCATION CRIME COMMITTED		APY. DIS.		LOC/DISPOSITION OF ARRESTEE'S VEHICLE	
								3400 Wilshire		251		--	
BIRTHPLACE (city & state)		SOCIAL SECURITY #		OBSERVABLE PHYSICAL ODITIES, MARKS—EVID. NARC. USE		OCCUPATION/GRADE		EMPLOYER/SCHOOL					
Jordan		--		--		--		--		--		--	
RESIDENCE ADDRESS		CITY		CLOTHING WORN									
696 Howard St., Pasadena													
LIST CONNECTING RPIS. BY TYPE & IDENTIFYING NUMBERS		COMPLAINTS OR EVIDENCE OF ILLNESS OR INJURY—BY WHOM TREATED											
Attempt Murder Reports													
VEHICLE USED (year, make, body style, colors, etc. #, 10 marks)		DRIVING VEN. (direction & name of st.)		AT OR BETWEEN STREETS									
CODE: V-VICTIM (FIRM NAME IF BUSINESS)		W-WITNESS		ON JUVENILES ONLY: P-BOTH NATURAL PARENTS G-GUARDIAN									
NAME		ADDRESS		CITY		PHONE							
V KENNEDY, Robert Francis		RES.		BUS. DECEASED									
		RES.											
		BUS.											
		RES.											
		BUS.											
		RES.											
		BUS.											

ADMONITION OF RIGHTS THE FOLLOWING STATEMENT WAS READ TO THE ARRESTEE: "You have the right to remain silent. If you give up the right to remain silent, anything you say can and will be used against you in a court of law. You have the right to speak with an attorney and to have the attorney present during questioning. If you so desire and cannot afford one, an attorney will be appointed for you without charge before questioning."

THIS ADMONITION WAS READ TO THE ARRESTEE BY (Name & Serial #): Not Interviewed

CIRCUMSTANCES OF ARREST: 1. SOURCE OF ACTIVITY, 2. OBSERVATION, 3. ARREST, 4. BOOKING. SPECIFIC HEADINGS: 1. EVIDENCE (narcotic addiction 4/258); 2. INJURIES; 3. NOTIFICATIONS, 4. AGGRAVATED CIRCUMSTANCES, 5. ADDITIONAL (reason juvenile detained, etc.):

Officers received information that above named victim had died as a result of bullet wounds received on 6-5-68. An additional booking was then made on above suspect for the above charge.

Suspect not interviewed at time of booking on new charge.

If additional space is needed use Continuation Sheet, Form 15.9

SUPERVISOR	SERIAL NO.	REPORTING OFFICER(S)	SERIAL NO(S)	DIVISION-DETAIL	VACATION DATE(S)
S/Lt. Hegge	4360	W. Hambly #4988 - R. Johnson 6673	Ramp Dets	--	

TO BE COMPLETED BY INVESTIGATOR

COMMENTS OF INVESTIGATOR—INCLUDE WHEN REFERRED, NAME OF AGENCY AND PERSON ACCEPTING REFERRAL.

ARREST REPORT DISPOSITION—REFERRALS—TRANSFERS		J FYI		J Probation		J Juvenile Traffic (misd)	
<input type="checkbox"/> Counseled & Rel.	<input type="checkbox"/> Proved/adult	<input type="checkbox"/> Exon.—Innocent	<input type="checkbox"/> CVA	<input type="checkbox"/> Other law enf. agency	<input type="checkbox"/> Other		
<input type="checkbox"/> Action susp.	<input type="checkbox"/> Exon.—Insuf. evid.	<input type="checkbox"/> Social agency					
INVESTIGATING OFFICER	SERIAL NO.	ADULT PRESENT AT INTERVIEW	SUPERVISOR APPROVING	SERIAL NO.	DATE/TIME REPROD. DIV/CLERK		
					6-6-68 330p (2)RP		

Form 5.2—Rev. May 1968

ARREST REPORT

Los Angeles Police Department										LA NO. 901 375-S		
OUTSIDE BOOKING												
COUNTY BOOKING NUMBER 718 186		LAPD BOOKING NUMBER 195 139		DRIVER LIC. NO. Unk.		SOC. SEC. NO. Unk.				ROLLED RIGHT THUMBPRINT, IF NOT OBTAINABLE, INDICATE DIGIT USED.		
ARRESTEE'S NAME (Last, First, Middle) Sirhan, Sirhan Bishara						OCCUPATION Trainer		PROB. INV. UNIT Rm Dots				
BIRTHDATE 3-19-11		AGE 24		NICKNAME OR ALIAS John Doe #1								
HT. 5-2	WGT. 115	HAIR Bk	EYES Br	DESCENT Jordanian	SEX M	REPTG. DIST. 200						
CHARGE(S) (Cite, No., Code, Definition) 187 P.C. (Murder)												
DATE, DATE AND TIME SCHEDULED TO APPEAR To be arraigned												
WARRANT NUMBER		DIV. & DET. AAR Pamp		WHERE BOOKED Co Cent Jail		LOCATION OF ARREST Co. Cent. Jail		BIRTHPLACE Jordan				
DATE AND TIME BOOKED 6-6-68 2:00P		EMPLOYED BY		DATE AND TIME ARRESTED 6-6-68 2:00P		RESIDENCE ADDRESS						
ARRESTING OFFICER Cumbly		TRANSPORTING OFFICER		HIGHLY OBSERVABLE AND DISTINGUISHING PHYSICAL CIRCUMSTANCES								

When Senator Kennedy died, Sirhan,
whose identity was now known, was
rebooked for 187 PC (Murder)

[illegible]

OTHER VICTIMS - CRIME REPORTS

**Pasadena Police Department
CRIMES AGAINST PERSON
REPORT**

VICTIM'S NAME (Last - First - Middle - Sex - Race - Age - Full Name of Business) 1 EVANS, Elizabeth 2		Case No. 565 999	Classification P.C. 217 Attempt Murder Outside Assist.								
Weapons or Force Used (Describe) Possible Iver-Johnson .22 caliber revolver. 8 shot. Describe Injuries (Gun Shot - Stab, etc.) Gun Shot.		LOCATION (Ambassador Hotel) 3400 Wilshire Blvd., Los Angeles Date - Time - Day Occurred Wednesday, 6-5-68, 1am Approximately Same, 4:25am Date - Time - Day Reported to P.D. Type of Property Taken (Money - Jewelry) N/A Type of Location (Home - Bank, etc.)									
Condition of Victim (HBO, Coop, etc.) Listed as Good.		Coroner's Name and Case No. --									
Victim's Location if Hospital or Mortuary Huntington Hospital Trace Mark of Suspects (Actions - Conversations) Apparently fired 8 shots at Senator Robert F. Kennedy. One bullet struck Mrs. Evans. Victim's Occupation Self Employed (printing)		Apparent Motive Anger. Physical Evidence by (Inv's. Name) --									
Vehicle Used by Suspects (Year - Make - Body Type - Color - License and I.D. Nos.) Unknown, if any. Location Where Victim Can Be Contacted by Day Inv. If No Phone Indicated --		Residence Address - City - Phone 16032 W. Placerita Road Saugus, 365-3159 Business Address - City - Phone - Occupation Same									
Person Reporting Offense M/W 30 (1-30-38) CUBA, Stanley G. M.D. Dr. Who Treated Victim RAVELO, Celso Was Citizen Arrest - Arrested by --		Vehicle Used by Suspects (Year - Make - Body Type - Color - License and I.D. Nos.) Unknown Location Where Victim Can Be Contacted by Day Inv. If No Phone Indicated 100 Congress Street Pasadena. 796-0381 65 No. Madison Avenue, Pasadena. 796-2463.									
Witnesses - Name - Sex - Race - Age 1 -- 2 -- 3 --		Suspects Name (Last - First - Middle, Address, Sex, Race - Age - Booking Charge and No. - If Not Booked - Ht., Wt., Hair - Eyes - Complex - Other I.D. Characteristics) 1 M/W 23-25. N.F.D. IN CUSTODY, L.A.P.D. 2 -- 3 --									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">LOSS Item No.</th> <th style="width:60%;">(1) Itemize Loss (One Article to a line - List and Describe Fully - Serial Numbers and Values in Columns) (2) Identify Additional Suspects (3) Reconstruct the Crime (No Duplication of Prior Itemized Information) (4) Summarize Other Details Relating to the Crime</th> <th style="width:20%;">Serial Numbers</th> <th style="width:10%;">VALUE</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="height: 100px; vertical-align: top;"> <p>(3) At approximately 1:00 A.M. this date at the Ambassador Hotel the victim was struck by a bullet fired during an assassination attempt of Senator ROBERT F. KENNEDY. MRS. EVANS was taken to Central Receiving Hospital where she received first aid. She was transferred to the Huntington Memorial Hospital by GOODHEW ambulance.</p> <p>MRS. EVANS' private doctor, L.A. Williams, is a resident of the Huntington and this is the reason for the transfer. MRS. EVANS was admitted by Dr. RAVELO, who is assisting in the absence of DR. WILLIAMS. MRS. EVANS was</p> </td> </tr> </tbody> </table>				LOSS Item No.	(1) Itemize Loss (One Article to a line - List and Describe Fully - Serial Numbers and Values in Columns) (2) Identify Additional Suspects (3) Reconstruct the Crime (No Duplication of Prior Itemized Information) (4) Summarize Other Details Relating to the Crime	Serial Numbers	VALUE	<p>(3) At approximately 1:00 A.M. this date at the Ambassador Hotel the victim was struck by a bullet fired during an assassination attempt of Senator ROBERT F. KENNEDY. MRS. EVANS was taken to Central Receiving Hospital where she received first aid. She was transferred to the Huntington Memorial Hospital by GOODHEW ambulance.</p> <p>MRS. EVANS' private doctor, L.A. Williams, is a resident of the Huntington and this is the reason for the transfer. MRS. EVANS was admitted by Dr. RAVELO, who is assisting in the absence of DR. WILLIAMS. MRS. EVANS was</p>			
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Copies to DET. BUR. -3.		Copies by Indexed by Approved Officer's P.No. T.L. ELWELL, P731									

PAGE 1 OF TWO PAGE REPORT

Form 30-5-67 H19

-741-

PASADENA POLICE DEPARTMENT

CONTINUATION SHEET

(OUTSIDE ASSIST)

P.C. 217, ATTEMPT MURDER.

6-5-68, Wednesday

565 999

Reference To:

EVANS, Elizabeth Y.
F/W 42.

admitted to the Huntington Hospital at 2:35 A.M.

DR. CUBA, the Emergency doctor, examined MRS. EVANS. He found that she had been shot. The bullet entered the scalp of the forehead, just below the hair line, off center to the right and traveled upward to approximately one inch (1") above the hair line. The bullet did not exit or penetrate the skull. X-rays indicate that the bullet flattened itself against the skull.

DR. RAVELO also examined MRS. EVANS. He decided to leave the bullet in the scalp and have a surgeon remove it later this morning. He admitted MRS. EVANS to the hospital.

The nurses on duty said that a man identified as ARTHUR W. EVANS, the victim's husband, was present with DR. RAVELO.

Upon officers ELWELL and CASS' arrival, DR. RAVELO and MR. EVANS had departed. DR. CUBA was interviewed and the aforementioned information obtained.

SGT. MC INNES notified L.A.P.D. Homicide Division, that MRS. EVANS was in the Huntington Hospital.

Officers ELWELL and CASS met with SGT. CORCORAN (#2840) and SGT. LEWIS (#5750) of L.A.P.D. Detective Headquarters, Central Division., MA 4-5211 x 2504. All information obtained was given to SGT. CORCORAN and SGT. LEWIS.

A copy of MRS. EVANS' consent for treatment and admittance form was obtained and is attached to this report.

DLT. BUR. -3

T.L. Elwell, P-731.