

	<u>Page</u>
STANZELL, R. J. (Ofcr.)	291
STAPLES, Roger	397
STARBUCK, Jody A.	357, 1170
STARR, Harry C. Sr.	605, 606, 1170
STASIK, Frank	1170
STEADMAN, Martin	636, 785
STEARNS, P. T.	1258
STEEL, Gary	1244
STEEL, Michelle	1244
STEELE, J. M. (Ofcr.)	200, 216, 223
STEIER, Donald	1244
STEIN, Lt.	562
STEINMO, Kirste	1170
STEINBACHER, John	398
STELL, Maxine	1170
STELL, Sue	1266
STEPHENS, J. E. (Capt.)	30, 297
STEPHENS, Merla	1170
STEPHENSON, Sharon Rae	1258
STERLING, Alice	1171
STERLING, L. A. (Ofcr.)	219, 226
STERLITZ, H.	1258
STERNS, Estelle	66, 67, 427, 432, 435, 436, 437-439, 955, 1039, 1040, 1179, 1171
STEVE (LNU)	875
STEVENS, April	1171
STEVENS, David O.	1172
STEVENS, Inger	1258
STEVENS, Theodore	395, 396, 1075, 1172
STEWART, Richard	1172
STEWART, Anita	91, 92, 568-572, 923, 924, 1000, 1169, 1172, 1193
STEWART, Anthony	607, 1172
STEWART, D. K. (Ofcr.)	30, 255
STEWART, D. R. (Ofcr.)	727
STEWART, Freddie	1273
STEWART, James	568, 569, 571, 923, 1172, 1173
STEWART, Patricia Ann	1273
STEWART, Richard G.	607, 1172, 1173
STICKLES (FNU)	726
STIFF, Donna	1231
STIMSON, Ruth H.	1266
STILES, Quentin R. (Dr.)	173, 241
STILLMAN, Harry	1173
STINER, Jean	1033
STIPP, Marion Henry	1173
STODDARD, Debbie	1266
STOFFEL, S. M. (Lt.)	282, 284, 293, 762, 766
STOKES, Ardie	1266
STOKES, Wanda	1173

	<u>Page</u>
STOLLE, A. H. (Ofcr.)	236, 239, 246, 251, 260
STONE, Carol Ellen	1253
STONE, Joyce Cecelia	483, 484, 1173, 1174
STONE, Robert R.	1273
STONE, Shelly	1244
STONE, Wayne	1273
STONER, George R.	313, 608, 827, 829
STOUT, Bill	1266
STOUT, Helen	1244
STOWERS, Albert L.	136, 406, 1174
STRAIN, Samuel	1174
STRAND, Dieter	1258
STRANGE, Vivian	1273
STRATHMAN, John H.	382, 399, 857, 1127, 1174, 1175
STRATHMANN, Patricia Alice	382, 399, 1175
STRAUERS, Murray	1273
STRAUSS, Alfred	1175
STRAWN, Jeannette D.	1176
STRIBLING, Clyde	1176
STRICK, Larry D.	426, 432, 1176, 1177
STRICKEL, W. A. (Ofcr.)	188-190, 221, 227, 229, 236, 239, 246, 247, 260, 306
STROBLE, Ginger	1266
STROLL, Francine	747, 915
STROLL, Irwin N.	15, 18, 162, 165, 177, 181, 182, 185, 273, 592, 640, 650, 652, 722, 730, 753, 747, 748, 766, 795, 818, 915, 944, 950, 951, 1015, 1016, 1039, 1074, 1085, 1087, 1177
STROLL, Milton	747
STRONG, Joseph	1177
STRONG, T. (Sgt.)	682
STROSS, Max	1020
STRUGEON, Linda	548, 1177
STUART, Steve	1177
STURGEON, Linda	548, 1177
STURRACK, Arma	1231
SUCHANEK, George	1253
SUCHIL, Sally	1178
SUGAR, Benita	1244
SUGAR, Bonnie	1244
SUGAR, Larry	1244
SUKIEL, Sgt.	766
SULLIVAN, Acqueline	162, 1034, 1178
SULLIVAN, J. P. (FBI)	319, 320
SULLIVAN, Norma G.	1178
SULTAN, Edward Jr.	1273
SUMMERS, Don	1178

	<u>Page</u>
SUMMERS, Florence N.	1178
SUMMERS, Paul Steven	1266
SUMPTER, Kris	420, 1234
SUPPERVILLE, Nestor	1244
SUPSINSKAS, Don	857
SUSSEX, Elmer	1273
SWAGEL, Lorin (Dr.)	173
SWANSON, Ellis	1179, 1268
SWANSON, Robert A.	1273
SWANSON, Sterling Gage	1160, 1179
SWEARINGEN, William A.	1244
SWEDE, John A.	1179
SWEENEY, Margaret	438, 1126, 1179
SWEENEY (FNU)	766
SWIHART, W. C. (Sgt.)	26, 193, 197, 198, 200, 221, 228, 229, 232, 236, 239, 243, 244, 251, 255, 260, 773
SWITZER, Margaret M.	1231
SWOFFORD, Jesse	1244
SWOPE, Adrian Jess	1244
SYKES, Alice N.	1244
SYKES, Lynn Ann	1266
SYLVAN, Ann	387, 1179, 1201
SZALAY, Ann	1180
SZONYI, Istvan	1253

INDEX

	<u>Page</u>
TABATABAI, Firouz	1181
TABBAN, Stephen Henry	1181
TABELLO, Joseph G.	341, 1181
TABULARA, Isabell	1181
TACKABERRY, R. (Lt.)	22, 25, 26, 28, 197, 199, 200, 223, 229-232, 236, 239, 241, 242, 245- 248, 251, 254, 260, 766
TADJIKI, Jamshid	1181, 1182
TAHER, M.	1182
TAHEU, Abodol Hamid	1182
TAIGO, Robert	162
TALBOT, Robert	595
TALISMAN, Amy	1266
TALLEY, Eddie	1253
TAN, B.	174
TANAYORI, Alfred	1182
TANCHEK, Michael	1231
TANKLE, Shelley	1244
TAPIA, Betty	1182
TAPIA, Daniel	1182
TAPIA, Francisco	1182
TAPIA, Lucio	1234
TARDIFF, Ronald L.	1182, 1183
TARRAZAS (FNU)	766
TASHMA, Albert (Dr.)	375, 644, 807, 1081, 1183
TAYLOR, Curtis R.	1266
TAYLOR, Genevieve	1183, 1196
TAYLOR, Henry	1258
TAYLOR, Hobert (Ofcr.)	545
TAYLOR, Kathy	1244
TAYLOR, Ora	1183, 1184
TAYLOR, Robert	1184
TAYLOR, Robert L.	1273
TAYLOR, Sandra	1244
TAYLOR, Saundra	1231
TAYLOR, Terry	1232
TAYLOR, W. G.	1273
TAYLOR, William Patrick	1253
TAVS, Carole	1266
TAWIL, Abraham J.	1183
TEAGUE, C. E. (Ofcr.)	225
TEAGUE, Michael	419, 1029, 1184
TEAGUE, Muriel	1166
TEDRECK, B. C. (Ofcr.)	295
TEGUNS, Alan	1258
TEMPLE, Harry	766
TENEY, M. E. (Ofcr.)	219, 226
TENNEY, Misch A.	1184

	<u>Page</u>
TERESI, Tony	541
TERESI, Virginia	84, 84, 536-543, 1185
TERNQUIST, Arnold	1273
TERRICK, F. J. (Sgt.)	216, 225
TERRY, Sally Ann	1253
TERRY, Wilbur	251, 766
TESCHER, Joseph	504, 602, 973, 984, 1185
THAYER, Clark	1244
THEIS, William J.	1258
THELIN, Colette Jamene	1253
THEOBALD, Cathleen	1266
THIES, M. J. (Ofcr.)	294
THOMAS, John D.	1253
THOMAS, R. C.	1183, 1185
THOMAS, Robert J.	1258
THOMAS, William	1266
THOMPSON, Bruce	1258
THOMPSON, C. B. (Ofcr.)	263, 639, 642, 766, 794, 802, 842
THOMPSON, Dorothy F.	1258
THOMPSON, Harold	1185
THOMPSON, Janet	1254
THOMPSON, Kay	1232
THOMPSON, P. H. (Ofcr.)	225
THOMPSON, Richard	1185
THOMPSON, Robert	1244
THOMPSON, Sherman	1273
THOMPSON, Stephen Van Zandt	1185
THOMPSON, Vernon	1244
THOMPSON, William	1254
THOMPSON, Zane	1185, 1186
THOMSEN, Katherine	1254
THOMSON, George C.	1254
THOMSON, Kay G.	1244
THOMSON, Richard	901
THORN, Margie	1186
THORNBURGH, James J.	508, 604, 619, 1001, 1186
THORNTON, F. E.	1273
THORNTON, Frank	685-687, 858, 1186
THORNTON, John	1186, 1244
THORNTON, Joy Crane	1186
THORNTON, Patrick	180, 766, 1258
THROPE, Vincent	1273
TIEGNER, George	1232
TIHOMIROB, Nina	359, 1187
TIMINSON, Uno	133, 134, 143, 144, 156, 157, 162, 929, 1075, 1187
TINCH, G. F. (Ofcr.)	24, 26, 227, 228, 232, 233, 235, 939, 1043, 1090
TINGLEY, Jake Chauncey	1187
TINKHAM, William	1188

	<u>Page</u>
TIPPETT, Warnie T.	1188
TKACZYK, Stanley F.	1258
TOBIN, Leslie	1244
TODARO, Dean S.	1266
TOIGO, Robert A.	151, 1244
TOKUNOW, Alvin S.	707-710, 1141, 1244
TOLAN, James E.	1266
TOLBERT, Kathryn B.	167, 939, 1188
TOLCH, Samuel	1253
TOMA, T. J. (Dr.)	1188
TOMICH, Harriet	1244
TOMICH, Sam	1244
TONY (Khoury, Antoine Fouad)	573
TOOL, Jerrine B.	1188, 1189
TOOL, Merle Scott	606, 1189
TOOL, Merle (Mrs.)	1189
TOOMER, Anne P.	1094, 1189
TOPAS, Fern	1244
TOTEN, Flavio	1189
TOWERS, Carol	1189
TOWNLEY, Mary	1232
TOWNSEND, Gary	1189, 1190
TRACY, H. O.	1266
TRAISH, Mohannad M.	1190
TREBACK, Maxwell	1254
TREEBOW, Anthony	1190
TRENKEL, Rudolph	1273
TREPIAK, Joseph	1234
TRETICK, Maureen	1273
TRETICK, Stanley	1273
TREVOR, J. Robert	1190
TRILLING, Barry	1254
TRIVELLI, Terry Patricia	1190
TRIVES, Nathaniel	1190
TRIVISONO, Jacqueline	1191
TROTTER, Mary	181
TROUPE, Elaine	1234
TROUT, Orie	988, 1191
TROUT, Samuel Perry	1254
TROWER, Ben	1036, 1191
TRUM, Ruby	1254
TRUMBLE, Don	548, 549, 1191
TRUSSEL (Lt.)	766
TUCK, Richard	4, 132, 143, 243, 1191, 1192
TUCKER, B. T.	1266
TUDOR, D. G. (Sgt.)	262
TUNISON, Francis A.	1273
TUNNEY, John	907
TURNER, Ann	1244
TURNER, J. R. (Ofcr.)	224, 260
TURNER, Jessie	1192
TURNER, Wallace	1192

TURNER, William 517, 534, 713, 714, 716,
719, 720, 908, 909
TURRELL, Katherine A. 1244
TURRELL, Terry Nels 1245
TUTOR, Richard J. 1254
TUTTLE, Rick 1245
TWINNING, Howard 1192
TYKIENIEWSKI, Arlene 1245
TYSON, Tuffy (Theron) 568, 570-572, 923, 924,
1000, 1192, 1193
TZIVELEKI, Andrea 1258

INDEX

	<u>Page</u>
UCHIDA, Mrs.	751
UECKER, Karl	8-10, 39, 148, 149, 156, 157, 162, 190, 305, 306, 592, 594, 621, 929, 1016, 1034, 1075, 1100, 1132, 1194
UHLIK, Anna	1194
ULLMAN, B. E.	1245
ULM, Jayne F.	1232
UMENTO, Cazuo	1266
UMHOFFER, Mary E.	1266
UNLAND, W. R. (Sgt.)	214, 224, 249, 259
UNO (FNU)	1154, 1164
UNRUH, Bradley	162, 1245
UNRUH, Jesse	7, 20, 21, 31, 32, 40, 143, 157, 162, 181, 190- 195, 216, 265, 271, 272, 306-309, 592, 623, 660, 661, 715, 748, 766, 929, 1053, 1054, 1083, 1139, 1194, 1214
UNRUH, Linda	1254
UNRUH, Randy	1254
UNRUH, Virginia	1245
URSANO, Maria	1245
URSO, Lisa Lynn	149, 162, 213, 592, 594, 621, 1194

INDEX

	Page
VAFIE, Mohammad	1195
VALDEZ, J. R. (Ofcr.)	224
VALDEZ, Mary	695, 696
VALDIVIA, Albert	1254
VALDIVIA, L. G.	1254
VALENTINE, J. R.	297
VALENTINE (FNU) (Mrs.)	1195
VALENZUELA, E. (Ofcr.)	237, 272, 276
VALENZUELA, Mario	1195
VALENZUELA, Nicolas	1258
VALERY, Ralph Patrick	1276
VALLEJO, Manijo Agosto	1116, 1195
VALLERO, Ernest	1195
VAN AMERSSOORT, Theodora	1195
VAN ANTWERP, Anna Jeanne	1183, 1196
VAN ANTWERP, Edward	386, 387, 1137, 1183, 1184, 1196
VAN BIBBER (Ofcr.)	578
VANCE, K.	1254
VANDERBOF, Diane	1197
VANDERGRIFF, Virginia	1197
VANDERHORCK, John	1197
VAN DE VERT, Vincent	1254
VANDEWALLE, T. J. (Ofcr.)	223, 236, 260
VAN DYCK, W. J. (Ofcr.)	295
VAN HORN, John	1197
VAN Horn, Mike	1276
VAN NESS, Gilbert	169, 1091
VANOCUR, Sandra	409, 785, 1273
VAN OLINDA, Lea P.	1197
VARA, Paz P.	1254
VARGES, Richard	1245
VARGILIO, Dennis	1232
VARNEY, D. D. (Sgt.)	196, 205, 222, 251, 259, 629, 773
VARON, Samuel	1258
VARROW, Roy	1245
VARROW, Roy (Mrs.)	1245
VARTANIAN, B. (Sgt.)	290
VARTANIAN, Henrie	1197
VAUGHN, Mary	1052, 1234
VAUGHN, Ondine	1245
VAUGHN, Robin	1245
VAUGHN, Tony	1245
VEDDER, Shirley	1197
VEGA, Armando Martinez	1258
VEJVODDA, Michael	68, 69, 455-459, 956, 1198
VELASQUEZ, R. J. (Ofcr.)	186-188, 202, 212, 221, 277

	Page
VELASQUEZ, Vincente C.	1266
VELAZCO, Alberto	449, 1006, 1198
VENABLE, John	1198
VENABLES, Margaret Mary	1266
VENEGAS-ROMERO, Flaviano	1258
VENNE, Kathy	548, 1198
VERGILLIO, Sheila	1254
VERRECHIA, Jean	1245
VERRECHIA, Nicole	1245
VEYLUPEK, Shirley	1198
VIAZANKO, John Paul	1245
VILIN, Ruby	1198
VILLAIRE, Steve	1266
VILLARREAL, Gloria	1232
VILLESCAS, Pete	1258
VINAL, Judy	1199
VINCENT, R. B. (Ofcr.)	237, 261
VINE, Sidney	1273
VINER, Michael	1266
VINOGRAD, Susan Marie	1266
VITALI, A. J. (Ofcr.)	236, 260
VODHANEL, Debra	1199, 1245
VODHANEL, Frank J.	1199
VODHANEL, Lois	1162, 1199
VOGEL, David	614, 1199, 1200
VOGL, K. E. (Ofcr.)	202, 223, 1144
VOLKMAN, Sherry	1232
VOLPE, Geneva	1200
VON KARMAN, Theodore	368
VOSS, M. A. (Ofcr.)	219, 226, 834
VREELAND, E. P.	1245
VREELAND (Ofcr.)	578
VRIELING, James H.	1273
VROOMAN, Dick	1200

INDEX

	<u>Page</u>
WACHNER, Kris	1266
WAGNER (FNU)	766
WAGNER, David	1273
WAGNER, Steven	1258
WAHL, Donald L.	1273
WAINWRIGHT, L. S.	1273
WAJNBERG, Bernard	1201
WAKEMAN, Norman H.	1201
WALD, Edward	1245
WALD, Pete	1245
WALDEN, Alan	1273
WALDMAN, Ben	1273
WALDO, Marion	1201
WALDO, Stephen	1201
WALI-MAHAMMAD, Charonne	1201
WALKER, Connie	1232
WALKER, Herbert V. (Judge)	107, 108, 610, 631, 677, 678, 679, 680
WALKER, J. M. (Ofcr.)	276
WALKER, Jake Ceasar	1254
WALKER, John H.	1153, 1202
WALKER, Lloyd Everett	1202
WALKER, Pauline	1245
WALKER, Richard B.	995, 996, 1202
WALKER, (Sgt.)	766
WALKER, Terry	1232
WALKER, Vera	562, 1198, 1202
WALL, Mary	1202
WALLACE, Nancy	1245
WALMUN, Roberta	1245
WALMUN, Sven	1245
WALSH, Rose Bernardine	1234
WALSTON, Barbara	1266
WALSWORTH, James R.	664, 668
WALSWORTH, John Michael	664, 668
WALSWORTH, Leroy G.	664, 668
WALTER, D. E. (Ofcr.)	294
WALTON, Barbara	1266
WALTON, L. R. (Capt.)	35, 284, 286, 287, 293
WANGSGARD (Lt.)	745
WANSINK, Betty	1203
WANSINK, Lambertus	1203
WANTHIVANOND, Ratn	1258
WAPNER, Mildred Ann	1203
WARD, Edward	1203
WARD, Gene	1266
WARD, M. R. (Lt.)	290
WARFORD, J. W. (Ofcr.)	293
WARREN, D. (Ofcr.)	788
WARSCHAW, Carman	1203

WARSCHAW, Louis	407, 1203, 1204
WASHINGTON, Brenda	894, 1245
WASHINGTON, Dennis	1232
WASHINGTON, Maryann	1232
WASON (Ofcr.)	1044
WASSER, Julian	1245
WASSERMAN, Dennise	1245
WASSERMAN, Harry	1245
WATERS, Riley R.	1245
WATSON, Blake H. (Dr.)	173
WATSON, D. C. (Ofcr.)	290
WATSON, G.	1273
WATSON, James	732, 825, 839, 840
WATSON, Phillippe T.	1204
WATTS, J. C. (Ofcr.)	129, 130, 235, 258
WATTS, James Paul Jr.	1245
WATWOOD, Gale	1204
WAUGH, John L.	1254
WAYNE, Michael	144, 162, 432, 707, 897, 910, 914, 955, 1027, 1028, 1054, 1160, 1174, 1205.
WAYNE, William V.	1254
WEATHERLY, John Chris	875, 1113, 1205
WEATHERS, Gertrude	179
WEAVER, Dennis Stephen	1205
WEAVER, Russell Doyle	1075, 1205
WEAVER, Warren	137, 1258
WEBER, J. Alan Jr.	1276
WECHT, Cyril H. (Dr.)	732
WEGLEIN, Steven	1232
WEIDNER, Jack (SEE John)	644
WEIDNER, John	366, 367, 369, 380, 390, 392, 644, 765, 807, 889, 897, 915, 933, 970, 992, 1077, 1098, 1107, 1132, 1206
WEIGEL, Gloria	1254
WEIGEL, Regina E.	1232
WEIGEL, Robert	1254
WEIGER, Mary Ann	1234
WEINBECK, J. T. (Ofcr.)	197, 202, 214, 221, 260
WEINBERG, James	1254
WEINBERG, Patricia	1258
WEINGARTEN, Joel	1258
WEINSTIEN, Irwin	1254
WEINSTIEN, Judith	1254
WEINSTOCK, Elaine	1245
WEISBERG, Harold	94, 582-584, 664, 668, 1023, 1207
WEISE, Kathy	1207
WEISE, Milton	1254
WEIS, Mervyn	1245

WEISEL, William S. 16, 17, 162, 178, 179,
184, 634, 650, 652, 722,
730, 749, 754, 766, 782,
818, 874, 924, 946, 948,
950, 996, 1012, 1088,
1099, 1102, 1107, 1136,
1137, 1202, 1207

WEISMAN, Karen 1273

WEISS, Arleen 1254

WEISS, Charles 1232

WEISS, Gary 1266

WEISS, Linda 1267

WEISS, Marsha Lynn 783, 1245

WEISSFELD, Joe 1267

WEITZEL, R. L. (LASO) 210

WELCH, Carol Ann 1273

WELCH, Flora 174

WELCH, Maggie 1234

WELCH, Terry Michay 385, 1207, 1208

WELCH, Thelma 173

WELLER, Emma 1208

WELLS, Frank 766

WELLS, Irvin B. (FBI) 511, 815

WELLS, Jack 1258

WELLS, Ron 1245

WELLS, William P. 1267

WERNICKE, C. O. (LASO) 210, 212

WERRIS, Laurie 1245

WERTH, P. (Ofcr.) 646, 810, 811

WERTLAKE, Paul T. (Dr.) 172, 241, 251, 629, 630,
773, 1208

WESENFELD, Joy 1232

WESSELS, Cheryl 418, 833, 841, 1209

WEST, Andrew 162, 595, 634, 781, 1108,
1209

WEST, George William 781

WEST, Ralph 1209

WEST, William George (Andy) 162, 595, 634, 781, 1108,
1209

WESTERFIELD, Rex 112, 113, 702, 703, 704,
705, 1209, 1210

WESTLAKE, Dana 42, 315, 316, 595, 598,
1210

WESTLAKE, Robert Dana (Mrs.) 998

WESTON, Don 119, 120, 121, 1273

WETZEL, Stamen Dexter 1273

WHALEN, Mary 1245

WHARTON, Michael D. 1276

WHEATLEY, Conner 1276

WHEELAHAN, Carol 1267

WHEELER, D. L. (Ofcr.) 276

WHEELER, Lynn 1213

	<u>Page</u>
WHEELER, Robert	1210
WHEELER, Robert Lawrence	365
WHEELER, Robert Lynn	365, 369
WHEELER, Warner Robert Lynn	1093
WHELAN, Katherine J.	1210
WHERRY, Margaret	252
WHERTON, Michael	1210, 1211
WHITE, Anna L.	1254
WHITE, Art	1245
WHITE, Bill	1211
WHITE, Bonnie Louise	1211, 1212
WHITE, C. D. (Ofcr.)	331, 633, 638, 728, 790
WHITE, C. P. (Ofcr.)	779
WHITE, Camille A.	1211
WHITE, Estelle	1245
WHITE, Faye	1245
WHITE, Frank	1273
WHITE, Gary	1274
WHITE, Harry	1211, 1212
WHITE, Lucy	1212
WHITE, Margaret	1245
WHITE, Patricia	1212
WHITE, Rachel	944, 1211, 1212
WHITE, Robert	1212, 1213
WHITE, Stephen Joseph	1082
WHITE, T. J. (Sgt.)	256
WHITE, T. R. (Ofcr.)	20, 21, 31-33, 40, 45, 188, 189-195, 199, 219, 221, 265, 270, 273, 278, 305, 306, 307, 308, 329, 627, 733, 766, 770
WHITE, Teddy H.	890, 1274
WHITE, William Walker Jr.	1213
WHITEHEAD, Eddie	1082
WHITEHEAD, Peggy	1267
WHITMAN, Carol M.	1254
WHITMAN, Donald George	1267
WHITSON, Mont	1267
WHITTINGTON, J. E. (FBI)	766
WICK, Diane	1276
WICKS, Stephen	1232
WIDMAN, Frank	686
WIEBOLD, Nancy A.	1274
WIESS, Iylene	1254
WIGHTON, W. (Ofcr.)	28, 222, 244, 247, 248, 258, 267
WILDE, William Hamilton	1245
WILEY, Hugh	1245
WILKERSON, H. J. (Ofcr.)	294
WILKINS, Lloyd B.	1232
WILKINS, Manila	1213
WILL, Charles A.	1274

WILLAMAN, Earl	162
WILLIAM, Alice M.	1232
WILLIAMS, Andy	1267
WILLIAMS, C. (Ofcr.)	276
WILLIAMS, Carl	1267
WILLIAMS, Cheryl A.	1245
WILLIAMS, Claudia	79, 506, 513, 595, 603, 619, 1212, 1213
WILLIAMS, Claudine	1267
WILLIAMS, Dallas	1245
WILLIAMS, Edward L.	1267
WILLIAMS, G. L. (Ofcr.)	225
WILLIAMS, Jo	1245
WILLIAMS, Johnny	1245
WILLIAMS, Joyce	1274
WILLIAMS, L. A. (Dr.)	741, 743
WILLIAMS, Lawrence	750
WILLIAMS, Leroy	1232
WILLIAMS, Lisa	688, 692, 693
WILLIAMS, Louie A.	1232
WILLIAMS (FNU) (Mrs.)	690
WILLIAMS, Patricia	1258
WILLIAMS, R. F. (Sgt.)	262
WILLIAMS, Ralph	1245
WILLIAMS, Ray	1213
WILLIAMS, Richard Percy	1254
WILLIAMS, Ronald	506, 507, 513, 595, 603 619, 1186, 1213, 1214
WILLIAMS, Ronald (Mrs.)	1186
WILLIAMS, S. L. (Polwn)	214, 224
WILLIAMS, Sheila	1267
WILLIAMS, William Arnold	1274
WILLIMAN, Earl C.	1214, 1215
WILLIS, E. D. (Sgt.)	274, 278, 320, 321, 631, 777
WILLIS, N. R. (Ofcr.)	263
WILLIS, Sheryl	1267
WILLOUGHBY, F. R. (Ofcr.)	195, 216, 225, 270, 272, 279, 282, 308-310, 624, 735
WILLS, W. A.	1274
WILLS, Willem A. N.	1215
WILSON, C. H. (Ofcr.)	206, 223, 237, 253, 262, 877
WILSON, C. R. (Ofcr.)	214, 237, 277
WILSON, D. H. (Ofcr.)	203, 223
WILSON, Don	1245
WILSON, Elaine M.	976, 1267
WILSON, James L. (Ofcr.)	85, 86, 202, 223, 544- 546, 548, 858, 863, 902, 976, 985, 1055, 1100, 1166, 1177, 1184, 1198, 1215

	<u>Page</u>
WILSON, James S.	1215
WILSON, Jim	1245
WILSON, John M.	1274
WILSON, Kirk	1258
WILSON, Linda Irene	1216
WILSON, Oleta	1216
WILSON, Richard Lee	976, 1267
WILSON, Robert Curtis	1216
WILSON, Warren	1245
WILSON, William J.	1216
WINARD, Roberta	1254
WINARD, Steve	1267
WINCHELL, Walter	398
WINN, R.	1274
WINNER, Charles	1216
WINTERS, Charles D.	1059
WINTERS, Jack	1232
WINTROUH, Isabel	1267
WIRIN, A. L.	106, 673, 674, 676
WITCOBER, Jules	162, 1216, 1217
WITHROW, Virginia	1217
WITKER, Kristi	162, 1217
WITKOW, Alexander	1267
WITKOW, Barbara A.	1234
WITKOWSKI, Larry Thomas	664, 668
WITKOWSKI, Thomas M.	664, 668
WITLIN, Alan A.	1254
WITLIN, Marilyn June	1254
WITTAKER, James (Mrs.)	1274
WOERDEHOOF, Glen	1217
WOLF, Jerome	1218
WOLF, Meyer	1218
WOLFER, D. A. (Ofcr.)	152, 211, 225, 512, 593, 642, 649, 652, 732, 800, 801, 818, 820-823, 842, 844
WOLFGANG, Alvin Edgar	1218
WOLK, James	1258
WOLLENBERGER (FNU) (Mrs.)	1274
WOMERLY, Orange	1274
WONG, Carolyn	1245
WOO, Bill	1246
WOO, Paul	565, 1218, 1219
WOOD, Albert Clifton	1254
WOOD, Barbara	1267
WOOD, W. F.	1219
WOOD, W. J.	766, 1028, 1070
WOODARD, Clara	1254
WOODARD, Winnie	1267
WOODBURN, William T.	547, 1219
WOODHOUSE, Jeb	1246
WOODRUFF, Gayleen	1232

WOODS, C. H. (LASO)	210
WOODS, John Carl	554, 1219
WORDEN, J. O. (Ofcr.)	233, 235, 258
WORK (FNU)	1121
WORSHAM, William J.	1219
WORTH, Frank	1267
WORTHEY, Lonny L.	1254
WOYER, Anita	1246
WREY, Chester B.	1258
WRIGHT, C. A. (Ofcr.)	201, 223
WRIGHT, Donald	1220
WRIGHT, G. E. (Pasa PD)	317, 318, 636, 685, 763, 764, 785
Wright, John	1001, 1092, 1105, 1106, 1183
WRIGHT (FNU) (Mrs.)	1234
WRIGHT, Sylvia H.	143, 1274
WRIGHTSON, James	1220
WURTH, Elmer	1267
WYATT, James	1274
WYLIE (FNU) (Mrs.)	1220
WYNN, Charleen	1220, 1254
WYNN, Diane	1254
WYNN, Howard	1220
WYNN, Keenan	1220

INDEX

	<u>Page</u>
YACK, Allen	1221
YAMNI, Ahmad	73, 480, 481
YAMSHOW, Leonard J. (Dr.)	376
YANDRICH, Ernest Steve	1268
YANT, L. D.	330
YARMOLINSKY, Adam	1267
YARO, Boris	148, 151, 162, 631, 934
	1221
YASHUK, Chester A.	368, 1221
YEARLEY, Ronald Miles	1234
YEGANNHE, Sirous	1274
YELLIN, Adelle	1254
YELLIN, Ira	1254
YEPEZ-ARCEO, Ramiro	1234
YERETSKY, Sylvia	1274
YOCHAM, G. (Lt.)	766
YOO, Theodore H.	1258
YOSHIO, Niwa	1221
YORTY, Samuel (Mayor)	34, 70, 274, 275, 703,
	766, 1209
YOUNG, Keith A.	1222
YOUNG, Lawrence Allen	1222
YOUNG, Marcus Le Grand	357, 1222
YOUNG, Phillis H.	482, 1222
YOUNG, R. V. (Ofcr.)	250, 259
YOUNG, T. R. (Pasa. PD)	325, 636, 766, 786
YOUNGER, Evelle J.	107, 674-677, 766, 883,
	884, 895, 1223
YOUNGER, Faye	1232
YOUNGER, Forest R.	1223
YOUNGER, Joe	883, 884, 1223
YOUNGER, Kenneth	1254
YOUNGER, Lynn A.	1232
YOUNGER, Toni	1223
YTURRALDE, M. (Sgt.)	252, 262
YUN, Rak'heum	469, 1224

INDEX

	<u>Page</u>
ZACHARY, C. W.	202, 222
ZAHN, Jerri C.	1254
ZAJIC, John Edwin	1267
ZANONE, W. J. (Sgt.)	249, 259, 640, 797
ZARATE, Frank	1267
ZAREMBA, Carol	1246
ZARO, John A. (Dr.)	172
ZATKIN, Carol	1225
ZATSEPIN, Sveplana	945, 1225
ZAVADA, Angel	1234
ZADAN, Fawazi H.	489, 860, 1003, 1225
ZEHNDER, Aloias E.	1254
ZEIGLER, D. E. (Ofcr.)	223, 276
ZELL, Nancy	1254
ZELL, Rosemary	1254
ZENDEJAS, Miguel	1234
ZEPEDA, Robert Jr.	1267
ZERONIAN, Joseph P.	358, 1225
ZIA, Valerie U.	1232
ZIEGLER, Diane	1254
ZIELKE, Dana	1276
ZIFFREN, Kenneth	1254
ZIGLAR, Jenny	1232
ZIMMER, W. R. (Ofcr.)	244, 259
ZIMMERMAN, Florence	1258
ZIMMERMAN, L. D. (Sgt.)	282, 293
ZINK (Sgt.)	298
ZINN, Willard (Dr.)	173
ZIPPI, W. P. (Ofcr.)	219, 226
ZOLLER, Charles	1226
ZUAZUA, Rubin	1267
ZUGGER, Aloysius H.	1274
ZUGOR, A. H.	708
ZUKIN, Joan Linda	1226
ZUMAS, Nick	1267
ZUMEL, Richard	1234

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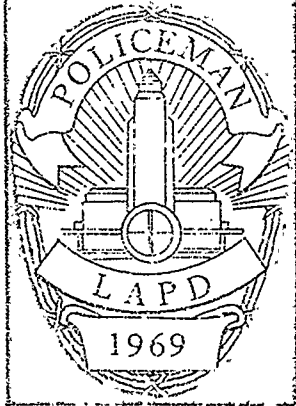
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INDEX IN VOLUME IX



An INVESTIGATION SUMMARY
of the
SENATOR ROBERT F. KENNEDY
ASSASSINATION

June 5, 1968

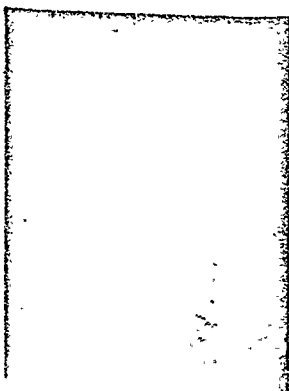
VOLUME VI APPENDIX -- Pages 722-851
DETECTIVE BUREAU--LOS ANGELES POLICE DEPARTMENT



An INVESTIGATION SUMMARY
of the
SENATOR ROBERT F. KENNEDY
ASSASSINATION

The FINAL REPORT
February 1969

SPECIAL UNIT SENATOR
DETECTIVE BUREAU — LOS ANGELES POLICE DEPARTMENT



APPENDIXES

CONTENTS

VOLUME VI

	Page
Appendix I. SENATOR ROBERT F. KENNEDY - REPORTS	
Crime Report (Assault with Intent to Commit Murder) . .	722
Ambulance Call Record (Ambassador Hotel).	723
Medical Treatment Records (Central Receiving Hospital). .	724
Death Report	727
Crime Report (Murder)	728
Certificate of Death	729
Follow-Up Report	730
Appendix II. LOS ANGELES COUNTY CORONER'S AUTOPSY REPORT.	
Medicolegal Investigation Report (Sixty-Two Pages). . .	732
Appendix III. SIRHAN B. SIRHAN - REPORTS	
Arrest Report (Assault with Intent to Commit Murder). .	733
Medical Treatment Record (Parker Center).	734
Booking and Identification Record (John Doe #1)	735
Fingerprint Card	736
Investigators Final Report (Six Counts of Assault with Intent to Commit Murder).	737
Arrest Report (Murder).	738
Booking and Identification Record (Outside)	739
Investigators Final Report (One Count of Murder and Five Counts of Assault with Intent to Commit Murder). .	740
Appendix IV. OTHER VICTIMS - CRIME REPORTS	
Elizabeth Evans (Assault with Intent to Commit Murder)	741
Ira M. Goldstein (Assault with Intent to Commit Murder)	745
Paul H. Schrade (Assault with Intent to Commit Murder)	746
Irwin N. Stroll (Assault with Intent to Commit Murder)	747
William S. Wiesel (Assault with Intent to Commit Murder)	749

Appendix V. OTHER VICTIMS - MEDICAL TREATMENT RECORDS . .

Elizabeth Evans	750
Ira M. Goldstein	751
Paul H. Schrade	752
Irwin N. Stroll	753
William S. Wiesel	754

Appendix VI. MISCELLANEOUS CRIME REPORTS

Saidallah Sirhan (Assault with Intent to Commit Murder)	755
Saidallah Sirhan (Robbery)	757
Saidallah Sirhan (Threatening Phone Call)	759
Saidallah Sirhan (Lost Property)	760
County of Los Angeles (Bomb Threat)	762
Mary Sirhan (Disturbing the Peace)	763
John Weidner (Disturbing the Peace)	765

Appendix VII. LOS ANGELES POLICE DEPARTMENT ACTIVITY
DOCUMENTS

Emergency Control Center Journal (Twenty-One Pages) . .	766
Teletypes (Girl in The Polka Dot Dress)	767
Vehicle Report (Impound of Sirhan's Vehicle)	769

Appendix VIII. EVIDENCE REPORTS

Items Booked	770
------------------------	-----

Appendix IX. ANALYZED EVIDENCE AND SURVEY REPORTS

Trajectory Reports	818
Bullet Comparison Tests	821
Powder Residue Patterns	822
Senator Kennedy's Clothing	823
Sirhan's Clothing	824
Items Removed from Sirhan's Vehicle	825
Handwriting Comparisons	826
Fingerprint Comparisons	832
Shell Casings Comparison	842
Sound Level Test	844
Miscellaneous Clothing	846
Mock-Up (Ambassador Hotel)	850
Crime Scene Survey	851

VOLUME VII

Appendix X. INTERVIEW SUMMARIES

Explanation	852
Summaries	853

VOLUME VIII

Appendix X.

Continuation of Summaries	1052
Explanation (Lists)	1227
Ambassador Room	1228
Casino Level	1233
Embassy Room	1235
Left Hotel Prior to Shooting	1247
Lobby Level	1255
Not at The Ambassador Hotel	1259
Palm Room	1268
Those at Other Locations in Hotel	1269
West Venetian Room	1275

Appendix XI. MANAGEMENT CHARTS

Organization and Personnel	1277
Function	1278

VOLUME IX

Index	
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VOLUME VI

SENATOR ROBERT F. KENNEDY - REPORTS

Los Angeles Police Department
MISCELLANEOUS COMPLAINT OR
CRIME REPORT

CONFIDENTIAL

SHOTS FIRED WEAPON, FORCE OR MEANS USED (Describe cal., type, etc.) .22 Caliber Revolver		VICTIM'S NAME (Last-first-middle, Firm name, if business) 1. KENNEDY, Robert Francis		DR 68-521 466 TYPE (Mur-Slat. Rape-Batt., etc.) Attempt Murder	
APPARENT MOTIVE Unk.		LOCATION OF OCCURRENCE 3400 Wilshire Blvd.		REPORTING DIST. 251	
NO. OF SUSPECTS - SEX, DESCENT M, Latin		DATE AND TIME OCCURRED 6-5-68 12:15am		DATE AND TIME REPORTED TO P.D. 6-5-68 1:15am	
TRADEMARKS OF SUSPECT(S) (Actions or conversation) Shot six victs in rapid succession		TYPE OF PREMISES Ambassador Hotel			
VEHICLE USED BY SUSPECT(S) (Yr-make-body-col-lic. no. & I.D.) --		INVESTIGATIVE DIVISION(S) OR UNIT(S) NOTIFIED AND PERSON(S) CONTACTED Melendres, Patchett, MacArthur, Rampart Dets.			
		LIST ANY CONNECTING RPT(S). BY TYPE AND D.R. NO. Six Crime Rpt Under Above DR		VICTIM'S COND. (HBD, NORMAL, ETC.) Normal	
CODE: V-VICTIM R-PERSON REPORTING CRIME W-WITNESS.					
VICTIM'S OCCUPATION - SEX - DESCENT - DATE OF BIRTH U.S. Senator, M-Cauc		RESIDENCE ADDRESS (Bus. add. if firm) Ambassador Hotel		CITY	RES. PHONE
NAME Greir, Roosevelt		W-1	Ambassador Hotel		Unk
Johnson, Rafer		W-2	" "		Unk
IDENTIFY SUSPECT(S) BY NO. (Name-address-sex-descent-age-ht-wt-hair-eyes-complexion-clothing-identifying characteristics. If arrested, include bkg. no. & charge.) 1. John Doe, Trans, M, Latin, Approx 25, 5-3, 140, Blk, Brn, 2. Bk'd 217 PC, Bkg #495 139					
(1) IDENTIFY ADDITIONAL SUSPECT(S). (2) RECONSTRUCT THE CRIME. (3) DESCRIBE PHYSICAL EVIDENCE, LOCATION FOUND, AND GIVE DISPOSITION. (4) SUMMARIZE OTHER DETAILS RELATING TO CRIME. (5) TIME AND LOCATION WHERE VICTIM/WITNESSES CAN BE CONTACTED BY DAY INVESTIGATORS IF NO AVAILABLE PHONE NUMBERS.					
Investigation disclosed that the above Vict #1, had just completed a Political speech, and had exited Ballroom through kitchen area, when the above susp suddenly appeared. Susp using a .22 Caliber Revolver, fired approx. eight shots in rapid succession. Two of shots fired struck Vict #1, behind the right ear and left shoulder. Susp was apprehended at scene by W-1, and disarmed by W-2.					
Vict #2: SCHRADER, Paul - Scalp Wound (Gun shot)					
Vict #3: STROLL, Irwin - Shot in foot					
Vict #4: WEISEL - Shot in left side					
Vict #5: EVANS, Elizabeth - Gunshot scalp wound.					
Vict #6: GOLDSTEIN, Ira - Shot in ankle.					
CRIME CLEARED BY ARREST ☐ YES ☒ NO					
SUPERVISOR APPROVING S/Lt. C.F. Hughes		SERIAL NO.		INTERVIEWING OFFICER(S) - SER. NO. - DIV. - DETL.	
DATE & TIME REPRODUCED - DIVISION - CLERK 6-5-68 615a (2) hl		George Renty 7956 Ramp Det		PERSON REPORTING CRIME (Signature) X Unable CLEARED BY MULTIPLE DR	

Form 3.10 (Rev. Dec. 1967)

MISCELLANEOUS COMPLAINT OR CRIME REPORT

INDEXED

CHECKED

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

A

City of Los Angeles
AMBULANCE CALL RECORD

DATE <u>6-5-68</u>	DIVISION <u>G-18</u>
-----------------------	-------------------------

LOCATION <u>Ambassador Hotel</u>		COMPLETED	CLEARED	AT STATION
RECEIVED <u>17</u> M <u>12</u> am	AT LOCATION <u>22</u> M <u>12</u> am			
NAME <u>Kennedy, Senator</u>	(Last)	(First)	(Initial)	

ADDRESS <u>Ambassador Hotel</u>	CITY
------------------------------------	------

PHONE	M W	S D	SEX	AGE	DESCENT
-------	--------	--------	-----	-----	---------

EMPLOYER	EMPLOYER'S ADDRESS
----------	--------------------

INSURANCE COMPANY	MEMBER/CERTIFICATE NO.	GROUP NO.
-------------------	------------------------	-----------

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

CAUSE OF INJURY

Shooting
FINDINGS; TREATMENT AND/OR ADVICE

Bullet wound rear head
 & shoulder

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

DISPOSITION <u>C.R.H.</u>

DRIVER <u>Hulsman</u>	ATTENDANT <u>Behrman</u>
--------------------------	-----------------------------

WITNESS: <u>Wife here</u>

REFUSED TREATMENT ☐	TREATED AT SCENE ONLY ☐
--	--

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

SIGNATURE OF PATIENT OR RESPONSIBLE PARTY

618872

CITY OF LOS ANGELES — RECEIVING HOSPITAL
MEDICAL TREATMENT RECORD

CENTRAL RECEIVING HOSP.

NAME (Last, First, Middle) Kennedy, Robert F.				ADDRESS				CITY New York-Washington	ZIP
PHONE NUMBER	SEX (4) F	RACE Cauc	BIRTHDATE	AGE	BIRTHPLACE	M.S.W.D.	OCCUPATION Senator		
ACCIDENT LOCATION Ambassador Hotel					ACCIDENT (Date and Time)			EMPLOYER	
STATEMENT OF ACCIDENT Shooting							EMPLOYER'S ADDRESS		
HOW ENTERED? ☐ WALKED ☐ WHEELCHAIR ☒ STRETCHER ☐ CARRIED IN		BROUGHT IN BY Hulsman		EMPLOYER'S PHONE					
☒ CITY AMBULANCE ☐ PRIVATE AMBULANCE ☐ PRIVATE CAR ☐ POLICE CAR		G-18		Behrman					
REMARKS									

Priest here and last rites given

Wife here with patient

Treatment

HOW LEFT HOSPITAL ☐ WALKED ☐ WHEELCHAIR ☐ CARRIED	AMBULANCE G-16	CALLLED BY	WHERE TAKEN Room #2
RELATIVES OR FRIENDS NOTIFIED ☐ YES ☐ NO	BY WHOM	ACCOMPANIED BY Stat Code 3	Good Samaritan
INDUSTRIAL INJURY ☐ YES ☐ NO	INSURANCE CARRIER	Dr. Holt accompanied patient	
IS PATIENT INSURED? ☐ YES ☐ NO	SPECIFY TYPE (Blue Cross, Kaiser, CPS)	MEMBER NUMBER	GROUP NUMBER
NAME OF SUBSCRIBER:		SURGEON ON DUTY Bazilauskas - Holt	NURSE ON DUTY Eby-Nelson-Mejia-Lightsey
RH 340-3-67		No property check	

CLINICAL RECORD

WAS PATIENT ABLE TO ANSWER QUESTIONS INTELLIGENTLY? ☐ YES ☐ NO	Blood Pressure 0/0	EMERGENCY CARE: Treatment ☒ Tetanus ☐	TOTAL CHARGES No Charge	Statement/Receipt No.
WAS PATIENT UNDRESSED? ☒ COMPLETELY ☐ PARTIALLY	Pulse	Temperature	Ambulance Call Record No.	
Opinion and/or Findings: Comatose weak thready pulse in extremis Bullet wound right mastoid area with swelling Responded with heart beat and breathing with external cardiac massage and heart-lung machine. Sounds good quality later deep tendon reflexes normal, elevated knees, pupils 3.5-4 millimeters round, regular and equal. Rigidity began with quivering and tremors.				
Treatment and Advice: Cardiac massage/ Adrenalin 1 cubic centimeter intramuscularly now. Oxygen airway weak, heart lung machine, cut down Dextran 6% intravenously cut down - immediately to Good Samaritan with Dr. Holt and oxygen and so forth. Blood drawn for type and cross matching. Serum to piggy back.				
Narcotic Admin. Intracardiac adrenalin	Time/By	Repeat/By	Condition on Discharge Critical	
Surgeon's Signature V.F. Bazilauskas		Patient's Signature if Complete Exam Refused Action lower extremities left foot more so than right		

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

CITY OF LOS ANGELES — RECEIVING HOSPITAL
MEDICAL TREATMENT RECORD

618872
CENTRAL RECEIVING HOSP.

NAME (Last, First, Middle) Kennedy, Robert F.				ADDRESS		CITY Washington	ZIP D.C.
PHONE NUMBER	SEX (M) F	RACE	BIRTHDATE	AGE	BIRTHPLACE	OCCUPATION Senator	
ACCIDENT LOCATION Ambassador Hotel					ACCIDENT (Date and Time)	EMPLOYER'S ADDRESS	
STATEMENT OF ACCIDENT Shooting						EMPLOYER'S PHONE	
HOW ENTERED? ☐ WALKED ☐ WHEELCHAIR ☒ STRETCHER ☐ CARRIED IN		BROUGHT IN BY G-18 Hulsman Behrman					
☒ CITY AMBULANCE ☐ PRIVATE AMBULANCE ☐ PRIVATE CAR ☐ POLICE CAR		REMARKS This is a duplicate record - E. Beaver, R.N.					

Wife here with patient

Priest here and last rites given

HOW LEFT HOSPITAL ☐ WALKED ☐ CARRIED	AMBULANCE G-16 Stretcher	WHERE TAKEN Good Samaritan Hosp #2
RELATIVES OR FRIENDS NOTIFIED ☐ YES ☐ NO	BY WHOM	ACCOMPANIED BY Code 3 Stat
INDUSTRIAL INJURY ☐ YES ☐ NO	INSURANCE CARRIER	SOCIAL SECURITY NO.
IS PATIENT INSURED? ☐ YES ☐ NO	SPECIFY TYPE (Blue Cross, Kaiser, CPS)	MEMBER NUMBER
NAME OF SUBSCRIBER		GROUP NUMBER
SURGEON ON DUTY Baz and Holt		NURSE ON DUTY Eby-Nelson-Mejia-Lightsey
RH 340-3-67 No property check		

CLINICAL RECORD

WAS PATIENT ABLE TO ANSWER QUESTIONS INTELLIGENTLY? ☐ YES ☐ NO Comatose	Blood Pressure at 12:45 0/0 ? 150/90	EMERGENCY CARE: Treatment ☐ Tetanus ☐	TOTAL CHARGES Statement/Receipt No. Ambulance Call Record No. B20588
WAS PATIENT UNDRRESSED? ☒ COMPLETELY ☐ PARTIALLY	Pulse Temperature		
Opinion and/or Findings: In extremis - barely perceptible pulse weak pupil 3-4 millimeters round regular and equal. Vital signs almost absent. Heart not heard - not breathing - Immediate closed cardiac massage and so forth. Bullet wound right mastoid area with swelling, bleeding right ear - Responded to treatment with heart beat good quality and spontaneous breathing. No response sensorially.			
Treatment and Advice: Adrenalin one cubic centimeter intramuscularly immediately Oxygen heart lung machine cut down intravenous Dextran 6% 500 milliliters Immediately Good Samaritan with Dr. Holt Blood drawn match and cross match Serum to intravenous polysporin ointment, eyes			
Narcotic Admin.	Time/By	Repeat/By	Condition on Discharge Critical quivering
Surgeon's Signature V.F. Bazilauskas		Patient's Signature if Complete Exam Refused Action lower extremities on leaving - left foot more so	

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

Addendum to Robert F. Kennedy Card #618872

CITY OF LOS ANGELES — RECEIVING HOSPITAL
MEDICAL TREATMENT RECORD

CENTRAL RECEIVING HOSP.

NAME (Last, First, Middle)					ADDRESS					CITY		ZIP
PHONE NUMBER		SEX M. F.	RACE	BIRTHDATE	AGE	BIRTHPLACE	U.S.W.D.		OCCUPATION			
ACCIDENT LOCATION						ACCIDENT (Date and Time)			EMPLOYER			
STATEMENT OF ACCIDENT									EMPLOYER'S ADDRESS			
HOW ENTERED?		☐ WALKED	☐ WHEELCHAIR	☐ STRETCHER	☐ CARRIED IN	BROUGHT IN BY			EMPLOYER'S PHONE			
☐ CITY AMBULANCE		☐ PRIVATE AMBULANCE		☐ PRIVATE CAR		☐ POLICE CAR						
REMARKS												

HOW LEFT HOSPITAL		AMBULANCE		CALLED BY		WHERE TAKEN	
☐ WHEELCHAIR		☐ WALKED ☐ CARRIED					
RELATIVES OR FRIENDS NOTIFIED		BY WHOM		ACCOMPANIED BY			
☐ YES ☐ NO							
INDUSTRIAL INJURY		INSURANCE CARRIER		SOCIAL SECURITY NO.			
☐ YES ☐ NO							
IS PATIENT INSURED?		SPECIFY TYPE (Blue Cross, Kaiser, CPS)		MEMBER NUMBER		GROUP NUMBER	
☐ YES ☐ NO						CODE/SCHED.	
NAME OF SUBSCRIBER:				SURGEON ON DUTY		NURSE ON DUTY	
						Johnson/Stickles	

RH 340-3-67

CLINICAL RECORD

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

Opinion and/or Findings:

Addendum to R.F. Kennedy medical treatment

clinical record

Right shoulder had bullet wound approximately

7 centimeter anteriorly shoulder function smooth

and full range. No crepitus palpable small lump

near midline neck posteriorly.

Treatment and Advice:

Inclusion of this less significant wounding was

overlooked in write-up

To be added to previous records.

Narcotic Admin.	Time/By	Repeat/By	Condition on Discharge
Surgeon's Signature Bazilauskas		Patient's Signature if Complete Exam Refused	

IN
June 7 10:40 AM '68
OUT

Los Angeles Police Department					NAME OF DECEASED (Last-first-middle)		DR 68-521 466	
SHOTS DEATH REPORT FIRED					KENNEDY, Robert F.			
DESCRIPTION OF DECEASED	SEX	DESCENT	AGE	HEIGHT	LOCATION OF OCCURRENCE	RPT. DIST.	TYPE (Trl.-nat.-hom.)	
	M	Cauc	42	5-10	1212 Shatto Pl. L.A.	248	Homicide	
WEIGHT	HAIR	EYES	BUILD	COMPLEXION	LOCATION OF ORIGINAL ILLNESS OR INJURY	RPT. DIST.	TYPE ORIG. REPORT	
160	Brn	Grn	Med	Med	3400 Wilshire Blvd.	251	Att Murder	
IDENTIFYING MARKS AND CHARACTERISTICS					DATE/TIME DECEASED DISCOVERED	DATE/TIME DEATH OCCURRED	DATE/TIME RPTD. TO P.D.	
---					---	6/6/68 1:44am	6/6/68 1:45am	
CLOTHING AND JEWELRY WORN					DATE/TIME ORIGINAL ILL/INJ.	OCCUPATION OF DECEASED	RELATIVES NOTIFIED BY	
None					6/5/68 12:15am	U.S. Senator	At Scene	
DECEASED RESIDENCE ADDRESS					REMOVED TO (Address)	REMOVED BY (Unit/Indiv.)		
3400 Wilshire Blvd., L.A.					Boston, Mass.	Wife		
DECEASED BUSINESS ADDRESS					PROBABLE CAUSE OF DEATH	REASON (Quarrel-illness-revenge, etc.)		
---					Gun Shot	Unk.		
					INVESTIGATIVE DIVISION(S) OR UNIT(S) NOTIFIED AND PERSON(S) CONTACTED			
					Rampart Det - Jordan			
CODE: R-PERSON REPORTING DEATH D-PERSON DISCOVERING DECEASED I-PERSON IDENTIFYING DECEASED W-WITNESS								
NEAREST RELATIVE		RELATIONSHIP		CODE	RESIDENCE ADDRESS	CITY	RES. PHONE	X BUS. PHONE X
KENNEDY, Ethel		(Wife)		I	3400 Wilshire Blvd., L.A.		---	---
NAME								
DOCTOR IN ATTENDANCE				BUSINESS ADDRESS				
Henry Cuneo				1212 Shatto Pl., L.A.				
(1) RECONSTRUCT THE CIRCUMSTANCES SURROUNDING THE DEATH. (2) DESCRIBE PHYSICAL EVIDENCE, LOCATION FOUND AND GIVE DISPOSITION.								
R/O responded to Good Samaritan Hospital on 6-6-68 at approx. 2 a.m. in regards to the death of Robert F. Kennedy. The dec. was in the hospital receiving treatment of gunshot wounds. The dec. was pronounced dead at 1:44 am, 6-6-68 by Dr. Henry Cuneo, staff doctor at the hospital. Dr. Thomas Noguchi, Chief medical examiner at scene and conducted post mortem. CORONERS CSE. #68-5731								
additional space is required, use Continuation Sheet, Form 15.9.								
SUPERVISOR APPROVING		SERIAL NO.		INTERVIEWING OFFICER(S) - SER. NO. - DIV. - DETL.			PERSON REPORTING DEATH (Signature)	
S/Sgt. W. Jordan		7167		D. R. Stewart 7607 Hwd Det			X	
DATE & TIME REPRODUCED - DIVISION - CLERK				W. Jordan 7167 Ramp.			INDEXED CHECKED	
6-6-68 7a (2) pau								

Form 3.11 (Rev. Jan. '62)

DEATH REPORT

WEAPON, FORCE OR MEANS USED (Describe cal., type, etc.)
 .22 Cal. Revolver
 APPARENT MOTIVE
 Unk.

TRADEMARKS OF SUSPECT(S) (Actions or conversation)

Shot vict. two times, as he left

ballroom at the hotel

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

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

VICTIM'S OCCUPATION - SEX - DESCENT - DATE OF BIRTH	CODE
U.S. Senator, M/Cauc 42yrs	V

NAME	Greir, Roosevelt	W-1
------	------------------	-----

Johnson, Rafer	W-2
----------------	-----

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

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

2. 696 Howard St., Pasadena

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

Vict had just completed a political speech and was leaving the ballroom at the Ambassador Hotel. By way of a hallway through the kitchen area.

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

CRIME CLEARED BY ARREST ☒ YES ☐ NO

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

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

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

OFFICER(S) - SER. NO. - DIV. - DETL.
White 7974

PERSON REPORTING CRIME (Signature)

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Ramp Dets.

FOLLOW-UP

DR

616

Form 3.10 (Rev. Dec. 1967)

MISCELLANEOUS COMPLAINT OR CRIME REPORT

INDEXED

CHECKED

7097-021978

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

 JUN 6 1968

Barbara L. ...

Seal of the Los Angeles County Health Department

☐ SUPPLEMENTAL ☒ MULTIPLE		Los Angeles Police Department FOLLOW-UP REPORT		BKG. NO. (Suppl. to 5.2)	DR NO. 68-521 466
TYPE OF ORIGINAL REPORT ASSAULT WITH INTENT TO COMMIT MURDER		CONNECTING REPORTS (By type and DR No.) SEE BELOW			
VICTIM (Arrestee, if Suppl. to 5.2)		DATE ORIGINAL REPORT June 5, 1968	VICE LOCATION		RPTG. DIST. 251
DATE THIS REPORT April 7, 1969	CHANGE OF PROPERTY DESCRIPTION OR SERIAL NUMBER ☒ NO ☐ YES (Describe below)		CHANGE OF M.O. ☒ NO ☐ YES (Describe below)		
PROPERTY	☐ PARTIAL RECOVERY ☐ TOTAL RECOVERY ☐ ADDITIONAL LOSS REPORTED ☐ CHANGE OF VALUE				
CASE STATUS	☒ BY ARREST ☐ CLEARED OTHER ☐ REPORT UNFOUNDED ☐ INVESTIGATION CONTINUED		RECLASSIFY TO:		
SUSPECT(S) SIRHAN, Sirhan Bishara 901 375-S M. Cauc. 25, 5'2", 1 Count 187PC (Murder)					
115, Blk, Brn. 5 Counts 217PC (Assault With Intent to Commit Murder).					
(1) EXPLAIN INVESTIGATION PROGRESS AND STATUS. (2) GIVE REASONS FOR NOT INTERVIEWING VICTIM OR WITNESSES LISTED IN CRIME REPORT. (3) DESCRIBE ADDITIONAL PROPERTY LOSS ITEMS COMPLETELY—CONTINUE ITEM NUMBER SEQUENCE STARTED IN ORIGINAL REPORT. (4) IDENTIFY PARTIAL RECOVERIES—ITEM NUMBER AND VALUE AS ORIGINALLY REPORTED. (5) REPORT ALL CHANGES TO, OR ADDITIONAL INFORMATION ON, PROPERTY DESCRIPTIONS, SERIAL NUMBERS AND INSCRIPTIONS—LIST ITEM NUMBER, NAME OF ITEM, AND ADDITIONAL OR CORRECTING INFORMATION. (6) LIST NAME, RES. ADD., RES. PHONE, AND BUS. PHONE OF PERSONS REPORTING OR ADDITIONAL PERSONS INTERVIEWED.					
ITEM NO.	MULTIPLE REPORT: DR NO.	TYPE CRIME	RPTG. DIST.	VICTIM'S NAME	DATE OCCUR. — VAL. RPTD. STOLEN — VAL. RECOV.
	68-521 466	187 P.C.	251	KENNEDY, Robert F.	June 6, 1968
	68-521 466	217 P.C.	251	KENNEDY, Robert F.	June 5, 1968
	68-521 466	217 P.C.	251	SCHRADE, Paul H.	June 5, 1968
	68-521 466	217 P.C.	251	STROLL, Irwin N.	June 5, 1968
	68-521 466	217 P.C.	251	WEISEL, William S.	June 5, 1968
	68-521 466	217 P.C.	251	GOLDSTEIN, Ira M.	June 5, 1968
	68-521 466	217 P.C.	251	EVANS, Elizabeth Y.	June 5, 1968
CONNECTING REPORTS:					
One Murder, one Death, two Arrests (one arrest report listing defendant as "John Doe #1 and one listing his true name) twenty-two Evidence, one Impound and six 217 P.C. reports.					
Defendant arrested at the scene of the crime, Ambassador Hotel. Defendant arraigned in Division #40 on six counts of 217 P.C. as "John Doe #1." One of the victims, Senator Robert F. Kennedy, died the following day as a					
If additional space is required, use Continuation Sheet, Form 15.9					
SUPERVISOR APPROVING <i>[Signature]</i>		SERIAL NO. 7945	REPORTING OFFICER Frank J. Patchett 7872	DIVISION S.U.S.	PERSON REPORTING (Signature) <i>[Signature]</i>
DATE AND TIME REPRODUCED 4-8-69 1345		CLERK S.U.S. bju	Charles E. Collins 6207	S.U.S.	

Form 3.14
REV. JUNE 1965

FOLLOW-UP REPORT

CONTINUATION SHEET

Los Angeles Police Department

ITEM No.	QUAN.	PAGE No.	TYPE OF REPORT	BOOKING NUMBER	DR No.
		2.	ASSAULT WITH INTENT TO COMMIT MURDER		68-521 466
result of the injuries sustained. An indictment was returned by the Grand Jury and a warrant was issued charging the defendant with one count, 187 P.C. (Murder) and five counts of 217 P.C., (Assault with Intent to Commit Murder).					SERIAL NUMBERS

Form 15.9 (Rev. July '65)

CONTINUATION SHEET

LOS ANGELES COUNTY CORONER'S AUTOPSY REPORT

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

	<u>Page</u>
ANDLER, Maxwell M. (Dr.)	36
CAMP, J. D. (Dr.)	42, 44
COLLIER, Charles	36
CUNEO, Henry M. (Dr.)	36
DAY, Edward	36
DRIANIS, G. O.	42
ECKERT, William G. (Dr.)	37
FINCK, Pierre A. (Col.)	36, 41, 44
FISHER, Russell S. (Dr.)	37
GUPTA, R. C. (Dr.)	45
HOLLOWAY, John E. (Dr.)	35, 36, 38, 39, 62
JOHNSTON, Edward H.	37
KERNEN, Juales A. (Dr.)	36
KOTTKE, Richard	36
LEE, Abraham T. (Dr.)	35, 62
LEE, W. J. (Sgt.)	39
LUKE, Roderick I.	46
MARTIN, Don A. (Capt.)	41
MAXWELL, Charles	36
MC ROY, Herbert	35
NOGUCHI, Thomas T. (Dr.)	34, 38, 39, 45, 46, 62
POPPEN, James L. (Dr.)	36
REID, Nat Downs (Dr.)	36
ROSEN, Victor J. (Dr.)	37, 62
SCANLAN, Robert L. (Dr.)	25, 35, 42, 62
SMITH, Bruce H. Jr.	37
STAHL, Charles J. III (Dr.)	36, 38
WATSON, James	34, 41
WECHT, Cyril H. (Dr.)	37
WOLFER, D. A. (Ofcr.)	38, 39

MEDICOLEGAL INVESTIGATION

ON THE

DEATH OF

SENATOR ROBERT F. KENNEDY

THOMAS T. NOGUCHI, M. D.

DEPARTMENT OF CHIEF MEDICAL EXAMINER-CORONER
COUNTY OF LOS ANGELES

TABLE OF CONTENTS

REPORT ON THE MEDICOLEGAL INVESTIGATION
OF SENATOR ROBERT F. KENNEDY

Certification by Chief Medical Examiner-Coroner.....	1
Final Summary.....	2
Gunshot Wound No. 1	2
Gunshot Wound No. 2	3
Gunshot Wound No. 3	4
Evidence of Recent Surgical Procedures.....	4
Pathologic Findings Related to Gunshot Wound No. 1	4
Miscellaneous Pathologic Findings Not Related to Cause of Death	4
Description of Gunshot Wounds.....	5
Gunshot Wound No. 1.....	5
General	5
Lesions in Detail.....	5
Scalp and Cranium.....	5
Meninges, Blood Vessels and Cranial Nerves.....	6
Cerebrum.....	8
Cerebellum.....	9
Brain Stem.....	10
Ventricular System.....	11
Spinal Cord and Spinal Canal.....	11
Pituitary Gland.....	11
Microscopic Report (Neuropathology).....	12
Reports of X-Ray Studies.....	17
Pre-operative.....	17
Post-mortem.....	17
Gunshot Wound No. 2.....	23
Gross.....	23
Microscopic.....	23
Gunshot Wound No. 3.....	24
Gross.....	24
Bullet Recovery.....	24

Clothing.....	25
General External Examination.....	27
Cavities.....	28
Cardiovascular System.....	29
Respiratory System.....	29
Neck Organs.....	30
Hepatobiliary System.....	30
Hemic and Lymphatic System.....	30
Pancreas.....	31
Urogenital System.....	31
Digestive System.....	32
Endocrine Organs.....	33
Musculoskeletal System.....	33
Specimens Studied.....	33
Organs and Body Fluids for Toxicological Tests.....	33
Tissues for Microscopic Studies.....	33
Blood for Typing.....	33
Other Studies.....	33
Autopsy Chronology and Personnel.....	34
Place and Time.....	34
County Official in Charge of Medicolegal Investigation.....	34
Aide in Charge of Inter-Agency Relations.....	34
Pathologists.....	34
Radiologist.....	34
Members of Neurosurgical Team Present As Observers.....	35
Hospital Staff Pathologist As Observer.....	35
Consultants from the Armed Forces Institute of Pathology.....	35
Forensic and Medical Photographers.....	35
Aide in Charge of Security of Autopsy Room.....	35
Autopsy Assistant.....	35
Pathologist for General Microscopic Studies and Clinico- pathologic Correlation.....	36
Others present.....	36
Advisors Not Present At Autopsy.....	37

Chronology of Subsequent Studies.....	38
Neuropathology.....	38
Radiography.....	38
Infra-red and Black-and-White Photography.....	38
At-Scene Investigation.....	38
Preliminary.....	38
Follow-up.....	38
Test Firing.....	39
 Description of Special Photographic and Radiographic Studies Related to the Autopsy Proper.....	41
Toxicology Laboratory Report.....	45
Report of Blood Typing.....	46
General Microscopic Description.....	47
Clinicopathologic Correlation of Systemic Autopsy Findings.....	58
Signatures.....	62

COUNTY OF LOS ANGELES
DEPARTMENT OF CHIEF MEDICAL EXAMINER - CORONER

HALL OF JUSTICE, LOS ANGELES, CALIFORNIA 90012

THOMAS T. NOGUCHI, M. D.
CHIEF MEDICAL EXAMINER-CORONER

File 68-5731

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

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

GUNSHOT WOUND OF RIGHT MASTOID, PENETRATING BRAIN.

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

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

TTN:etf

FINAL SUMMARY

GUNSHOT WOUND NO. 1 (FATAL GUNSHOT WOUND)

ENTRY: Right mastoid region.

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

EXIT: None.

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

BULLET RECOVERY: Fragments (see text).

LESIONS IN DETAIL (NEUROPATHOLOGY)

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

1. Bone, dura and dural sinus.

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

2. Cerebrum.

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

3. Cerebellum.

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

B. Immediate Secondary Lesions.

1. Bone Lesion.

- a. Fracture of right supraorbital plate.

2. Meningeal Lesions.

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

3. Cerebral Lesions.

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

4. Cerebellum.

- a. Hemorrhagic necrosis of cerebellar tonsils.

5. Brain Stem.

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

6. Epidural hemorrhage of C1 and C2 vertebral level.

C. Later Secondary Lesions.

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

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

ENTRY: Right axillary region.

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

ENTRY: Right infraclavicular region.

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

BULLET RECOVERY: None.

GUNSHOT WOUND NO. 3.

ENTRY: Right axillary region (just below Gunshot Wound No. 2 entry).

COURSE: Soft tissue of right axilla, soft tissue of right upper back to the level of the 6th cervical vertebra just beneath the skin.

EXIT: None.

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

BULLET RECOVERY: .22 caliber bullet from the soft tissue of paracervical region at level of 6th cervical vertebra at 8:40 A.M., June 6, 1968.

EVIDENCE OF RECENT SURGICAL PROCEDURES.

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

PATHOLOGIC FINDINGS RELATED TO GUNSHOT WOUND NO. 1.

1. Hypostatic Pneumonia.

MISCELLANEOUS PATHOLOGIC FINDINGS NOT RELATED TO CAUSE OF DEATH.

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

DESCRIPTION OF GUNSHOT WOUNDS

GUNSHOT WOUND NO. 1:

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

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

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

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

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

LESIONS IN DETAIL (NEUROPATHOLOGY)

A. Scalp and Cranium.

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

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

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

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

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

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

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

B. Meninges, blood vessels and cranial nerves.

In the dorsolateral aspect of the subdural space there is a

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

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

Epidural hemorrhages are found in the following three locations:

1. Adjacent to the craniotomy defect of the right temporo-occipital region. This is minimal and extends not more than 1 cm from the surgical incision and it is less than 1 mm in thickness.
2. Above the right supraorbital plate where the fracture is present as described above. This is deemed minimal and less than 1 mm in thickness covering an area 1.5 x 1 cm.
3. Epidural hemorrhage measuring 2 cm longitudinally and 1 cm transversely is found in the dorsal aspect of the epidural space at C1 and C2 vertebral levels.

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

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

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