

In The Matter Of:

*Assassination Records Review Board
In Re: President John F. Kennedy, Jr.*

*Deposition of Edward F. Reed
October 21, 1997*

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BEFORE THE
ASSASSINATION RECORDS REVIEW BOARD

IN RE: :
ASSASSINATION OF :
PRESIDENT JOHN F. KENNEDY :
College Park, Maryland
Tuesday, October 21, 1997

The deposition of EDWARD F. REED, called
for examination in the above-entitled matter,
pursuant to notice, at the National Archives II,
6381 Adelphi Road, College Park, Maryland, convened
at 10:10 a.m. before Robert H. Haines, a notary
public in and for the State of Maryland, when were
present on behalf of the parties:

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APPEARANCES:
On Behalf of the Plaintiff:
T. JEREMY GUNN, ESQ.
General Counsel
The Assassination Records Review Board
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ALSO PRESENT:
Douglas P. Home, Senior Analyst
Steve Tilley
Thomas E. Samoluk, Esq.
Joan Zimmerman, Ph.D.
Sarah Ahmed
Carrie Fletcher

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**PROCEEDINGS
Whereupon,**

[1] EDWARD F. REED
[2] was called for examination by counsel for The
[3] Assassination Records Review Board and, having been
[4] first duly sworn by the notary public, was examined
[5] and testified as follows:
[6] **EXAMINATION BY COUNSEL FOR THE ARRB
[7] BY MR. GUNN:**
[8] **Q:** Could you state your full name for the
[9] record, please?
[10] **A:** Edward Francis Reed, Jr.
[11] **Q:** Mr. Reed, my name is Jeremy Gunn. I am
[12] the general counsel and the executive director of
[13] the Assassination Records Review Board. I'm here
[14] with Doug Home today.
[15] We are taking your deposition pursuant to
[16] the authority that we have under the President John
[17] F. Kennedy Assassination Records Collection Act.
[18] We want to inquire of you about some questions
[19] related to the autopsy and X-ray work of the
[20] assassination of President Kennedy.
[21]
[22]

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[1] Mr. Reed, the first thing I'd like to do
[2] is to show you a document, which is marked Exhibit
[3] No. 197, and ask you whether you have seen that
[4] before?
[5] **A:** Yes. I have.
[6] **Q:** Mr. Reed, do you understand that you are
[7] here pursuant to the subpoena that is attached to
[8] Exhibit No. 197?
[9] **A:** Yes, I am.
[10] **Q:** And you understand that you are here under
[11] oath?
[12] **A:** Yes, I do.
[13] **Q:** Do you have any reservations about your
[14] being able to speak the truth and the whole truth
[15] related to the experiences that you had regarding
[16] the assassination and autopsy of President Kennedy?
[17] **A:** No, I don't.
[18] **Q:** Mr. Reed, I'd like to show you part of
[19] Exhibit No. 197, which is Section C, called Papers,
[20] Documents, and Records Requested. Do you see that
[21] portion?
[22] **A:** Yes.

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[1] **Q:** Did you bring any records with you
[2] pursuant to Section C of Exhibit No. 197?
[3] **A:** Yes, I did.
[4] [ARRB Exhibit No. 199 marked
[5] for identification.]
[6] **Q:** I'd like to show you a document that has
[7] been marked Exhibit No. 199. Is that a photocopy
[8] of one of the documents that you brought to us
[9] today?
[10] **A:** Yes, it is.
[11] **Q:** Could you describe, just in brief, what
[12] that document is, please?
[13] **A:** This is a statement that I made for a
[14] X-ray article, and stating everything that occurred
[15] - mostly done in the first 24 hours of President
[16] Kennedy's assassination.
[17] **Q:** When did you write that?
[18] **A:** I wrote this in 1988. And the copy that's
[19] in front of me here is a copy that was reissued in
[20] 1992.
[21] **Q:** In addition to the article that has been
[22] marked as Exhibit No. 199, have you written

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[1] anything else related to the autopsy of President
[2] Kennedy?
[3] **A:** No, I have not.
[4] [ARRB Exhibit No. 200 marked
[5] for identification.]
[6] **Q:** I'd like to show you a document marked
[7] Exhibit No. 200, and ask you whether you have seen
[8] that before?
[9] **A:** Yes, I have.
[10] **Q:** Can you tell me, in brief, what that is?
[11] **A:** Again, this is from our professional
[12] journals that I receive on a monthly basis. And
[13] this article that I read in this is from Jerry
[14] Custer, X-ray technologist, that was with me that
[15] evening - that Friday evening.
[16] **Q:** That is, at the autopsy of President
[17] Kennedy?
[18] **A:** That's correct.
[19] **Q:** And who is Mr. Custer?
[20] **A:** He was the supervisor on duty that evening
[21] at National - at Bethesda National Medical Center.
[22] **Q:** Did he have any responsibility for X-rays?

[1] A: Yes, he did. He supervised the three
[2] students that were on call that evening.
[3] Q: Mr. Reed, did you bring any other
[4] documents with you, in addition to the two that we
[5] have just marked as exhibits, in response to
[6] Section C of the subpoena?
[7] A: Just the - Dave Lifton's book, Evidence
[8] and Deception, of President Kennedy's
[9] assassination. And included was a photograph of me
[10] walking through the hallway that evening, taken by
[11] a free-lance photographer.
[12] Q: In addition to those, did you bring
[13] anything else with you responsive to the subpoena?
[14] A: No, I did not.
[15] Q: Do you have any other documents in your
[16] possession, custody, or control that are responsive
[17] to the requests that are made under Section C?
[18] A: No, I don't.
[19] Q: Mr. Reed, did you do anything to prepare
[20] for the deposition today?
[21] A: I reread some articles, the ones that were
[22] just presented in front of me.

[1] has a different theory. And I now have come up
[2] with my own theory.
[3] Q: What I would like to do, if we could, is
[4] try to avoid talking about the theories, but just
[5] deal with the information that you saw in front of
[6] you.
[7] A: Okay.
[8] Q: And with respect to the Warren Commission
[9] and the House Select Committee on Assassinations,
[10] is there any information contained in those that
[11] are inaccurate, as far as you know, as it pertains
[12] to the autopsy or X-rays of President Kennedy?
[13] A: No.
[14] Q: When is the last time you spoke to Jerrol
[15] Custer?
[16] A: Oh, I guess, 1960... September 1964.
[17] Q: Have you spoken with anyone else who
[18] participated in the autopsy or the X-ray work on
[19] the night of the assassination since 1964?
[20] A: No.
[21] Q: Have you ever seen the original autopsy
[22] photographs or X-rays since the time of the

[1] Q: Exhibits Nos. 199 and 200?
[2] A: That's correct.
[3] Q: Did you read anything else?
[4] A: No.
[5] Q: Did you talk to anyone else about the
[6] deposition?
[7] A: My wife, some close friends.
[8] Q: Did anyone offer you any advice as to what
[9] you should say during the course of the deposition?
[10] A: Yes, they did.
[11] Q: What was the advice that you were given?
[12] A: Tell the truth.
[13] Q: And was there anything else?
[14] A: No.
[15] Q: Have you ever read the Warren Report on
[16] the assassination of President Kennedy?
[17] A: Thirty years ago.
[18] Q: But not since then?
[19] A: No.
[20] Q: Are you aware of the House Select
[21] Committee on Assassinations that made an inquiry
[22] into the assassination of President Kennedy?

[1] autopsy?
[2] A: No.
[3] Q: Have you ever had the opportunity of
[4] reading the deposition transcript of Dr. John
[5] Ebersole that he gave to the House Select Committee
[6] on Assassinations?
[7] A: A long time ago. Probably around when it
[8] first was written. What's the date on that?
[9] Q: 1978.
[10] A: I looked at it briefly.
[11] Q: Mr. Reed, how would you characterize your
[12] memory of the events of November 22nd, 1963 with
[13] regard to how clear they seem to you and how good
[14] your recollection is of those events?
[15] A: I'd say about 95 percent correct.
[16] Q: Mr. Reed, could you describe for me, in
[17] brief, the training that you had with regard to
[18] X-ray technology prior to November of 1963?
[19] A: In radiology alone, or my whole hospital
[20] corps training?
[21] Q: Let's start with radiology.
[22] A: In 1961, at Annapolis Naval Hospital -

[1] A: Yes, I am.
[2] Q: Did you ever read the report issued by the
[3] House Select Committee?
[4] A: In brief.
[5] Q: After reading the Warren Report and the
[6] report of the House Select Committee on
[7] Assassinations, did you have any reaction to the
[8] accuracy of what was contained in those reports, as
[9] far as you knew - information related to the
[10] autopsy?
[11] A: At that time, no.
[12] Q: Since that time, have you had any reason
[13] to question any of the statements made in either
[14] the Warren Report or the House Select Committee on
[15] Assassinations regarding the autopsy of President
[16] Kennedy?
[17] A: Yes, I did.
[18] Q: In what way?
[19] A: Well, after reading over the last 34 years
[20] all the information received, I came up with an
[21] idea of my own. Just - It's slight - It's
[22] different than some of the ones rejected. Everyone

[1] Excuse me for a second. Make that 1960 - late 19
[2] - late 1961.
[3] After six months of being at Annapolis
[4] Naval Hospital, working as a corpsman on the floor,
[5] doing normal Navy corpsman medicine - at that
[6] time, I was elevated to senior corpsman. And I
[7] started to tour different departments at Annapolis
[8] Naval Hospital.
[9] I came upon radiology. And they had me
[10] assist in the darkroom, learning how to develop
[11] film. And I originally was working two hours a day
[12] in the mail room. And the other six hours, I had
[13] free time.
[14] So, then I decided to advance myself. So,
[15] I started going through each department. I'd liked
[16] radiology the best of all, the pharmacy and lab.
[17] And I started to work more closely with the
[18] radiology department - three, four, five hours a
[19] day.
[20] And, finally, they asked me to - they
[21] asked if the hospital would let me - allow me to
[22] work in there fully, eight hours a day. And I

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[1] started to learn more about positioning, anatomy,
[2] physiology of the body.
[3] And they proceeded to let me do more
[4] radiographs - more X-rays. And then I started to
[5] take call in the evening and weekends, and I became
[6] an on-the-job X-ray technologist in the United
[7] States Navy.
[8] Q: From the way that you've described this,
[9] it appears that - at least, prior to 1963 - most
[10] of your training was on-the-job training.
[11] A: That's correct.
[12] Q: Is that fair? Did you have any formal
[13] courses at all - again, prior to November 1963?
[14] A: Only manuals that were given to me by the
[15] radiologist in the X-ray department at Annapolis
[16] Naval Hospital.
[17] Q: How would you describe the kinds of - or
[18] the type of work that you did in radiology prior to
[19] 19 - prior to November 1963?
[20] A: Being on call, the full range of
[21] radiographs from routine chest X-rays to multiple
[22] traumas.

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[1] Q: Did you do any work with autopsy X-rays?
[2] A: Yes, I did.
[3] Q: And what kind of work did you do with
[4] autopsies?
[5] A: Well, I would have to take dental X-rays
[6] in the morgue for dental records - identify
[7] people. And also people that were burned.
[8] A lot of dependents - some of the
[9] dependents that were dead on arrival at the
[10] hospital from injuries, and accidents, and so on -
[11] I had to go down to the morgue, and take X-rays of
[12] them.
[13] Q: During the time that you took the X-rays,
[14] did you ever have occasion to use portable X-ray
[15] equipment?
[16] A: That's what we utilized.
[17] Q: That's all you used. Prior to November of
[18] 1963, did you take any X-rays of gunshot victims?
[19] A: Not at Annapolis. It was after that I
[20] took X-rays.
[21] Q: Between the time that you were at
[22] Annapolis - Let me withdraw that.

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[1] After you were at Annapolis, what was your
[2] next station?
[3] A: Well, I - I was - The radiologist
[4] called me into his office, and asked me if I wanted
[5] to become an X-ray technologist. And I wasn't
[6] really interested at that time in doing that. But
[7] after a couple meetings with him, he talked me into
[8] going to X-ray school.
[9] And then he applied for X-ray school for
[10] me through the Navy. And I was selected as one of,
[11] say, 24 Navy corpsman to go to Bethesda National
[12] Medical Center for X-ray school.
[13] Q: When did you start that?
[14] A: That was in March of 1963.
[15] Q: How long is the regular course of
[16] training?
[17] A: It's a two-year program. One at Bethesda,
[18] Maryland. And the second one at Great Lakes,
[19] Illinois - the second year at Great Lakes,
[20] Illinois.
[21] Q: How long were you at Bethesda in the -
[22] receiving radiology training? For one year?

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[1] A: For one year. From January - From March
[2] of '63 to March of '64.
[3] Q: Okay. After your training in Illinois,
[4] did you receive any other formal radiology
[5] training?
[6] A: No.
[7] Q: If we could, I'd like to go to the events
[8] of November 22nd, 1963. Could you tell me where
[9] you were when you first heard about the
[10] assassination of President Kennedy?
[11] A: At the time of President Kennedy's
[12] assassination, I was in a room doing a barium enema
[13] on a patient in the - on the fourth floor of the
[14] National Medical Center, Bethesda, Maryland.
[15] Q: When did you first hear that you would
[16] have some involvement in the autopsy of President
[17] Kennedy?
[18] A: Approximately 2:00 o'clock in the
[19] afternoon.
[20] Q: Who called you?
[21] A: The -
[22] Q: Or told you?

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[1] A: I can't recollect his name, but he was the
[2] supervisor in charge of the floor.
[3] Q: Okay.
[4] A: Usually, it was a second-class.
[5] Q: So, that wasn't Dr. Brown or Dr. Ebersole?
[6] A: No, there was not.
[7] Q: Okay. What did he say to you, the
[8] supervisor?
[9] A: The supervisor said, "President Johnson
[10] had a heart attack." And I was supposed to prepare
[11] a room for possible X-rays of President Johnson,
[12] possible catheterization of the heart.
[13] At that time, we did not have a cath lab.
[14] The end room by the elevator - I guess, it was
[15] Room No. 4 - was set up with a - at that time,
[16] considered a modern piece of equipment - a
[17] Sanchez-Perez. This was a mechanical unit
[18] maintaining X-ray film.
[19] And the cardiologist or the radiologist
[20] would inject dye into the vessels of the heart, and
[21] I would take X-rays every half-second for ten
[22] seconds, and then develop the - process those

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[1] films in the processing department. And then the
[2] cardiologist and radiologist would look at the
[3] films or review them.
[4] Q: Do you know why you were told that
[5] President Johnson had had a heart attack?
[6] A: No, I was not.
[7] Q: What was the next thing that you did?
[8] A: Well, after 2:00 o'clock - between 2:00
[9] and 4:00, Captain Lloyd Brown - He was not in the
[10] department. He was in Chicago.
[11] Dr. Ebersole. It must have been Dr.
[12] Ebersole said that Dr. Lloyd Brown was not in the
[13] compound at that time. He was in Chicago at the
[14] RSNA - the Radiological Society National
[15] Association meeting for radiologists, and also
[16] technologists. Primarily, radiologists.
[17] Q: And what did Dr. Ebersole say that you
[18] should do?
[19] A: He just said to be prepared. "We don't
[20] know exactly everything that will occur, but just
[21] be prepared, in general. And take a portable down
[22] to the morgue."

[1] Q: Were you told anything further in
[2] relationship to President Johnson -
[3] A: No.
[4] Q: - preparing anything for President
[5] Johnson?
[6] A: No.
[7] Q: Did Bethesda have more than one portable
[8] X-ray machine?
[9] A: I think we had two at that time.
[10] Q: Do you recall now what kind of X-ray
[11] machines those were?
[12] A: They were General Electric 250. They were
[13] able to use 110 current and 220 current, all
[14] through the adaptor that you attached to the
[15] machine.
[16] Q: Were both X-ray machines GE 250s?
[17] A: Yes, they were.
[18] Q: Do you recall now approximately what time
[19] you took the portable equipment to the morgue?
[20] A: Approximately 2:00 to - between 2:00 and
[21] 4:00. Closer to 4:00 o'clock. Closer to 4:00
[22] o'clock. It was before - it was before mess hall

[1] time, which I think ran between 4:00 and 5:30.
[2] Q: After you took the portable equipment to
[3] the morgue, what else did you do?
[4] A: I returned to the radiology department.
[5] And we just waited for our next patient to arrive,
[6] as we normally would.
[7] Q: Do you recall now whether you had any
[8] other patients between the time that you set up the
[9] X-ray equipment and you assisted in the autopsy?
[10] A: No - no other patients.
[11] Q: Approximately what time did you next go
[12] back to the morgue?
[13] A: We were called to the - I was paged over
[14] - over the head. "X-ray technologists report to
[15] the morgue."
[16] At that time, myself and, I guess, Jerry
[17] Custer went down to the morgue on - in the ground
[18] floor. That was the platform where the ambulances
[19] arrived and unloaded patients onto the - you know,
[20] onto the platform.
[21] Q: Did you go out to the platform?
[22] A: No, just to the hallway.

[1] Q: So, you - Did you see a Navy ambulance
[2] or a hearse, or any vehicle?
[3] A: Out the - I could see out the window.
[4] There was two or three ambulances there. Other
[5] than that, I could not - I didn't see anything
[6] else.
[7] Q: Could you describe the ambulances you saw?
[8] A: They were normal, orange and white
[9] ambulances. Military ambulances.
[10] Q: Did you see any ambulance unloading a
[11] casket?
[12] A: No, I did not.
[13] Q: Did you ever see the casket with President
[14] Kennedy's body in it?
[15] A: Yes, I did.
[16] Q: When did you first see that?
[17] A: When I returned from the chow hall - the
[18] dining room to the ground-floor morgue, the main
[19] hallway leading into the morgue.
[20] Q: And did you see the casket in the
[21] hallway -
[22] A: Yes, I did.

[1] Q: - or in the morgue? Who was bringing -
[2] Was it -
[3] A: It was on the - it was on the ground.
[4] Q: It was sitting -
[5] A: It was just sitting -
[6] Q: - lying on the ground?
[7] A: Right. And there was, say, five or six
[8] Marine corpsmen at attention, lined up across the
[9] hallway.
[10] Q: And what did you observe next?
[11] A: And next, we were instructed to -
[12] Someone opened the casket. I forget who exactly.
[13] It was an enlisted man.
[14] Q: Is this in the hallway?
[15] A: Yes. Let me - No, I'm sorry. We did
[16] not open it in the hallway. We carried it into the
[17] morgue.
[18] Q: Did you, yourself, help carry it?
[19] A: Yes, I did.
[20] Q: Did anyone else you know assist carrying
[21] it in?
[22] A: Jerry Custer, the medical - I don't know

[1] their names. But the lab technologists, and the
[2] medical photographer - enlisted man. And I forget
[3] anyone else.
[4] Q: Did the Marines help?
[5] A: No.
[6] Q: After you - You took the casket into the
[7] morgue; is that correct?
[8] A: That's correct.
[9] Q: What did you do when it arrived in the
[10] morgue?
[11] A: Someone opened it up.
[12] We all stood back. Someone opened it up,
[13] and we were allowed to look into the casket. From
[14] our vantage point, we were able to see into the
[15] casket.
[16] Q: Was it - was the casket on the floor?
[17] A: Yes, it was.
[18] Q: Do you recall now who opened the casket?
[19] A: No, I don't.
[20] Q: After the casket was opened, what did you
[21] see?
[22] A: I was able to look in, and I saw President

[1] Kennedy without - completely nude in a plastic
[2] bag.
[3] Q: What kind of plastic bag was it?
[4] A: It was a heavy-gauge plastic bag. Plastic
[5] - almost like lawn - that people use to put
[6] leaves and stuff like that in. But it was see -
[7] it was a see-through.
[8] Q: Are you familiar with the term "body bag"?
[9] A: Yes, I am.
[10] Q: What is a body bag in your understanding?
[11] A: Body - body bag is a large bag, with a
[12] zipper normally, that remains are placed in. If
[13] it's an adult bag or - I assume they have infancy
[14] bags. But it's a large bag that you cannot see
[15] through.
[16] Q: Was the bag that President Kennedy in a
[17] body bag?
[18] A: No, it was not.
[19] Q: Were there any wrappings at all on the
[20] body, either on the - sheets on the head, or
[21] towels, or -
[22] A: No.

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[1] Q: What was the next thing that you saw
[2] happen?
[3] A: We were asked to lift the body - unwrap
[4] the body, the plastic. And then we lifted the
[5] body. All of us lifted together. And there was
[6] two tables in the autopsy room, and we put it -
[7] the one furthest from the casket.
[8] Q: Who was it who lifted the body out?
[9] A: The same group of people that brought the
[10] body into the room.
[11] Q: That brought the casket in?
[12] A: Right.
[13] Q: Who removed the plastic lining?
[14] A: It was most of the lab technologists, the
[15] lab and medical photographer. I might have
[16] assisted, also. I can't remember that.
[17] Q: Could you describe -
[18] A: Completely.
[19] Q: Oh, I'm sorry.
[20] A: I could not - I can't remember that
[21] completely, to be truthful.
[22] Q: Okay. Could you describe the casket that

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[1] you saw in the hallway?
[2] A: It was a typical military, aluminum
[3] casket. Stainless steel or aluminum, whatever. I
[4] guess, then it was stainless steel.
[5] Q: Did - What kind of handles did the
[6] casket have?
[7] A: Just the normal stainless steel handles.
[8] Q: Would you describe it as a ceremonial
[9] casket?
[10] A: No.
[11] Q: Could you describe the appearance of
[12] President Kennedy's body the first time you saw it
[13] after it was taken out of the plastic bag?
[14] A: Well, I made sure that I looked at his
[15] face and - to try to retain every information I
[16] could at that time.
[17] And that was just as if he was on TV,
[18] talking - from here on down. From the top of his
[19] forehead down to his neck - mid-neck, it was
[20] exactly like he was on TV, giving one of his
[21] speeches.
[22] Q: So, it looked very much like President

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[1] Kennedy?
[2] A: Absolutely.
[3] Q: Did you see any scars or wounds anywhere
[4] on his forehead or face?
[5] A: Not on his forehead or his face.
[6] Q: Did you see any wounds at all on his head?
[7] A: Yes, I did.
[8] Q: Could you describe where those wounds
[9] were?
[10] A: It was in the temporal parietal region,
[11] right side. I could - it was large enough that I
[12] could probably put four fingers into it.
[13] Q: Now -
[14] A: Not my whole fist, but four fingers.
[15] Q: And you're putting your fingers up on your
[16] head right now?
[17] A: That's correct.
[18] Q: And would it be fair to say that the part
[19] - portion of your head that you're touching would
[20] be right above the ear?
[21] A: That's correct.
[22] Q: Straight above your ear.

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[1] A: And anterior. Slightly anterior.
[2] Slightly forward. As we say in the medical field,
[3] anteriorly forward.
[4] Q: Okay.
[5] A: Up anterior. Right here.
[6] Q: Did you have an opportunity at the
[7] beginning to see the back of President Kennedy's
[8] head?
[9] A: Yes.
[10] Q: Did you see any wounds on the back of his
[11] head?
[12] A: No.
[13] Q: Was the scalp intact, as far as you could
[14] observe, on the back of his head?
[15] A: Yes.
[16] Q: Did you see any wounds on President
[17] Kennedy's throat -
[18] A: Yes, I did.
[19] Q: - in the front?
[20] A: Yes, I did.
[21] Q: Anterior throat. What - Could you
[22] describe what you saw?

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[1] A: A large, gaping wound. Approximately
[2] seven centimeters in width - in length. Excuse
[3] me, in length. And about two centimeters in width.
[4] Q: In addition to that wound, did you see any
[5] other wounds on President Kennedy's body?
[6] A: Not at that time.
[7] Q: Did you subsequently see additional
[8] wounds?
[9] A: Later, when we lifted him up to put a
[10] X-ray plate under his thorax - under his back, I
[11] saw a small, gaping wound. Approximately seven
[12] millimeters in circumference.
[13] Q: Did you see any other wounds during the
[14] course of the autopsy?
[15] A: None.
[16] Q: Was the wound on the anterior neck
[17] sutured?
[18] A: No.
[19] Q: Could you describe the general appearance
[20] of President Kennedy's hair? That is, is there
[21] blood on it? Is it clotty? Is it messy, clean?
[22] What would be your description of that?

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[1] A: It was - Appearance - From my past
[2] experience as a Navy corpsman, it was dry blood.
[3] Small fragments of bone externally, dry blood on
[4] the skin surrounding the wound. And that's about
[5] what I could describe right now.
[6] Q: Do you recall at all whether the hair
[7] seemed particularly bloody, or was it relatively -
[8] Did it appear as if it had been cleaned, or what
[9] was your impression?
[10] A: It was - it wasn't cleaned thoroughly.
[11] It looked like somebody might have taken a rag and
[12] wiped it - you know, the back of his neck - from
[13] the blood. But it was dry blood throughout the
[14] hair.
[15] Q: Were you able to look inside the cranium
[16] from the frontal wound?
[17] A: No.
[18] Q: Cranial wound. Let me try that again.
[19] Were you able to see - Through the wound
[20] that you described above and slightly behind the
[21] ear, were you able to see into the cranium?
[22] A: Not really. You could see the fissure of

[1] the fracture. You could see the fissure and the
[2] dry blood. But other than -
[3] You know, superficially, I could put maybe
[4] two or three fingers in there. But I - It wasn't
[5] the kind of wound that you could actually observe
[6] into the cranium. I did not see any brain
[7] material.

[8] Q: When you say you didn't see any brain
[9] material, do you mean that there -

[10] A: Extruding.

[11] Q: You saw no brain -

[12] A: Extruding from the - from the wound
[13] itself.

[14] Q: But you don't mean to imply that there was
[15] no brain inside the -

[16] A: Right. I do not.

[17] Q: Heretofore, you have described your
[18] initial views of the bodies and the wound. And you
[19] also mentioned that you saw one of the wounds a
[20] little bit later in the procedure.

[21] I'd like to go back to the point where you
[22] have described your - the view that you had when

[1] A: None.

[2] Q: In addition to Dr. Ebersole, you, and
[3] Jerry Custer, was there anyone else who was
[4] involved in preparing the X-rays?

[5] A: No.

[6] Q: What did you do, in order to take the
[7] lateral X-ray?

[8] A: First, I discussed it with Dr. Ebersole.
[9] And he said, "Take a lateral view of the skull."

[10] I suggested at that time that we take a
[11] small metallic fragment for magnification purposes,
[12] and put it - attach it to the side of the head
[13] closest to the film.

[14] This is just something that was a
[15] suggestion of mine, since Dr. Brown wasn't there.
[16] And I was trying to make sure that we had good
[17] radiographs and a good way of measuring different
[18] little fragments, if there were any.

[19] I set - I did that. Put the - taped it
[20] to the back part of the mastoid on the left, and
[21] placed the cassette against his left side of his
[22] head.

[1] you first saw the body, and then ask you: What was
[2] the next procedure or the next event that happened
[3] at the autopsy?

[4] A: We were asked - Jerry Custer and myself
[5] were asked to sit in the podium, and wait until -
[6] Let me - let me eliminate that last statement.
[7] I'm trying to -

[8] We were asked at that time to go back to
[9] the main department, the fourth floor - Jerry
[10] Custer and myself. We were asked to leave after -
[11] You know, after we lifted the body onto the table,
[12] we were asked to leave, and go up to the fourth
[13] floor, and wait for a telephone call for us to come
[14] down.

[15] Q: Do you know why you were asked to go to
[16] the fourth floor?

[17] A: Just to be ready to take X-rays.

[18] Q: Okay. Did you at some point get a call
[19] saying to come back to the -

[20] A: Yes, we did.

[21] Q: About how long was that?

[22] A: Maybe 15 minutes after that.

[1] And at that time, we didn't have cassette
[2] holders as they do now. We just taped it to the
[3] side of his head. I might have placed a sandbag
[4] beside it, also.

[5] And I proceeded to take the portable X-ray
[6] machine and place it on his right side, align -
[7] align it with the lateral - his skull cross hairs.
[8] Align it to the - one inch above and anterior to
[9] the skull on his right side.

[10] And then I collimated - what we call
[11] collimation. You take the light of the X-ray
[12] machine - There's no X-ray involved. It's just
[13] the collimation. And you cone down to enhance the
[14] X-ray, and not have any scatter radiation.

[15] I was the only one at that time that had a
[16] lead apron on, also, in the room. Everyone else
[17] was asked to stand clear of the area, at least 20
[18] feet.

[19] I took the - I measured his skull. And
[20] we have a chart attached to the side of the
[21] machine, and you for centimeter size. And you
[22] measure that, and it gives you the kilovoltage,

[1] Q: Did you then go immediately back to the
[2] morgue?

[3] A: We went - we went down through the
[4] hallway. We took the elevator. We went down to
[5] the back hallway, passed the military guard -
[6] Marine guard, and then into the room.

[7] And then they asked me to take a lateral
[8] skull of President Kennedy's head - lateral view
[9] of President Kennedy's skull. Side view.

[10] Q: Prior to the time that you did that, did
[11] you and Jerry Custer talk about what you had seen
[12] or observed?

[13] A: No.

[14] Q: Who was it who asked you to take the
[15] lateral view?

[16] A: It was a combination of Commander Humes,
[17] Dr. Ebersole. Those two.

[18] Q: Did you notice any difference in the
[19] placement of the body or anything that had been
[20] done to the body between the time that you left the
[21] morgue and the time you came back to take the
[22] X-ray?

[1] which is the penetrating power of the X-ray. And I
[2] utilized the technique chart.

[3] I'd like to back up just a little bit.
[4] At that time, up - when we were upstairs
[5] waiting to go, I put two films in each cassette.
[6] That means that I'm only using one side of the
[7] screen of the cassette versus two. That means I
[8] have to increase my technique.

[9] So, when I - After I measured President
[10] Kennedy's head and put the - put all the
[11] ingredients into the - you know, final ingredients
[12] - all the factors - all the factors into the
[13] machine, I increased the kilovoltage 10 - 10 kvs.
[14] Ten kilovolts.

[15] The reason for that is because of the loss
[16] of radiation because of the two films in the
[17] cassettes.

[18] Q: Why did you have two films in the
[19] cassette?

[20] A: The reason I did that was in case the
[21] films were either overexposed or underexposed.
[22] That I could eye-sight it in a darkroom-in the

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[1] manual darkroom on the fourth floor of radiology.
[2] There was no darkroom in the morgue on the
[3] ground floor. Each film had to be hand-carried up
[4] as we proceeded through the whole procedure, and
[5] hand-developed upstairs. I mean, if it had to be
[6] hand-developed, I had two films in each cassette.
[7] I put one film into the M3 processor, and
[8] waited five minutes - five or six minutes. It
[9] took approximately five minutes. And it came out
[10] dry at the other end.
[11] At that time, I looked at a view box -
[12] put it up to the view box, saw that it was
[13] technically satisfactory. The film was technically
[14] satisfactory.
[15] At that time, I took the other film that
[16] was in the cassette, and put it in a film bin in
[17] the darkroom. We had three film bins. Not all of
[18] them were filled with film. One was empty.
[19] The reason it was empty was because during
[20] cleaning on Thursday, we took all the films out of
[21] the cassettes, and put them into a film bin - an
[22] empty film bin, and cleaned all the cassettes. And

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[1] then we took all the film out of the film bin, and
[2] put them back in the cassettes. That's why we had
[3] an empty film bin.
[4] And during the evening, every film that I
[5] took - every one of them was perfect. Not one had
[6] to be hand-developed. And I stuck every film in
[7] the film bin. I did that for - only to - because
[8] I didn't want to waste film.
[9] It sounds kind of ridiculous, but that's
[10] why I did it. Not to waste the film.
[11] Q: There was no exposure on the films that
[12] you put in the film -
[13] A: There was - Yeah. Every film we took
[14] down in the morgue had - Whenever you use a
[15] cassette that - There was two films inside, and
[16] there was a image on both films. The latent image.
[17] A latent image is a image you can't see.
[18] If you took it out and hold it up to the light -
[19] in the light, it would be all green. We call that
[20] a latent, l-a-t-e-n-t, image.
[21] Both films had a latent image on the film
[22] from each cassette. But whenever you develop a

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[1] film, that latent image becomes a stationary image
[2] - a realistic image that you can see. The
[3] chemical reaction occurs, the halo - the chemicals
[4] and the crystines - crystals and all that, as they
[5] do in normal radiology.
[6] Even today, it's still the same principle.
[7] Even though it may be a little different
[8] technology, the principles are always the same.
[9] Q: What happened to the latent images after
[10] you were - after you put them in the film bin?
[11] A: I didn't do anything until the - about
[12] 1:00 o'clock in the morning, whenever we were done
[13] with the autopsy. Maybe it was earlier than that.
[14] Maybe it was around 10:00 o'clock in the evening.
[15] I found no need - Because every X-ray
[16] was good. So, I - I said, "What am I going to
[17] do?" I said to myself, "What am I going to do with
[18] these films?"
[19] If I'd known then - now what I knew then,
[20] I would have kept them for the - for Dr. Brown.
[21] But I just turned the light on. I just turned the
[22] - flipped the light, took them out of the film

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[1] bin, and threw them into the trash.
[2] Q: So, by putting the light on, does that
[3] have an effect -
[4] A: That completely exposes the film. It
[5] makes them unusable again. There is still silver
[6] on the film, but there is no latent image. The
[7] latent image is destroyed as soon as that is hit by
[8] white light.
[9] Q: Now, you described, a few moments ago,
[10] taking the first lateral image. How many images
[11] did you take?
[12] A: Numerically?
[13] Q: Numerically.
[14] A: We took an AP and lateral skull.
[15] Q: That makes two of the skull?
[16] A: That's correct. AP and lateral neck; two
[17] of the neck. Then we did a chest X-ray on a 14 by
[18] 17, a large film. The other films were 10 by 12 -
[19] 10 inches by 12 inches. Now we proceeded to take
[20] the larger film, 14 by 17.
[21] Now, this time frame is about an hour. We
[22] didn't take them all at one time.

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[1] Q: Let's - I would like to get to all of
[2] them.
[3] A: Okay.
[4] Q: Those that you took, let's -
[5] A: Let's go through the -
[6] Q: - let's do what you took first.
[7] A: Then we took an AP abdomen, from his
[8] nipple line down to his pubic bone.
[9] Q: If you could -
[10] A: That's one.
[11] Q: I'm sorry. If you could hold it.
[12] A: Okay, I'm sorry.
[13] Q: Is this still in the very first round
[14] of -
[15] A: No, no. The first round was just the
[16] lateral skull.
[17] Q: Just -
[18] A: The lateral skull was the only film I -
[19] that I took upstairs and developed it. That was
[20] the only film.
[21] Then, when I came back down with the film,
[22] they said, "Do an AP skull."

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[1] Q: Okay.
[2] A: And I did a AP skull. Then I ran it up
[3] the steps again - passed the guards, up the steps,
[4] into the darkroom, developed the film. Jerry
[5] Custer stayed downstairs on the podium, watching,
[6] while I was upstairs developing the film.
[7] So, then I went back upstairs, developed
[8] the AP skull, ran it down. And then they were -
[9] the doctors were - physicians were looking at it.
[10] And I was fairly close to them, and they asked me
[11] to step back.
[12] So, then - There was like a little
[13] reading room, just a little alcove. And then they
[14] asked me to step back. So, I had to step back
[15] about 10, 12 feet.
[16] Q: Why did they ask you to step back?
[17] A: I don't know. I - I think I mentioned
[18] maybe in my - You know, it's been a while. But
[19] in my - I might have heard something about a
[20] conspiracy. The word.
[21] Not that they were conspiring themselves,
[22] but there might have been mention of a conspiracy.

[1] And maybe - maybe - Whether I heard that or not,
[2] that - maybe that's why they asked me to step
[3] back.

[4] Q: Let me make sure that I understand
[5] correctly the sequence. The first exposure that
[6] you make is a lateral X-ray. You then -

[7] A: Lateral skull.

[8] Q: Lateral skull. And you then take that
[9] upstairs -

[10] A: That's correct.

[11] Q: - develop it, bring it back.

[12] A: That's correct.

[13] Q: You're then asked to take an AP skull -

[14] A: After they saw that lateral, then they
[15] asked me to do an AP skull. They didn't ask me to
[16] do both at the same time.

[17] Q: So, you then took that up, and you came
[18] back.

[19] A: That's correct.

[20] Q: What was the next thing that you were
[21] asked to do?

[22] A: Lateral cervical spine. Lateral neck.

[1] Q: And did you then develop that one, or did
[2] you -

[3] A: Yes, I did. I ran that back upstairs.

[4] Q: So, this is now three separate trips -

[5] A: That's correct.

[6] Q: - trips for three separate X-rays?

[7] A: That's correct.

[8] Q: Okay. And the next thing that you did?

[9] A: Was a AP cervical spine. AP neck.

[10] Q: Okay.

[11] A: And once again, I ran that upstairs,
[12] developed it, and brought it back down.

[13] Q: What was the approximate amount of time
[14] between the development - between the exposure of
[15] the first lateral X-ray and the fourth cervical -
[16] the fourth X-ray, that of the cervical X-ray?

[17] A: About 25 to 28 minutes.

[18] Q: When you took the films up for developing,
[19] did you go alone; or was there someone with you?

[20] A: I went alone.

[21] Q: Do you know whether any X-rays were taken
[22] while you were not present in the room?

[1] A: Not that I'm aware of. I'd have to say
[2] no, because Mr. Custer was still in the same
[3] position when I went up each time.

[4] Q: After the fourth X-ray was taken, what
[5] were you then asked to do?

[6] A: Then we were asked to do - to sit in the
[7] podium for a short period of time, approximately 20
[8] minutes, while they were just discussing - the
[9] doctors were discussing the X-rays. And some of
[10] the technologists - the lab technologists were
[11] doing what they usually do.

[12] They weren't opening anything up. There
[13] was no saws or anything at that time that I was
[14] aware of - anything that was going on medically at
[15] the time. There were just more discussions.

[16] Then, after 20 minutes - 15, 20 minutes,
[17] I was asked to do AP chest - anterior/posterior
[18] chest. We call it AP chest. That's where the tube
[19] is in front of the patient.

[20] And then a AP abdomen. That's where the
[21] tube is in front of the abdomen, the stomach. The
[22] abdomen is from the nipple line to the pubic bone.

[1] And then we did a pelvis X-ray,
[2] transversed. Not - The film was not straight up
[3] and down. It was transverse - crosswise, so you
[4] maintain as much area as possible on the film.

[5] And then - This is - I didn't have to
[6] go take any of these films upstairs. I stayed in
[7] the morgue. And then I did his humeri, which are
[8] - we consider arms. And his forearms.

[9] Q: So, how many X-rays of each arm?

[10] A: One of each. I mean, one of the up -
[11] This is arm. This is forearm. From the shoulder
[12] to the elbow is arm.

[13] Q: So, two X-rays -

[14] A: One.

[15] Q: - of the right arm -

[16] A: One.

[17] Q: - and two X-rays of the left arm. The
[18] whole arm.

[19] A: That's correct.

[20] Q: Okay.

[21] A: What we call the entire upper extremity.
[22] Two films of each.

[1] Q: Okay. So, for President Kennedy's entire
[2] arms, there were a total of four X-rays?

[3] A: That's correct.

[4] Q: Okay. And did you take any of the legs,
[5] the femurs?

[6] A: Yes, we did. Again, medical terminology.

[7] The femur is the thigh. The femur is the thigh.

[8] And the leg is actually from the knee to the ankle.

[9] That is actually leg. Not from the hip to the
[10] ankle.

[11] Q: Okay.

[12] A: I proceeded to take two of the lower
[13] extremity, the leg and the thigh. AP, one of each.

[14] And then I proceeded to take the left; one of each,
[15] the leg and the thigh.

[16] Q: So, there was -

[17] A: And that was the end of the radiographs.

[18] Q: So, then, there were effectively two
[19] X-rays of each of President Kennedy's four
[20] extremities?

[21] A: That's - Two - one, two, three, four.

[22] Eight.

[1] Q: Right. Did you take any other X-rays?

[2] A: No.

[3] Q: What did you do with these last two, three
[4] - I have 11 X-rays?

[5] A: We took them upstairs, and we developed
[6] them.

[7] Q: When you say "we", who else went with you?

[8] A: Jerry Custer.

[9] Q: Did you take any X-rays at any subsequent
[10] point during the evening?

[11] A: No.

[12] Q: Were you told the purpose for taking any
[13] of the X-rays? Let's start with the lateral skull
[14] X-ray.

[15] A: No.

[16] Q: For example, were you told that the
[17] purpose of the X-ray was diagnostic versus
[18] attempting to locate any bullet fragments?

[19] A: No.

[20] Q: Was there anything in the procedures
[21] for - Let me withdraw that.

[22] Was there anything that seemed to you to

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[1] be unusual, in terms of the subject matters of the
[2] X-rays, or that seemed standard X-rays for an event
[3] of this type?
[4] A: With my limitation of this kind of
[5] procedure, I'd have to say that I cannot give a
[6] truthful answer.
[7] Q: In what way?
[8] A: In -
[9] Q: Why would that be?
[10] A: In other words, this is - Total body
[11] X-rays are unusual, as far as I'm concerned. Like,
[12] there would be no bullets - I mean, if somebody
[13] was shot in the chest, why would you do the hand
[14] X-rays?
[15] But I was told - or I was listening to
[16] the physicians discuss it. And they said a bullet
[17] - possibly, a bullet could go - hit some bone and
[18] travel down the length of the arm, or hit the
[19] thoracic spine and travel down the length of the
[20] spine.
[21] And that's my understanding of why all
[22] these X-rays were taken. Normally, this would not

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[1] be done.
[2] Q: So, although you were not told why, it was
[3] your understanding that the purpose of taking the
[4] body X-rays was to locate a bullet. Would that be
[5] fair?
[6] A: Well, from what I overheard in the
[7] conversation, yes.
[8] [Discussion off the record.]
[9] BY MR. GUNN:
[10] Q: A few minutes ago, you referred to a
[11] metallic fragment that you had put on President
[12] Kennedy's skull. Could you explain to me again the
[13] purpose for putting that metallic fragment there?
[14] A: For magnification purposes.
[15] Q: Would that mean, it was for the purpose of
[16] helping to ensure that the exposure was correct?
[17] A: No. To make sure, if there was any
[18] measurements taken, that we had a ratio between the
[19] size of the fragments and the film itself.
[20] Q: Okay. Was there any kind of identifying
[21] tag that would include something like the autopsy
[22] number?

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[1] A: No.
[2] Q: Was that standard practice, not to include
[3] some kind of identifying tag or number?
[4] A: Normally, you use your left and right
[5] markers on the films. In other words, to maintain
[6] what side of the patient - Because your right arm
[7] and left arm look the same on a X-ray. So, you
[8] should put your marker, right or left, on. Which I
[9] assume that I did at that time. That was routine
[10] protocol, and -
[11] Now, sometimes it's blackened out. It's
[12] only a piece of aluminum, with a "left" or "right"
[13] on the film. And we had our initials or number on
[14] this left and right marker to identify what
[15] technologist took the film.
[16] However, sometimes, because of the amount
[17] of radiation we use in the higher kilovoltage, it's
[18] burned out. It would take a bright light to see
[19] it. It's on there, but you would have to see it.
[20] Now, looking at photographs, you say,
[21] "Well, it's not identified." Not so. That
[22] identification - if you had the original films in

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[1] your hand and you had a bright light, you could see
[2] it.
[3] It's not unusual for radiologists to
[4] bright-light a film in the department, to see an
[5] area where a rib, or maybe a chest/lung, or
[6] whatever. It's darkened, but you may see
[7] something. Or he wants to make sure there is
[8] nothing in that area.
[9] So, that's why the film - They were
[10] marked. Every film was marked. But you needed an
[11] intensifying light. And that's why, on a
[12] photograph, you can't - really can't see it that
[13] well.
[14] Q: Do the markers identify the name of the
[15] patient?
[16] A: On a normal situation, it would. In the
[17] main department. Now, we were in the morgue. And
[18] we didn't identify the films per name.
[19] Expert - Speed was essential at that
[20] time. And I would say that the films were not
[21] identified. As I remember, I didn't identify the
[22] films.

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[1] Q: Were you the person principally
[2] responsible for developing each of the X-rays?
[3] A: That's correct.
[4] Q: And were you the person principally
[5] responsible for taking each of the X-rays?
[6] A: Yes, I was.
[7] Q: What type of X-ray film was used?
[8] A: Kodak.
[9] Q: Do you remember the name of the Kodak
[10] film?
[11] A: At that time, there was only one type of
[12] film - X-ray film.
[13] Q: Okay.
[14] A: Compared to 20 different types of films
[15] today.
[16] Q: Have you ever seen fingerprints on a
[17] developed X-ray that come from the process of
[18] developing the film?
[19] A: Yes, I have.
[20] Q: How do the fingerprints get on to the
[21] film?
[22] A: Well, the people don't wash their hands,

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[1] or they have oils on their hands. And they take
[2] the film out of the cassette, and they have these
[3] oils on there. And then they place it into the
[4] processor.
[5] And those films are impregnated. Those
[6] fingerprints are impregnated into the film base,
[7] because it's soft and pliable at that time. And
[8] especially with the wetness. That's why your films
[9] have to remain - be dry, when handling film.
[10] Q: Is it fairly typical to have fingerprints
[11] on, particularly, the edges of the film?
[12] A: No, not if you're a good technologist.
[13] You have a towel there, and you - you know. You
[14] wash your hands. You make sure they're dry.
[15] Q: Do you recall whether the name of Kodak
[16] was on the edge of the film?
[17] A: Yes, it was.
[18] Q: Was that true for both the smaller films
[19] that you mentioned, as well as the larger film?
[20] A: That's correct. Yes.
[21] Q: Did you, at any point, see any
[22] photographers in the morgue?

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[1] A: Yes, I did. But they didn't have their
[2] equipment. There was no equipment at that time
[3] with them.

[4] Q: Do you know when the photography was
[5] taken?

[6] A: I assumed, after the initial X-rays. I
[7] assume, after all the X-rays. Let me cancel that
[8] "initial". After all the X-rays.

[9] I was not there when there was any
[10] photography taken - any photographs. We were
[11] asked to leave after 15 minutes in the beginning.
[12] And they could have taken the photographs at that
[13] time, but I can't say whether they did or did not.

[14] Q: You're referring to the time that you and
[15] Jerrol Custer were upstairs, waiting for the call
[16] to come back and take the X-rays?

[17] A: That's - that's correct.

[18] Q: They could have been taken, but you just
[19] don't know.

[20] A: Absolutely.

[21] Q: Did you see any tripods, or -

[22] A: Yes, I did.

[1] incision in the forehead, and brought back the
[2] scalp.

[3] Q: Okay.

[4] A: Like this.

[5] Q: And you were making a line first across
[6] the top of your forehead, roughly along the
[7] hairline -

[8] A: With a scalpel.

[9] Q: - and then pulling the scalp back.

[10] A: That's correct. Just like this.

[11] Q: And were you able to see the size of the
[12] wound when the scalp -

[13] A: Not from my - not from where I was, no.
[14] The podium was a good 20 feet away.

[15] Q: What else did you observe from where you
[16] were with regard to any incisions or operations on
[17] the head?

[18] A: Well, after about 20 minutes, Commander
[19] Humes took out a saw, and started to cut the
[20] forehead with the bone - with the saw. Mechanical
[21] saw. Circular, small, mechanical - almost like a
[22] cast saw, but it's made -

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[1] Q: - any kinds of ladders?

[2] A: Yes, I did.

[3] Q: What did you see?

[4] A: I saw a tripod when they were setting up
[5] for photographs.

[6] Q: And when was it that you saw them setting
[7] up for photographs? Again, was that before the
[8] first X-ray, or -

[9] A: Yes.

[10] Q: Before the first X-ray?

[11] A: That's correct.

[12] Q: Had you ever seen any of the photographers
[13] before?

[14] A: Yes.

[15] Q: Did you know them by name?

[16] A: No. I saw them at the NCO club.

[17] Q: I think - just to clarify - that you
[18] said one of the photographers, at least, helped you
[19] carry the casket in; is that correct?

[20] A: Yes.

[21] Q: And you don't know what his name was?

[22] A: No, not unless I read - reread the book.

[1] Q: Sure.

[2] A: - specifically for bone.

[3] Q: And what did you see next?

[4] A: We were asked to leave at that time.

[5] Jerry Custer and myself were asked to leave.

[6] Q: Do you know why you were asked to leave?

[7] A: Because we were - No more assistance -

[8] our assistance was not needed. X-rays were done.

[9] And someone decided that we weren't needed, and
[10] they asked us to leave.

[11] Q: Did you see the brain removed?

[12] A: No.

[13] Q: Did you go back into the morgue at any
[14] time that evening?

[15] A: No, I did not.

[16] Q: Did you see any incisions on the chest at
[17] all?

[18] A: None.

[19] Q: Did you ever see President Kennedy's body
[20] again?

[21] A: No, I did not.

[22] Q: Other than the times that you mentioned

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[1] Q: Okay. You've described the sequence of
[2] the taking of the X-ray films. Can you tell me
[3] whether there were any incisions that were
[4] performed on the body between the time of the first
[5] X-ray and the time of the last X-ray that you took?

[6] A: As far as I know, no.

[7] Q: When you brought the last of the X-rays
[8] that you had developed back to the morgue, had
[9] there been any incisions performed on the body at
[10] that time?

[11] A: No.

[12] Q: Were you present during the time of the
[13] first incision?

[14] A: Yes.

[15] Q: What was the first incision?

[16] A: The cranium. The scalp, right here.

[17] Q: And can you describe how that procedure -

[18] A: Commander Humes made an incision. After
[19] we brought all the X-rays back, we were all allowed
[20] to sit up in the podium and observe.

[21] And Commander Humes made an incision -
[22] that I could see from my vantage point - an

[1] that you went upstairs to develop the first set of
[2] X-rays, were you with Jerrol Custer for the
[3] remainder of the evening?

[4] A: At the return - at the completion of all
[5] the X-rays?

[6] Q: Yes.

[7] A: Yes.

[8] Q: During the time that you were with
[9] Mr. Custer, did you ever see any members of the
[10] Kennedy entourage, such as -

[11] A: No.

[12] Q: - Mrs. Kennedy or the Attorney General?

[13] A: No, I did not.

[14] Q: Did Dr. Ebersole know how to take X-rays;
[15] do you know?

[16] A: I can't answer that.

[17] Q: Why are you unable to answer that?

[18] A: Most physicians, radiologists or radiation
[19] therapists -

[20] He was a radiation therapist. That was
[21] his specialty. That's why I had to assist him
[22] originally.

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[1] - are not really trained to take
[2] radiographs, other than barium enemas and upper
[3] GIs. Upper gastric and lower gastric - lower
[4] colon. Other than that, they're not trained.
[5] They know what views to take. They know
[6] what views to take for them to read the films, but
[7] they do not know how to take a radiograph, unless
[8] they come up through the ranks.
[9] Q: Did you ever hear of any X-rays that had
[10] been taken after a Y incision had been performed on
[11] President Kennedy?
[12] A: No.
[13] Q: Later in the evening, did you ever hear
[14] about some bone fragments arriving at Bethesda?
[15] A: No.
[16] Q: Did you, yourself, take any X-rays of any
[17] skull fragments at Bethesda later that evening?
[18] A: No, I did not.
[19] Q: After you were asked to leave the morgue,
[20] which room did you go to - or where at Bethesda?
[21] A: We went to the on-call room on the fourth
[22] floor of the main building, in main radiology.

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[1] Q: And did you stay there for the rest of the
[2] evening?
[3] A: Yes, I did.
[4] Q: How far is the on-call room from the
[5] developing lab?
[6] A: Approximately 50 feet. Fifty or 75 feet.
[7] Q: Would you have known if someone had gone
[8] into the developing lab?
[9] A: Absolutely.
[10] Q: Did anyone go into the developing lab -
[11] A: No.
[12] Q: - later that evening?
[13] A: No. Radiology was secured. And there was
[14] only four of us in the department at that time.
[15] And all four of us were in the room together all
[16] night.
[17] Q: Who were the other three?
[18] A: Ron Sherwood, S-h-e-r-w-o-o-d. Last
[19] address Pittsburgh, Pennsylvania.
[20] Q: And Jerrol Custer was one, I assume.
[21] A: Jerry Custer.
[22] Q: And you were one.

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[1] A: Yes. And the fourth one, I can't remember
[2] his name. He was a student in our program. I
[3] could look it up when I get home. I can't remember
[4] his name.
[5] Ron Sherwood, I met again afterwards in
[6] Naples, Italy. We were stationed together after -
[7] This is like after I went to Great Lakes. I went
[8] to Italy. It's a coincidence - It's not unusual
[9] for you to be - accidentally meet up with people
[10] when you've been in the Navy six and a half years.
[11] And he was stationed with me at - That's why -
[12] Ron Sherwood - I know his name.
[13] But the other gentleman, I can't remember
[14] his name. I can see him as well as I can see you,
[15] but I cannot remember his name.
[16] Q: Of those people whom you know of as having
[17] participated in the autopsy, did you speak with any
[18] of them in the 24-hour period after the autopsy was
[19] over?
[20] A: No, I did not.
[21] Q: Did you hear any discussion at Bethesda
[22] about the autopsy or what happened during the

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[1] autopsy within the next few weeks?
[2] A: The only discussion I had was in the
[3] morning. At approximately 8:00 o'clock, I was
[4] called - all of us were called individually -
[5] down to the master at arms on the ground floor in
[6] the main atrium.
[7] At that time, we were asked to sign a
[8] statement, just to assure that we would not release
[9] information, other than under military situation.
[10] Q: I'd like to show you a document marked
[11] Exhibit 192, and ask you whether this is the
[12] document that you signed - or a photocopy of the
[13] document that you signed?
[14] A: That's my signature, and that's the form
[15] that I signed.
[16] MR. GUNN: I'd like to take a short break,
[17] if we could, for a moment.
[18] THE WITNESS: Sure.
[19] MR. GUNN: I need to talk to Doug.
[20] [Discussion off the record.]
[21] MR. GUNN: Back on the record.
[22] BY MR. GUNN:

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[1] Q: Mr. Reed, you said that you and Mr. Custer
[2] went up to the on-call room; is that correct?
[3] A: That's correct.
[4] Q: Did Dr. Ebersole go with you to the
[5] on-call room?
[6] A: No.
[7] Q: I would like to show you a document that
[8] is marked Exhibit No. 60 for this deposition, which
[9] is the testimony of Dr. Ebersole before the House
[10] Select Committee on Assassinations.
[11] A: Okay.
[12] Q: And I'd like to ask you some questions
[13] about -
[14] A: Sure.
[15] Q: - here about what Dr. Ebersole's reported
[16] as having said to the House Select Committee on
[17] Assassinations.
[18] A: Sure.
[19] Q: Now, from what I understood, you, at some
[20] previous time, had an opportunity to read this
[21] transcript; is that correct?
[22] A: Well, briefly. I mean, I surely didn't

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[1] memorize it.
[2] Q: Oh, no. And that's fine.
[3] A: Yeah.
[4] Q: I'm certainly not asking that you -
[5] Could you turn to page three of the
[6] transcript, please? Could you look at the
[7] paragraph beginning on line seven, going down
[8] through line 13? Just read that to yourself for a
[9] moment, please.
[10] A: [Examining document.]
[11] Q: Tell me when you've had an opportunity to
[12] finish the paragraph.
[13] A: I just want - I'm going to read it one
[14] more time.
[15] Q: Sure.
[16] A: [Examining document.] I read it.
[17] Q: Do you see the portion in line seven and
[18] eight, where he refers to carrying the cassettes
[19] containing the X-rays?
[20] A: That's - Yes.
[21] Q: Did he do that?
[22] A: No.

[1] Q: Are you certain that he didn't do that?
 [2] A: I'm 110 percent certain that he did not do
 [3] that.
 [4] Q: And the reason that you're certain that he
 [5] did not do it is because...?
 [6] A: I did it. Four flights of stairs, running
 [7] four floors. And I was 20 years old. I was in
 [8] great shape. I don't think Dr. Ebersole could have
 [9] crawled up those steps as many times as we did, and
 [10] carry the cassettes. Four or five at a time at the
 [11] end - at the end, you know.
 [12] Q: Could you turn to page number four, and
 [13] look at the paragraph on lines 11 through 15,
 [14] please?
 [15] A: [Examining document.] I read it.
 [16] Q: Did you, at any time, hear any Secret
 [17] Service agents make requests with respect to taking
 [18] X-rays?
 [19] A: No.
 [20] Q: During the time that the doctors were
 [21] examining the X-rays in the morgue, was Dr.
 [22] Ebersole present with them, discussing findings

[1] were contacted?
 [2] A: Well, we had a discussion. Maybe 15, 20
 [3] minutes discussion.
 [4] Q: Was this on the telephone, or in person?
 [5] A: It was on the telephone.
 [6] Q: Do you recall, by any chance, who the
 [7] person was?
 [8] A: No, I don't.
 [9] Q: What do you recall - And I understand
 [10] this is a while ago.
 [11] A: Right. Right.
 [12] Q: So, there's no presumption of what you
 [13] remember.
 [14] A: Sure.
 [15] Q: But what do you recall about that
 [16] conversation?
 [17] A: Oh, gees. My wife was pregnant at the
 [18] time. What year was that, again? '78?
 [19] Q: 1978.
 [20] A: My wife was pregnant with our second child
 [21] at that time, and I know she was very anxious about
 [22] this whole thing.

[1] with them?
 [2] A: Yes, he was.
 [3] Q: Was Dr. Ebersole privy to communications
 [4] with the autopsy doctors that you were not able to
 [5] hear?
 [6] A: Yes.
 [7] Q: Mr. Reed, could you turn to page number 62
 [8] of the transcript? Could you, please, read lines
 [9] 21 through the end of the page and through the
 [10] first line on the next page, please?
 [11] A: [Examining document.]
 [12] Q: It may provide some additional assistance
 [13] for you, maybe, if you start on line 15 of the
 [14] preceding page - I apologize - to give a little
 [15] bit more of the context.
 [16] A: Okay.
 [17] Q: Do you - Have you had an opportunity to
 [18] read the portion that refers to the occipital
 [19] wound?
 [20] A: Yes.
 [21] Q: Do you know which part of the skull is the
 [22] occiput?

[1] And a gentleman called up. I wasn't short
 [2] with him; but, you know, my mind wasn't 100 percent
 [3] into it. And my daughter was due February 28th. I
 [4] don't know what month - what date that was there.
 [5] But I explained to him over the phone,
 [6] probably in - somewhat in detail, what I explained
 [7] to you gentlemen today and what I've written in an
 [8] article.
 [9] Now, let's back up a little bit. When I
 [10] said "occiput", the occiput comes up as far as
 [11] here.
 [12] Q: And you're pointing to -
 [13] A: To the - This is the mastoid. The
 [14] mastoid bone is in the - it's in the temporal
 [15] occiput region. This is the occiput. This is
 [16] temporal. This is frontal.
 [17] So, when you describe something in general
 [18] detail, you may actually insert a word, like
 [19] occiput, temporal, parietal, frontal. All this.
 [20] This is just a general area. It's like saying the
 [21] tri-state area of Washington, D.C., Maryland, and
 [22] the other state here, you know. So, it's a general

[1] A: Yes, I do.
 [2] Q: Do you recall the wound on President
 [3] Kennedy's head as having been occipital?
 [4] A: No.
 [5] Q: I'd like to show you a document that has
 [6] been marked Exhibit No. 194. And the first
 [7] question for you - and you can take a moment to
 [8] read that in a moment, but just ask you whether you
 [9] have previously seen the document marked Exhibit
 [10] 194?
 [11] A: [Examining document.]
 [12] Q: Again, my question right now is if you can
 [13] just tell me if you have seen it before?
 [14] A: No.
 [15] Q: Okay. I'll ask - I'll give you an
 [16] opportunity to read it in just a moment.
 [17] A: Oh, okay. Sure.
 [18] Q: Do you recall ever having been contacted
 [19] by a staff investigator of the House Select
 [20] Committee on Assassinations?
 [21] A: Yes, I do.
 [22] Q: Can you tell me what happened when you

[1] terminology.
 [2] I think you were trying to say about
 [3] occiput in my understanding -
 [4] Q: Right now, it's just -
 [5] A: Oh, okay.
 [6] Q: - a question if you remember what you
 [7] said to -
 [8] A: Okay. I don't remember. I don't
 [9] remember.
 [10] Q: Okay.
 [11] A: It's all general statements.
 [12] Q: Okay. Could you take a moment to read now
 [13] Exhibit No. 194 -
 [14] A: Sure.
 [15] Q: - which you previously have stated that
 [16] you have not seen previously.
 [17] A: Okay. [Examining document.]
 [18] I read it entirely.
 [19] Q: In Exhibit No. 194, Mr. Flannigan reports
 [20] you as having identified the wound in the head in
 [21] the occipital region. Is it your best
 [22] understanding now that you said "occipital region"

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[1] to Mr. Flannigan, or that Mr. Flannigan
[2] misunderstood what you had said?
[3] A: No, I probably said that. Because this is
[4] such a vague area. This area. When you put your
[5] fist up there - talking over the phone, you know,
[6] you're talking real quick.
[7] And this is the - this is the temporal
[8] bone. This is the occipital bone. And, again,
[9] it's so generally close to it, you know, without
[10] precise measurements -
[11] I mean, a layman wouldn't - You know,
[12] someone not - not related to the - Someone that
[13] knows the medical terminology would know the
[14] general area. Let me say it that way.
[15] Q: Okay. Could you turn back to page 62
[16] of -
[17] A: Okay.
[18] Q: - Mr. Ebersole's testimony, and look once
[19] again. He also describes the wound as occipital.
[20] A: Mm-hmm.
[21] Q: Is Dr. Ebersole correct in describing the
[22] wound as occipital?

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[1] A: It's more - it's more anterior than
[2] occipital. If a - It's such a small part of the
[3] occipital bone, that it's an overlap. See - see
[4] this? Right here. When I say I originally saw the
[5] wound -
[6] The occiput is down here. Okay? But a
[7] little bit of the occiput protrudes into my fist
[8] right now, and the parietal and the temporal bone.
[9] It's like a - it's a area that encompasses other
[10] areas.
[11] Q: Sure. I understand what you're saying.
[12] Although, both Dr. Ebersole and yourself referred
[13] to that in 1978 as occipital, and neither of you
[14] referred to it as parietal or temporal.
[15] A: Well -
[16] Q: Isn't that correct?
[17] A: Yes.
[18] Q: Was the wound principally occipital,
[19] extending into parietal and temporal?
[20] A: Yes. I'll -
[21] Q: But principally occipital?
[22] A: I'll say - I'd say you could use that

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[1] terminology, yes.
[2] Q: Okay. In Exhibit No. 194 - and you can
[3] take a look at this again, if you wish - there is
[4] a reference on the second page to a bullet that was
[5] found in Dallas. That's in the next to last
[6] paragraph on page two.
[7] A: Right.
[8] Q: Were you aware of a bullet being found in
[9] Dallas during the night of the autopsy, or did you
[10] learn about that at a subsequent time?
[11] A: I heard it during the autopsy.
[12] Q: How did you - What were the
[13] circumstances? How was it reported?
[14] A: I can't tell - say - I can't say who
[15] said it. I know it was during the time we were in
[16] the morgue, because I had no contact with anybody
[17] else involved with this that evening, other than
[18] the people directly in -
[19] Well, back up. Because I did talk to
[20] Ebersole earlier and the supervisor. But he
[21] mentioned nothing about a bullet that they found in
[22] Dallas. But I'm almost 100 percent positive during

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[1] the autopsy I heard someone mention that they found
[2] a bullet.
[3] And, in fact, I think it was about the
[4] time that we were lifting the body out of the
[5] casket earlier in the evening. Approximately
[6] around 4:00, 4:30, something like that.
[7] Also, I'd like to say that on the previous
[8] page, it said - stated that he arrived at the
[9] morgue around 6:30. That was wrong. That's wrong
[10] in this statement right here, because it was more
[11] like 4:30.
[12] But, again, over the phone, you're making
[13] quick statements. And he could have picked it up
[14] wrong. If he's got a tape of that, I'd like to
[15] hear it.
[16] Q: Just so I can make sure that I'm
[17] understanding the sequence, am I correct that you
[18] left the autopsy room shortly after the sawing was
[19] done on the head?
[20] A: I'd say -
[21] Q: Is that correct?
[22] A: Yeah, I'd say about 15, 20 minutes after

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[1] that.
[2] Q: Okay. In the second to last paragraph on
[3] page two of the Flannigan report -
[4] A: Okay.
[5] Q: - it refers to searching for a bullet.
[6] A: I read that. I read that previously, when
[7] you first handed it to me.
[8] Q: In the very first sentence of that
[9] statement, does that refresh your recollection as
[10] to whether you heard a discussion about searching
[11] for a bullet?
[12] A: "Reed stated that the pathologists
[13] searched for the bullet that entered the upper back
[14] in the femur and lower abdomen." This is -
[15] Q: It's poorly worded.
[16] A: It's poorly worded. Comma "that entered
[17] the upper back" comma - eliminate "in" - "the
[18] femur" comma "and lower abdomen."
[19] But there was no bullet. This statement,
[20] it was not - I will not say I made this
[21] statement.
[22] Q: What I understand Mr. Flannigan to be

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[1] saying is that there was a bullet that entered the
[2] upper back, and that it was searched for in the
[3] femur and lower abdomen.
[4] A: I'll agree with that.
[5] Q: Did you hear doctors discussing the
[6] possibility of a bullet entering the upper back and
[7] then going into the femur or lower abdomen, during
[8] the night of the autopsy?
[9] A: Not the way you've word - not the way you
[10] worded it.
[11] Q: Okay. Did you hear them discussing where
[12] the bullet -
[13] A: That the -
[14] Q: - where the bullet went?
[15] A: The bullet could travel in any track, in
[16] any way.
[17] Q: Did you see any of the autopsy doctors
[18] using a probe in the body to help identify the
[19] entrance or trajectory of the bullet?
[20] A: I have read so many articles that said
[21] they did do it, that I really can't say that I
[22] actually saw that. I will have to say no.

[1] Q: On page two, there is a reference that
 [2] says that the doctors removed the brain, and
 [3] retained it for future examination.
 [4] A: This is what I was told.
 [5] Q: So, that is not accurate?
 [6] A: I never saw that done.
 [7] Q: Okay.
 [8] A: If I mentioned it, it was just an
 [9] off-the-cuff comment. My understanding was, at
 [10] that time, that the brain was removed and lost.
 [11] And they have never found it since.
 [12] Q: Okay. Did you ever see any receipts for
 [13] X-ray films for the autopsy of President Kennedy?
 [14] A: No. No.
 [15] Q: Okay. All right.
 [16] MR. GUNN: If we could take a break for
 [17] just a second.
 [18] [Pause.]
 [19] MR. GUNN: Mr. Reed is being shown an
 [20] X-ray that is identified as No. 1 from November
 [21] 22nd -
 [22] THE WITNESS: Here is it right here, guys.

[1] MR. GUNN: - from the inventory.
 [2] THE WITNESS: The piece of metal that we
 [3] put on the side of his head - here it is, right
 [4] here.
 [5] BY MR. GUNN:
 [6] Q: You are looking at the autopsy X-ray
 [7] No. 1?
 [8] A: Right.
 [9] Q: And you are seeing a metal thing right
 [10] down by what would be the left jaw, but on the
 [11] right side of the -
 [12] A: This is the marker that we pasted on the
 [13] side for magnification purposes.
 [14] Q: And can you read anything on that marker?
 [15] A: Here is our marker here. Do you see this
 [16] left marker? This is the left side. Here is your
 [17] left marker.
 [18] Q: What I need you to do is to make sure this
 [19] is clear on the record. When you say "here" -
 [20] A: I'm sorry.
 [21] Q: - you need to describe where that is.
 [22] A: Okay.

[1] Q: Let's start with what you have described
 [2] as a marker down by the left jaw. Again, the
 [3] marker here is up on the right side of the film in
 [4] looking at it. Can you describe what that marker
 [5] is, please?
 [6] A: This marker is a piece of aluminum with a
 [7] small hole in the middle, in the distal third. As
 [8] soon as I saw that, I recognized that is the piece
 [9] of metal that I put on the left side of President
 [10] Kennedy's skull. Actually, on the left side of his
 [11] mandible.
 [12] Q: And that was to help you measure the
 [13] proportions of the skull?
 [14] A: That's correct. For magnification
 [15] purposes.
 [16] Q: Now, you have referred to another - what
 [17] I believe you called a marker. That is over on the
 [18] right side, written at an angle; correct?
 [19] A: That is correct. I could not see this on
 [20] the photographs. And when I was questioned whether
 [21] I marked or not, I doubted myself. But this is the
 [22] correct marker. This is the type of marker that we

[1] used at this time.
 [2] Q: Can you read what that marker says? Now,
 [3] this is the second marker that we are talking
 [4] about. Those appear to be numbers and letters;
 [5] correct?
 [6] A: Yes. Let me turn this over, so I can
 [7] visualize it better. This is the correct way of
 [8] reading it.
 [9] Here is the date, 11/22/63.
 [10] Q: And to the left of the date 11/22/63, what
 [11] is that? It looks to me as if it is an upside down
 [12] F. Does it look that way to you?
 [13] A: It does.
 [14] Q: Do you know what that would signify?
 [15] A: No, other than it shouldn't have been
 [16] there. It probably was underneath. We had these
 [17] sliding in little metal tracks at that time. In
 [18] rushing, we might have put -
 [19] November 22nd is the date. But what that
 [20] F is, I can't explain. And this 21296 - it could
 [21] be a 9 or an 8 - is a number that we just
 [22] arbitrarily give to the next patient who arrives.

[1] Q: It looks as if the numbers you just
 [2] described are cut off at the bottom.
 [3] A: Yes.
 [4] Q: Is that typical?
 [5] A: Yes. It is called "sloppiness".
 [6] Q: Okay.
 [7] A: And here is a left marker, right here. If
 [8] we had a bright light, we could highlight this area
 [9] and possibly see some initials.
 [10] Q: You are referring to the numbers along the
 [11] edge of the film now; is that right?
 [12] A: That is correct. It is an aluminum
 [13] marker, slightly lead impregnated, so you can
 [14] visualize what side you are taking this on. If you
 [15] turn this the other way, it looks the same - both
 [16] right and left.
 [17] It is the skull. But which side of the
 [18] skull did we X-ray? We X-rayed the left side of
 [19] this patient. The left side.
 [20] And this is the right side of the patient
 [21] here, the opposite side. And these are the
 [22] metallic fragments I saw originally. These are the

[1] real original films.
 [2] Q: Now, can you recall right now what size
 [3] you described the film as being?
 [4] A: Ten by 12.
 [5] Q: Mr. Reed, are you able to identify the
 [6] X-ray in front of you as being an X-ray that you
 [7] took and developed on the night of the autopsy?
 [8] A: Yes, I can.
 [9] Q: Can you look at the markings that are down
 [10] towards the bottom? This is right underneath the
 [11] chin. Tell me what that signifies.
 [12] A: That is the type of screen that we
 [13] utilized. It is not associated with the film
 [14] itself.
 [15] Q: When you say "screen", what are you
 [16] referring to?
 [17] A: The screen is what - X-ray activates the
 [18] screen, and the screen gives off a white light.
 [19] X-ray film is affected by white light.
 [20] Q: Can you read what that says?
 [21] A: I will have to turn it over. "Ratelan."
 [22] This was illumined. That is the type of screen

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[1] that we used in the early '60s - in the 1960s.
[2] Q: Are you able to identify any Kodak film
[3] markings?
[4] A: Not without using intensifying light. No,
[5] I cannot.
[6] Q: Okay. Can you go back and look at it once
[7] again, from the left on the screen to the right on
[8] the body? There is a semi-circular white dot
[9] there. Do you see that?
[10] A: Yes, I do.
[11] Q: Do you recall seeing that on the night of
[12] the autopsy?
[13] A: Yes, I did.
[14] Q: What was your understanding of what that
[15] was?
[16] A: That is a metallic fragment from the
[17] bullet.
[18] Q: Did you see that metallic fragment removed
[19] from the body?
[20] A: No, I did not.
[21] Q: Is there anything else on the X-ray that
[22] appears either different from what you observed on

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[1] the night of the autopsy -
[2] A: No, there is not.
[3] Q: There is no doubt in your mind that this
[4] is the authentic X-ray that you took on the night
[5] of the autopsy?
[6] A: This is the authentic X-ray taken that
[7] evening.
[8] Q: If you will notice, towards the left of
[9] the X-ray to the right of the body -
[10] A: Right.
[11] Q: - it seems to be warped a little bit. Do
[12] you know what that is?
[13] A: Do you mean where it is separated here?
[14] Yes, it is warped.
[15] Q: It appears to be possibly heat damaged.
[16] A: Yes, it is. That is what it is.
[17] Q: And do you see where there is a marking
[18] where I'm pointing right here, where it seems as
[19] though a piece of the film -
[20] A: Yes, the film - That is not metallic.
[21] That is just an artifact, what we call an artifact.
[22] Somebody dropping something on there. It could

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[1] have been me that night. But somebody dropping
[2] something on here that caused it to break down.
[3] Q: Do you recall whether you saw that on the
[4] night of the autopsy?
[5] A: No, I cannot.
[6] Q: Could you state the exact measurements of
[7] the X-ray by using the ruler in front of you,
[8] please?
[9] A: The exact measurement, width-wise, is nine
[10] inches, seven-eighths. The left of the X-ray film
[11] is 11 inches, three-quarters.
[12] Q: And as far as you understand, that would
[13] be the standard size?
[14] A: That's correct.
[15] Q: Although, it is called 10 by 12?
[16] A: We round it off to the nearest inch. This
[17] is an eighth less.
[18] Q: Okay. If we could go to the second one,
[19] please - the right lateral view of the skull.
[20] A: I'm just trying to - I took it - I'm
[21] viewing it as if at the X-ray tube, looking at the
[22] patient.

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[1] Q: Let me try with my beginning questions.
[2] Are you able to identify X-ray No. 2 as having been
[3] taken by yourself on the night of the autopsy?
[4] A: Yes, I can. And this is the radiograph I
[5] took that evening.
[6] Q: How are you able to identify that as being
[7] the radiograph that you took that evening?
[8] A: In two ways. One, by - again, the
[9] metallic piece of metal placed on the side of his
[10] mandible. And, two, by the position of the
[11] cassette. I put it vertically, rather than
[12] horizontally that evening.
[13] In other words, normally, I would put it
[14] straight up and down; but I put the film this way
[15] to get some of the cervical spine on the film.
[16] Q: Are there any other identifying marks that
[17] help you identify whether that is the X-ray film
[18] that you took on the night of the autopsy?
[19] A: Again, the specific date is on the film.
[20] And the same number, 21296, with the logo of the
[21] United States Naval Hospital. National Medical
[22] Center. Bethesda, Maryland, was attached.

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[1] Q: If you recall, in the first X-ray that you
[2] looked at, we discussed a semi-circular item that
[3] looked -
[4] A: The artifact?
[5] Q: No, not the artifact. I think you
[6] identified it as a bullet fragment.
[7] Are you able to identify that bullet
[8] fragment in the lateral view?
[9] A: Yes, I can.
[10] Q: Where is that?
[11] A: In the frontal lobe of the skull.
[12] Q: And you are pointing to -
[13] A: The front. Right above the supraorbital
[14] rim of this right occiput - of his right orbit.
[15] Q: You don't mean "occiput" -
[16] A: No, scratch that. Of the orbit.
[17] Supraorbital rim. It is right impregnated in
[18] there.
[19] Q: And, once again, you did not see that
[20] removed during the -
[21] A: No, I did not.
[22] Q: - the autopsy?

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[1] There appears to be some white fragments
[2] that go along the top of the skull.
[3] A: Yes.
[4] Q: Do you see those?
[5] A: Yes, I do.
[6] Q: Are you able to identify whether those are
[7] artifacts, or whether those were present on the
[8] night of the autopsy?
[9] A: They were present in the same area that
[10] evening.
[11] Q: Did you have an understanding as to what
[12] those white fragments represent?
[13] A: Yes, I did.
[14] Q: What was that?
[15] A: Metallic fragments from a bullet.
[16] Q: I would like to draw your attention to
[17] what appears to be two lines; one going vertically,
[18] and one going horizontally. Do you see those two
[19] lines?
[20] A: Yes, I do.
[21] Q: Do you know what those are?
[22] A: Yes, I do.

[1] Q: What are they?
[2] A: Overlapping bone tissue.
[3] Q: Let me point, once again, to this -
[4] A: You mean that straight, linear scratch?
[5] Q: That, right there.
[6] A: And this line?
[7] Q: Yes.
[8] A: They are dark, so that means they were
[9] taken before - they were on the film prior to the
[10] developing of the film. In other words, if there
[11] was light, that means somebody would have scribed
[12] it postmortem.
[13] These are artifacts. Those are artifacts.
[14] In other words, scratches made by somebody putting
[15] them in the processor - while putting them in the
[16] processor, in the insertion of the cassette.
[17] Q: Dr. Ebersole testified that those lines
[18] were put there by him when he saw the X-rays after
[19] the autopsy, when he was measuring the skull. Do
[20] you see anything in those lines, yourself, that
[21] would be inconsistent with that explanation?
[22] A: This line going across is probably made

[1] edge.
[2] This edge here - this jagged edge here is
[3] from the processing.
[4] Q: You're referring to the edge of the film.
[5] A: No.
[6] Q: Is that right?
[7] A: No, the indentation a quarter-inch in.
[8] This little jagged edge, where - less dense
[9] surrounding area. That's from the developing.
[10] Can I take this film out? Will I be
[11] allowed to take this film out? Then, I can tell if
[12] it's a copy or not. It'll be easier.
[13] It's original. It's original. It's not a
[14] copy. If it was a copy, it would have a - one
[15] side would be shiny, and one side would be dull.
[16] So, it is an original.
[17] Now, I could say that - I don't know how
[18] many more cervical spine films there are. Because
[19] when I said I only took an AP and lateral skull,
[20] possibly, I put the cassette down for a cervical
[21] spine. But his shoulders - so I could only get
[22] C1, C2, and C3 of the cervical spine.

[1] from the roller, like I said, when it was inserted
[2] into the processor.
[3] This line up here -
[4] Q: The one going vertically?
[5] A: The one going at a 45-degree angle. This
[6] acute angle here. I would say that possibly could
[7] have been made by someone else. Because when the
[8] photograph is made of it after, then that would
[9] darken it. There are a lot of physics involved
[10] here.
[11] I think that line here was made from a
[12] roller. But you need a more intensifying light to
[13] see the background - of this background area here.
[14] That could solve some of these questions.
[15] MR. GUNN: Okay. Could we now go to View
[16] No. 3, please?
[17] BY MR. GUNN:
[18] Q: Mr. Reed, let me start out with the same
[19] first question. Is this an image that was taken by
[20] you on the night of the autopsy, and then
[21] subsequently developed by you?
[22] A: Yes.

[1] So, when I see all the rest of the films,
[2] it would help -
[3] Q: Okay.
[4] A: - how many films we took originally.
[5] Q: Do you see the light markings down -
[6] A: Yes.
[7] Q: - near the mandible?
[8] A: Again, that's fingerprints. That's
[9] fingerprints from either me or whoever developed
[10] that film. And I developed the film, so it's
[11] probably my fingerprint.
[12] Q: Are you able to determine, based upon your
[13] training, what the dark spot - dark area is that
[14] appears -
[15] A: This?
[16] Q: - near the forehead?
[17] A: Can I -
[18] Q: Sure.
[19] A: This is the sinuses - where there were
[20] sinuses, but a lot of this was blown out. And this
[21] is the less dense area - the surrounding area,
[22] this is bone overlapping bone. And this is -

[1] Q: Can you describe very briefly what that
[2] view is?
[3] A: This is again the lateral skull, with the
[4] same identifying marker as the previous lateral
[5] skull. I wasn't sure if I took two lateral skulls,
[6] but I must have.
[7] Do you see the markings on the side here?
[8] This could be on the copy.
[9] Q: Let me just ask you this question. Is
[10] there any question in your mind as to whether Image
[11] No. 3 is a copy or -
[12] A: No. It is the original.
[13] Q: And how is it that you are able to
[14] determine that it is the original?
[15] A: If it was a copy, it would be centered in
[16] the same projection. The numbers would be equal.
[17] If it was a copy, you would see the outlined border
[18] of the other film overlapping. I don't see that.
[19] Because you can never perfectly center two
[20] films when you're copying the films. They're
[21] off-center just a little bit. And that little
[22] centering - off-centering will give it a little

[1] Q: Now you're pointing to the left, and not
[2] to the dark spot; is that right?
[3] A: The dark spot - Yes. The dark spot that
[4] I'm pointing to right now is a less dense area.
[5] There's hardly any bone there. And there's only
[6] one side intact.
[7] Whereas here, posteriorly, where I'm
[8] pointing to now is - the white area - is where
[9] the bones overlap.
[10] Q: And the dark spot is the area that you
[11] would call the frontal bone; is that correct?
[12] A: That's more of a parietal temporal -
[13] parietal temporal bone.
[14] Q: Okay.
[15] A: Right here.
[16] Q: Okay.
[17] A: The frontal bone is intact here. And
[18] maybe - maybe five percent of the frontal bone is
[19] involved, and maybe five percent of the occiput.
[20] So, it's mostly parietal temporal.
[21] The parietal bone is up in here. This is
[22] the temporal bone. This is the parietal bone up in

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[1] here.
[2] So, it really incorporates the majority -
[3] Eighty percent parietal temporal, five percent
[4] frontal, and five percent occipital.
[5] Q: Do you remember in the first X-ray that
[6] you looked at, we identified a semi-circular object
[7] that you identified as a bullet fragment?
[8] A: Yes.
[9] Q: Can you identify that fragment on X-ray
[10] No. 3?
[11] A: Yes. It's anterior again. It's right
[12] there.
[13] Q: Can you explain why it does not appear as
[14] bright on X-ray No. 3 as on X-ray No. 1?
[15] A: No, I can't.
[16] Q: Should it be just as bright -
[17] A: I mean, I really - It should be.
[18] Q: - though smaller?
[19] A: It should be. It should be. It should
[20] be. That could be bone fragment, but - It looks
[21] more white than metallic on the other X-ray.
[22] Q: On the first one.

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[1] A: Do you agree on that? Do you agree on
[2] that?
[3] Q: On the first one, yes.
[4] A: Yeah. It really looks like that. I think
[5] it's still that. I still have to agree it's that.
[6] But what happened here is, the head is
[7] slightly rotated on this film versus the other
[8] film. But even though - They were still moving
[9] him around. Okay? You know, or I could have
[10] repositioned the head.
[11] And this is probably overlapping bone
[12] cortex, and it could be less dense.
[13] Again, a bright light would be really
[14] helpful here for interpreting these films.
[15] Q: Well, let me try - Is it possible that
[16] that bullet fragment was, in fact, on the back of
[17] the skull near the occiput, rather than the frontal
[18] bone? And that would be the reason it's not
[19] appearing on this?
[20] A: Well, it does appear, but it doesn't
[21] appear as dense. What I'm saying, this thing right
[22] here is that. But because -

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[1] You're saying there's a difference in
[2] density. Yes, I agree. But the head could be
[3] slightly rotated. And because it's slightly
[4] rotated, before it was a superficial - It was in
[5] the skin. It was in the skin, in other words.
[6] Now you turn his head two degrees. Now
[7] it's bone overlapping skin. And it's going to be
[8] less dense.
[9] This is less dense over here, because it's
[10] getting further out from the cortex of the skull.
[11] Q: Just so it's clear. The part we've been
[12] talking about, where the - where you've identified
[13] the larger metal fragment, is in the frontal bone.
[14] Near - what we would say in lay terms, on the
[15] forehead -
[16] A: That's correct.
[17] Q: - right above the nose.
[18] A: That's correct.
[19] Q: Okay.
[20] A: And you have to remember that overlapping
[21] bone - that round, circular bone could incorporate
[22] this piece of bone - piece of metal here and

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[1] that -
[2] Q: And you're referring to a small metal
[3] fragment that would be -
[4] A: In the -
[5] Q: - above where the ear was, by two or
[6] three inches; is that -
[7] A: Yes, but more in the posterior. Halfway
[8] - mid - mid-angle - mid - mid-skull. There's a
[9] metallic piece in the mid-skull. That overlapping
[10] anteriorly will make a more dense appearance. But
[11] because it's separated from here to here on this
[12] view, this is what - this is less dense.
[13] Q: Okay. When you say "from here to here",
[14] that's not going to mean anything to somebody that
[15] is -
[16] A: From the front to the posterior.
[17] Q: Okay.
[18] A: From the anterior to the posterior.
[19] I don't know where I came up with it from,
[20] but I'm pretty sure - It could even be my marker.
[21] And it looks like there's something
[22] written across here, if you look at it real close.

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[1] Unless it's teeth.
[2] Q: It's not your dog tag?
[3] A: No. I wish it was, you know.
[4] Now, you gentlemen are going to give me
[5] one of these; right - when I'm done here?
[6] MR. GUNN: Okay. Could we move to X-ray
[7] No. 4, please?
[8] THE WITNESS: Now, this - What the heck
[9] is this? Oh, this is - Now, this is
[10] supposedly -
[11] MR. GUNN: Wait, wait. If you wait just a
[12] second.
[13] THE WITNESS: Okay.
[14] MR. GUNN: Let me try asking the question.
[15] THE WITNESS: All right.
[16] BY MR. GUNN:
[17] Q: Have you ever previously seen the X-ray
[18] that is No. 4?
[19] A: No, I did not.
[20] Q: Did you take this X-ray yourself?
[21] A: No.
[22] Q: Are you able to identify any markings on

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[1] that X-ray that signify when it was taken?
[2] A: No, I cannot.
[3] Q: If somebody - Can you identify whether
[4] that X-ray was taken with a portable X-ray or a
[5] regular X-ray?
[6] A: You can't tell. There's no way you can
[7] tell.
[8] Q: Is the film on that X-ray the same as the
[9] film from the previous three X-rays?
[10] A: It could be. But I - I don't see how it
[11] could, only because of the breakdown out here. I'd
[12] have to say no. I'd have to say no.
[13] Q: Are you able to tell with any degree of
[14] certainty whether that X-ray was taken on the night
[15] of November 22nd/23rd at Bethesda Naval Hospital?
[16] A: No, I cannot.
[17] Q: So, you would have no idea at all whether
[18] it was -
[19] A: I did not take this X-ray. I would have
[20] remembered.
[21] Q: And previously in your testimony, you said
[22] that you were within 50 feet of the developing lab

[1] at Bethesda Naval Hospital; is that correct?
 [2] A: That's correct.
 [3] Q: And that you would have been aware of
 [4] anyone developing any X-rays on the night of the
 [5] autopsy; is that correct?
 [6] A: I'd have to say yes.
 [7] Q: So, as far as you know, it would be
 [8] unlikely that this X-ray was taken and developed at
 [9] Bethesda on the night of November 22nd/23rd?
 [10] A: That's correct.
 [11] MR. GUNN: Okay. Can we look at No. 5,
 [12] please?
 [13] BY MR. GUNN:
 [14] Q: Mr. Reed, you've been shown another X-ray
 [15] that shows what appear to be three sorts of
 [16] fragments. Would the answers that you made with
 [17] respect to Film No. 4 be the same for No. 5?
 [18] A: Could you repeat that, please?
 [19] Q: Sure. I asked you a series of questions
 [20] on X-ray No. 4 that showed a series of - it showed
 [21] some fragments, and asked you questions about the
 [22] film, and whether you knew about where the film had

[1] signify?
 [2] A: The first photograph they might have taken
 [3] for this series. Other than that, I can't say.
 [4] Q: And any other edge print information that
 [5] you can identify?
 [6] A: Again, that "Ratelan T" - the screen -
 [7] is on the film.
 [8] Q: Could you tell me if the screen was the
 [9] same - would have been the same for the portable
 [10] X-ray machine, as well as the regular X-ray
 [11] machine?
 [12] A: It could have been. I doubt it, but it
 [13] could have been. There's about 150 cassettes in
 [14] the X-ray department, and you just grab whatever
 [15] one is handy.
 [16] Q: Okay. The cassettes fit both types of
 [17] X-ray machines, though; is that true?
 [18] A: That's correct.
 [19] Q: Okay.
 [20] MR. GUNN: Could we look at No. 7, please?
 [21] BY MR. GUNN:
 [22] Q: Mr. Reed, are you able to identify the

[1] been taken, if you had taken it.
 [2] Would your answers to those questions be
 [3] the same for Film No. 5 as for Film No. 4?
 [4] A: Yes, they would.
 [5] MR. GUNN: Okay. Could we look at No. 6?
 [6] BY MR. GUNN:
 [7] Q: And I will also ask you exactly the same
 [8] question for No. 6.
 [9] A: Let's see.
 [10] MR. GUNN: Actually, if we can go back.
 [11] BY MR. GUNN:
 [12] Q: Can you tell me - You've just noticed
 [13] something on Film No. 4. Could you tell us what
 [14] that is, please?
 [15] I'm sorry, this is Film No. 5. Could you
 [16] tell us what you just noticed on the edge?
 [17] A: I notice that it says Ratelan T,
 [18] R-a-t-e-l-a-n T. The same screen that I utilized
 [19] that evening.
 [20] Q: And, so, that would be consistent with the
 [21] same screen - X-ray screen as the one that you
 [22] used earlier in the evening; is that correct?

[1] X-ray that's in front of you now?
 [2] A: Yes, I can.
 [3] Q: And can you tell us what that is, please,
 [4] just in very basic terms?
 [5] A: That's the transverse abdominal film.
 [6] Q: Is that one that you took during the
 [7] autopsy of President Kennedy?
 [8] A: Yes, it is.
 [9] Q: Could we take a measurement of that?
 [10] A: Approximately, 17 inches - 16 and
 [11] three-quarters, to be precise, in length. And in
 [12] width, 13 and three-quarters. Again, approximately
 [13] 14 inches in width. Again, we call that a 14 by 17
 [14] - 14 inches by 17 inches.
 [15] Q: I notice towards the bottom near the
 [16] pelvis there's a wavy, dark line. Can you explain
 [17] what that is?
 [18] A: It's a light leak. A light leak is where
 [19] the cassette does not fit tightly, and allows light
 [20] to affect the film in that manner.
 [21] Q: When you looked at the skull X-rays, you
 [22] noticed metal fragments. Are you able to identify

[1] A: That's correct.
 [2] Q: Is there anything unique about that
 [3] screen, such that it would be at Bethesda versus at
 [4] some other hospital?
 [5] A: There's no identification tag or labeling
 [6] on this that I can visualize.
 [7] Q: Was the procedure at Bethesda to have
 [8] identifying information on X-rays?
 [9] A: All X-rays. Whether they were fragments,
 [10] or whether they were - No matter what, you should
 [11] identify it.
 [12] Q: Okay.
 [13] MR. GUNN: Could we look at No. 6, please?
 [14] BY MR. GUNN:
 [15] Q: Mr. Reed, have you previously seen the
 [16] X-ray that's marked No. 6?
 [17] A: No, I have not.
 [18] Q: On the top - the top from the angle that
 [19] you're looking at it, there appears to be a marking
 [20] along the edge. Can you identify that?
 [21] A: A-1.
 [22] Q: Do you have any idea what that might

[1] any similar metal fragments in the abdominal X-ray?
 [2] A: Yes. This one is probably not. It's
 [3] external.
 [4] Q: Now, you're showing one that appears to be
 [5] to the -
 [6] A: Outside.
 [7] Q: Outside the body?
 [8] A: Yes. But the other ones - Again,
 [9] remember when we were talking before, less dense
 [10] and more dense? These are less dense, but these
 [11] are in - in the body. There's one there. There's
 [12] about 12 minute particles.
 [13] This one is - these are probably not
 [14] here, because they're - This is a scratch on the
 [15] left - left side of the patient.
 [16] Q: Near which rib?
 [17] A: The eighth rib. The eight anterior rib.
 [18] There's a scratch, but that is not metal. It's in
 [19] the -
 [20] Q: So, it's an artifact?
 [21] A: It's a artifact. And some of these other
 [22] on the left side are, again, artifacts.

[1] Q: Okay.
[2] A: They're not round. They're - But the
[3] one - the ones on the right - There's three -
[4] there's four or five - one, two, three, four,
[5] five, six - that could be construed as metallic
[6] fragments.
[7] Q: And those are between which ribs? Those
[8] that you've identified on the left side.
[9] A: Between the 12th and 11th rib.
[10] Q: And is that on the right side of the body?
[11] A: That's on the right side.
[12] Q: Right side of the body.
[13] A: It's difficult to say 100 percent. Right
[14] now, I'm 50/50.
[15] Q: Those could be artifacts. They could be
[16] metal fragments; is that right?
[17] A: That's correct.
[18] MR. GUNN: Okay. Could we look at the
[19] next image, please, No. 8?
[20] I'm sorry. Actually, could we go back to
[21] the previous one? I apologize.
[22] BY MR. GUNN:

[1] A: Yes. Yes, it does. So, the X-rays were
[2] taken after it was removed, then. It's vague,
[3] but - I'm trying - I'm just trying to think.
[4] There was a - you know, a opening there
[5] in the cavity. But there would be metallic - if
[6] it was, there would be metallic markings here.
[7] Sewed back up with metallic -
[8] You see, when you deflate the lungs, all
[9] the - all the air is deflated. And this has been
[10] like six hours after he was assassinated. And
[11] there's no air in the - in the lungs. So, there
[12] may not be any lung markings because of that.
[13] Aeration is what causes markings in
[14] the - But there's no air in here, because he's
[15] deceased. So, it -
[16] I think I'm hitting the upper limit of my
[17] expertise, you know. A radiologist would have to
[18] explain that more in detail.
[19] Q: Are you able to identify any of the other
[20] internal organs?
[21] A: Well, again, remember I said scoliosis on
[22] the other films?

[1] Q: Mr. Reed, are you able to identify whether
[2] any of the internal organs have been removed prior
[3] to the time this X-ray was taken?
[4] A: They look intact.
[5] Q: Okay. If we can go, then, on to the next
[6] one.
[7] A: I would like to make one statement here.
[8] Q: Sure.
[9] A: I think that - I'm not sure about this,
[10] but I think he might have had a little scoliosis -
[11] curvature of the spine. I'm not 100 percent sure
[12] of that, but this here - this is rotated slightly.
[13] This patient could have had a little moderate
[14] scoliosis of the spine.
[15] Q: You are referring to the vertebrae?
[16] A: Right. This is normal rotary scoliosis.
[17] Minimal as it is, I would just like to make that
[18] statement.
[19] Q: Okay. If we can turn to No. 8, please.
[20] The first question for you will be whether you took
[21] this X-ray on the night of the autopsy?
[22] A: Yes, I did.

[1] Q: Yes.
[2] A: Either this patient is rotated, or they
[3] have rotary scoliosis. They have some degenerative
[4] changes, some narrowing here between nine and eight
[5] - vertebral bodies nine and eight. And there's a
[6] shoulder - Everything is intact, as far as the
[7] upper extremity. Clavicles, scapulas, humerus is
[8] all intact.
[9] Q: And the heart?
[10] A: The heart. If the heart was there, I
[11] should be able to see like a slight outline of it.
[12] Even though the blood might have been removed, you
[13] still should see a slight outline of a organ.
[14] Q: Kidneys?
[15] A: All right. You can't see the kidneys on
[16] this film. They're too - they're lower. Kidneys
[17] are down in the pelvic area of the body.
[18] Q: Well, again, the question that I would
[19] have is whether this was taken by you before a Y
[20] incision; taken by you after a Y incision; or taken
[21] by somebody else after a Y incision?
[22] Are you able to help answer that question?

[1] Q: Do you find any markers in here - in
[2] there to signify that you took the X-ray?
[3] A: This is a right marker cut out of lead.
[4] And that is how we made our markers back then. We
[5] hand-made them in our off hours out of lead. And
[6] this is a handmade one.
[7] Q: Mr. Reed, do you know what a lung marking
[8] is?
[9] A: Yes, I do.
[10] Q: Do you see any lung markings in X-ray
[11] No. 8?
[12] A: No, I don't.
[13] Q: What does that signify to you?
[14] A: That the pleura cavity has been - the
[15] lung has been removed. But - It's a cadaver, I
[16] think. Cadaver. I see no lung markings.
[17] Q: And that signifies that this was taken
[18] after a Y incision?
[19] A: It could have been.
[20] Q: Does that help refresh your recollection
[21] as to whether a Y incision had already taken place
[22] at the time that you took the X-ray?

[1] A: I'd have to take this - say this was
[2] taken - Let me think for a second.
[3] I can't answer that. I don't know.
[4] MR. GUNN: We're off the record for a
[5] moment.
[6] [Discussion off the record.]
[7] MR. GUNN: Okay. No. 9?
[8] THE WITNESS: Okay. This is the AP chest
[9] X-ray.
[10] BY MR. GUNN:
[11] Q: Let me try the first question on X-ray
[12] No. 9 being whether you can identify any lung
[13] markings?
[14] A: I can see lung markings here.
[15] Q: And that would signify to you that lungs
[16] are still present at the time this X-ray was taken?
[17] A: That's correct.
[18] Q: Was this X-ray taken by you?
[19] A: Yes, it was.
[20] Q: And how are you able to determine that?
[21] A: Again, here's a left marker. Again, cut
[22] out roughly. No straight - We made them out of

[1] lead markers. They're not straight. We use a
 [2] scissors to cut them out of lead sheets.
 [3] And this is - this "X-29", this is the -
 [4] What they did, they write - they wrote this on the
 [5] screen. Somebody -
 [6] Remember when we saw that A -
 [7] Q: A-1, yes.
 [8] A: - A-1 on that other one? What they did
 [9] was, they made it X-29. We wrote that with a pen
 [10] on the screen.
 [11] And that will show up, and identify the
 [12] screen. In case we want to clean a cassette that's
 [13] got a imperfection in it, and we don't want to use
 [14] it again, we clean it. And that's how we identify
 [15] that, X-29.
 [16] I wasn't sure about the one with A. It
 [17] was a handwritten A-1. But this is - the markings
 [18] identify the screens. So, that A-1 was a screen
 [19] from our department.
 [20] And, again, this is his chest X-ray. And,
 [21] again - You probably can't see it. But this
 [22] person's got a little scoliosis down here. So,

[1] it's the same person as the other - whoever it is.
 [2] I mean, we know it's Kennedy, but there's always
 [3] doubt in everybody's mind.
 [4] But as far as this film, I took it. And
 [5] we did ID all the films, but that was - When
 [6] you're doing - when you're rushing, you do things
 [7] automatically. You don't remember everything.
 [8] You're trained to do this.
 [9] And I'd have to say this X-ray is one I
 [10] took. I know it is. There's the lung markings in
 [11] here, in this one.
 [12] MR. GUNN: Okay. Could we go to the next
 [13] one, please? No. 10.
 [14] THE WITNESS: This is the opposite
 [15] humerus, I assume. Let me - Now, this -
 [16] We might have been - we've might have
 [17] been called down after they did this for the X-rays
 [18] of the - Remember, I said all the multiple
 [19] X-rays? Because now that I'm thinking about it,
 [20] you know, they might have sewed him up. And we
 [21] came down, because -
 [22] Here's the same type of X-ray I took on

[1] the opposite side, the humerus. But, again,
 [2] there's no lung markings in here.
 [3] BY MR. GUNN:
 [4] Q: So, it would be your assumption that this
 [5] - that X-ray No. 10 was taken after, at least,
 [6] some of the -
 [7] A: Right.
 [8] Q: - internal organs had been removed?
 [9] A: Right. Right, exactly.
 [10] Q: Do you see any other markings on this?
 [11] A: I can't, because they're either obscured,
 [12] because they're out here in the area where it gets
 [13] full radiation, or there was no markers put on.
 [14] But -
 [15] Q: Now, on X-ray No. 9, the one - the
 [16] previous one that you looked at, there were
 [17] markings, and you were able to identify that as
 [18] being clearly one taken by yourself.
 [19] A: Right.
 [20] Q: Are you able to identify this one as one
 [21] that was taken by yourself?
 [22] A: I - I know it's in the exact position I

[1] took. I know - Remember, I said I took a left
 [2] humerus, AP only?
 [3] Q: Yes.
 [4] A: And this is the same patient again. The
 [5] lung markings.
 [6] Again, I must have taken these X-rays
 [7] after they - Maybe there's more than a half an
 [8] hour separation. Maybe there's an hour between the
 [9] films that I took initially and these films. The
 [10] times - I mean, the time frame is difficult to
 [11] remember. I don't doubt that.
 [12] But I know this is a film that I took. I
 [13] know the positioning of it. I know how I
 [14] positioned. The film is straight up and down. I
 [15] didn't transverse it. It was vertical. The longer
 [16] length, from the long axis of the arm.
 [17] I would like to bright-light it again to
 [18] see if there's a jagged left marker, because the
 [19] other side was identified as the right humerus.
 [20] So, this has to be the left humerus.
 [21] But, again, I can't really make any
 [22] markings out. They're probably out here in the -

[1] in the dark area. But there's no lung markings in
 [2] this one.
 [3] MR. GUNN: Okay. Could we go to No. 11,
 [4] please?
 [5] BY MR. GUNN:
 [6] Q: Do you see any markings on No. 11?
 [7] A: I don't see the bowel that was in here
 [8] before or the lung markings. So, this one had to
 [9] be taken afterwards, also.
 [10] Q: Do you see any other identifiers?
 [11] A: I don't see my markers on here. But it's
 [12] positioned transverse. I wish - you know, again,
 [13] it would be nice to see markers. I mean, there's
 [14] no markers. I don't see any markers out there.
 [15] Q: Based upon what you've said thus far, it
 [16] appears to me that there are identifying markers on
 [17] those films where the organs are present. The
 [18] markings are not, at least, visible with this
 [19] particular light on those where the organs have
 [20] been removed.
 [21] A: I agree.
 [22] Q: Are you certain that you had markings on

[1] all of the films that you took?
 [2] A: I can't - I can't say yes or no. You
 [3] would think I would. But, again, when you're
 [4] rushed and you're trying to make films in a hurry,
 [5] you make mistakes.
 [6] MR. GUNN: All right. Could we look at
 [7] No. 12, please?
 [8] THE WITNESS: Again, here's my marker.
 [9] Here's that X-3. This is the number X-3 cassette.
 [10] And here's the - the films. Now, I thought I
 [11] individually took the films of the right and left
 [12] femur. And I did it on one film.
 [13] But, again, until I saw this - I did it
 [14] on one film.
 [15] BY MR. GUNN:
 [16] Q: Does -
 [17] A: Both legs.
 [18] Q: Does the signifier X-plus-a-number tell
 [19] you anything about how many X-rays were taken in
 [20] one series?
 [21] A: No, that's just the cassette. That's the
 [22] cassette identification again.

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[1] And here's our marker again, with that
[2] jagged marker again - with the L. And this is his
[3] left side, and this is his right side.
[4] But I do remember putting that film
[5] underneath. We had to lift him up physically and
[6] put the film underneath him, to get both - You
[7] know, there was not many - there was two or three
[8] of us lifting, and he was dead weight. I mean, you
[9] know, heavy. And -
[10] Yeah, I remember taking this film
[11] specifically.
[12] MR. GUNN: Can we now see No. 13, please?
[13] THE WITNESS: And here's the pelvis that I
[14] said I took. And once again, here's our jagged
[15] marker, jagged edges, identifying number with
[16] identifying -
[17] Here's a little panne peak in his - He
[18] might have had a myelogram. The myelogram is a
[19] study of the spinal canal. And now that - see,
[20] that's less dense than the metallic fragments. He
[21] might have had a myelogram. I think - I'm not
[22] sure if he did. But that could be panne peak in

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[1] the very -
[2] And here's the left hip, right hip.
[3] Q: Are you -
[4] A: I took this film.
[5] Q: Are you able to determine whether any of
[6] the internal organs had been removed?
[7] A: They're all there. The small bowel is
[8] there. The small bowel is there, and the colon,
[9] rectum. There's feces and everything in the
[10] rectum.
[11] Q: So, once again, for all of those where the
[12] internal organs are still present, there is the
[13] identifying marker.
[14] A: That's correct.
[15] Q: But those where the internal organs have
[16] been removed -
[17] A: Yes.
[18] Q: - there is no identifying marker.
[19] A: Yeah.
[20] MR. GUNN: Okay. Could we look at No. 14,
[21] please?
[22] THE WITNESS: Here's, again, the cassette

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[1] identification again. It looks like A-34, or
[2] something scribbled A-34.
[3] BY MR. GUNN:
[4] Q: Okay. And you're still saying this
[5] about -
[6] A: That's the screen.
[7] Q: - No. 13? That's on No. -
[8] A: That's the screen. Right.
[9] Q: And this - This is on X-ray No. 13?
[10] A: That's correct.
[11] Q: Okay.
[12] A: Now, this is a lower pelvis, to include
[13] the hips. And here's our right marker. Again,
[14] it's a very poor cutout of the right - of the
[15] right identification with the proper number, and
[16] logo, and date on it.
[17] And it's the same person. You can tell by
[18] the penis. He wasn't circumcised, I don't think.
[19] And the markings on it, and so on.
[20] And there's also - this is the gas and
[21] everything in the - There's nothing removed at
[22] that time from this X-ray.

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[1] Q: So, once again, consistently from what we
[2] have observed, those where internal organs have
[3] been removed did not have the -
[4] A: Right. Right.
[5] Q: - numerical identifier.
[6] A: That's correct. That's correct.
[7] Q: And those that do have the organs, do have
[8] the identifier.
[9] A: That's correct.
[10] Q: In addition to those 14 films that we have
[11] seen, do you remember taking any additional X-rays?
[12] A: I thought I took his forearms and his
[13] legs. But, again, I knew I didn't take his - I
[14] remember recalling not taking his hands and feet.
[15] That's the only X-ray I can actually say - I know
[16] I didn't take his hands and feet. But I thought I
[17] took his legs and his forearms, but I probably
[18] didn't.
[19] Q: Okay.
[20] A: That was - At least, that was a little
[21] confusing to me with the - with the organs and not
[22] the organs, but - Maybe I'll wake up some night

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[1] screaming, and recall.
[2] MR. GUNN: Off the record.
[3] [Discussion off the record.]
[4] BY MR. GUNN:
[5] Q: Just by means of recapitulation, is it
[6] correct, Mr. Reed, that you have never previously
[7] seen original autopsy photographs from the Kennedy
[8] autopsy? Is that correct?
[9] A: That's correct.
[10] Q: Could you tell me whether the view that
[11] you're seeing right now -
[12] MR. GUNN: Which I'll identify for the
[13] record as being Color Positive No. 26.
[14] BY MR. GUNN:
[15] Q: - as appearing - is consistent with your
[16] recollections from the autopsy of President
[17] Kennedy?
[18] A: No.
[19] Q: In what way is that different?
[20] A: This flap here.
[21] Q: You're referring to the portion just above
[22] the -

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[1] A: Just above the ear. This flap seems to be
[2] projected outwards, and I don't remember that -
[3] recall that being like that.
[4] And as far as this area here -
[5] Q: You're referring to -
[6] A: - from the brain, the brain itself was
[7] not exposed that much.
[8] Q: So, whereas it appears there that brain
[9] tissue is extruding from the wound, that's not
[10] consistent with what you recall seeing?
[11] A: No.
[12] MR. GUNN: Could we look at No. 6, please?
[13] I'm sorry - No. 42 or 43.
[14] For the record, that view is described as
[15] "wound of entrance in right posterior occipital
[16] region".
[17] BY MR. GUNN:
[18] Q: Mr. Reed, is that photograph consistent
[19] with what you viewed during the autopsy of
[20] President Kennedy?
[21] A: No, it's not.
[22] Q: In what way is that different?

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[1] A: The head was never projected that way.
 [2] And the hair was not matted back. And there was no
 [3] scale, measuring - This was done while I was not
 [4] present.
 [5] Q: Now, let's state we're - The presumption
 [6] that we have is not that you were present when this
 [7] photograph was taken.
 [8] But whether the head itself appears - and
 [9] the wounds on the head are consistent with what you
 [10] observed at the time of the autopsy?
 [11] A: I can't answer that in this projection,
 [12] because everything I was doing was from the front
 [13] to the back.
 [14] Q: And if you didn't see it, then, that's
 [15] fine.
 [16] A: Okay.
 [17] Q: You should just say that you didn't see
 [18] that view.
 [19] A: I did not see that view. I did not see
 [20] that entrance - or exit wound, whatever that wound
 [21] is.
 [22] MR. GUNN: Could we take a look at View

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[1] No. 3, Color Nos. 32, 33, 34, 35, 36, or 37?
 [2] Which is identified in the 1966 Inspection
 [3] as "superior view of head".
 [4] BY MR. GUNN:
 [5] Q: Mr. Reed, is that view of President
 [6] Kennedy consistent with what you saw the night of
 [7] the autopsy?
 [8] A: No.
 [9] Q: In what way is it different?
 [10] A: It's more gaping, more open.
 [11] Q: That is, the photograph is more open, or
 [12] what you observed -
 [13] A: The wound. The wound is more open, more
 [14] gaping than I observed.
 [15] Q: So, the photo - with the photograph, the
 [16] wound appears to be larger than what you observed
 [17] on the night of the autopsy?
 [18] A: That's correct.
 [19] Q: Is there any question in your mind whether
 [20] that is, in fact, a photograph of President Kennedy
 [21] on the night of the autopsy?
 [22] A: That's a photograph of President Kennedy

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[1] the night of that evening, but it's just - the
 [2] wound is opened up a little more.
 [3] MR. GUNN: Okay. Let's try one more view,
 [4] if we could, the fourth view, Colors No. 38 or 39,
 [5] which is identified in the 1996 inventory as the
 [6] "posterior view of wound of entrance of missile
 [7] high in shoulder".
 [8] BY MR. GUNN:
 [9] Q: Now, previously, Mr. Reed, if I recall
 [10] correctly, you said that you had seen a bullet
 [11] wound in President Kennedy's back; is that correct?
 [12] A: That's correct.
 [13] Q: Is that view that you're looking at now
 [14] consistent with the wound that you saw during the
 [15] night of the autopsy?
 [16] A: Yes, it is.
 [17] Q: And could you now look also at the back of
 [18] the head, and see whether the head appears to be
 [19] consistent with what you saw at the time of the
 [20] autopsy?
 [21] A: Yes, it is. Yes, it is. But, again, the
 [22] - everything is not hanging back as much as it was

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[1] on the other views. This is more consistent with
 [2] what - when he arrived and we laid him up on the
 [3] table. This is more consistent with the view that
 [4] I saw.
 [5] Q: Let me try and rephrase that, and tell me
 [6] if I'm saying this correctly.
 [7] In the view that you saw that was No. 3,
 [8] the superior view of the head, it appeared as if
 [9] there was matter that was extruding from the head.
 [10] Whereas, in this particular view, that does not
 [11] seem to be the case.
 [12] A: Oh. Extruding, but not as prominent.
 [13] There's still a fragment of the bone on the left
 [14] side. And there's still matting, and blood, and
 [15] bone, and brain; but it's - in the projection this
 [16] is in, it's more erect.
 [17] Q: So, the view that you have now in front of
 [18] you, which is the fourth view, appears to be more
 [19] consistent with your observations than the one that
 [20] showed much greater matter extruding from the -
 [21] A: That's correct.
 [22] Q: - wound; is that correct?

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[1] A: Yes.
 [2] MR. GUNN: Okay. I think that's
 [3] sufficient for the photos.
 [4] [Discussion off the record.]
 [5] MR. GUNN: I have just a few more
 [6] questions for you, Mr. Reed -
 [7] THE WITNESS: Surely.
 [8] MR. GUNN: - and then make sure you get
 [9] some lunch.
 [10] THE WITNESS: I'm in no rush.
 [11] BY MR. GUNN:
 [12] Q: During the time that you were in the
 [13] morgue, did you see anybody taking notes?
 [14] A: No.
 [15] Q: Did you see any other type of record being
 [16] created, such as a tape recording, or film, or
 [17] anything else, other than what you've described?
 [18] A: No.
 [19] Q: Did you ever hear of anyone taking notes,
 [20] or making drawings, or anything of that sort?
 [21] A: During the autopsy?
 [22] Q: During the autopsy.

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[1] A: No.
 [2] Q: Okay. When the deposition began, I told
 [3] you that you would have an opportunity to add
 [4] anything to the record, if you thought that I had
 [5] missed something that was important.
 [6] And, again, keeping this to the facts -
 [7] A: Right.
 [8] Q: - and things that you observed -
 [9] A: Right. Okay.
 [10] Q: - during the autopsy, is there anything
 [11] else that you would like to add?
 [12] A: The only thing I'd like to say is, you
 [13] gentlemen did a real nice presentation. And you're
 [14] bringing back some - a lot of memories. Looking
 [15] at the X - radiographs brought back some memories.
 [16] And I'd have to say that I didn't take his
 [17] tibia and his forearm. And the general statement,
 [18] when I said hands and feet, is a wider area than I
 [19] recollect.
 [20] And the time frame between - I - There
 [21] could have been some X-rays taken between the
 [22] initial set and the chest X-ray and the abdomen.

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[1] And then they might have had me come back later on
[2] and then do the abdomen, and the pelvis, and the
[3] legs. That's why they're missing lung markings.
[4] Because those definitely are X-rays that I took.
[5] Now, as far as those markings on the ones
[6] that weren't seen - again, if we bright-lit them
[7] with a high intensify, you might see them out
[8] there.

[9] Q: Okay.

[10] A: And if you do, that would rectify that.
[11] It would say they were all taken by me.

[12] Q: Sure.

[13] A: So, there is a little gray area here that
[14] even I can ascertain. But I think me being here
[15] today has recalled some things for me, and I'll
[16] hash them over myself when I get home.

[17] But I think they are his radiographs. And
[18] I didn't know they existed. I thought they were
[19] lost. And I want to thank you gentlemen for
[20] letting me see them.

[21] And everything else - Some statements I
[22] made over the phone, in 1978, were made in haste

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[1] and possibly I erred. And as far as the occiput,
[2] as far as the radiographs, it really is more
[3] anterior and posterior. It really didn't - The
[4] occiput was only minimally involved.

[5] Other than that, I want to thank you
[6] gentlemen.

[7] MR. GUNN: Okay. Thank you very much.

[8] Appreciate it.

[9] THE WITNESS: Okay.

[10] MR. HORNE: Thanks.

[11] [Whereupon, at 1:00 p.m., the taking of
[12] the deposition concluded.]

[13] [Signature not waived.]

[14]

[15]

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Lawyer's Notes

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