

CONTACT PROFILE

Document's Author: Douglas Horne/ARRB

Date Created: 02/25/97

Contact Description

Contact Name: Dr. Charles Crenshaw**Company:****Title:****Category:** Witnesses/Consultants**Street Address:****Phone Number:****FAX Number:****E-mail Address:**

HSCA Letter Sent:

Additional Information

Dr. Crenshaw was a third year resident at Parkland Hospital in 1963 who was present at the treatment of JFK in trauma room one on 11/22/63. He was never deposed by the Warren Commission, and went public with his recollections on ABC's 20/20 in 1992, and in a book he co-authored with a professional writer and an assassination researcher.

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MEETING REPORT



Document's Author: Douglas Horne/ARRB

Date Created: 04/14/97

Meeting Logistics

Date: 03/19/97
Agecny Name: Witnesses/Consultants
Attendees: Jeremy Gunn, Douglas Horne, and Charles Crenshaw
Topic: ARRB Interviewed Dr. Charles Crenshaw

Summary of the Meeting

On March 19, 1997, Jeremy Gunn and Doug Horne of the ARRB visited Dr. Crenshaw at his home in Fort Worth, Texas, and conducted an interview. The interview was conducted because Dr. Crenshaw was present in Trauma Room One on 11/22/63, and had not been interviewed by either the Warren Commission, or the HSCA. An audiotape recording was made of the interview. Dr. Crenshaw completed 4 drawings of wounds he observed which are labeled Crenshaw Exhibits 1 through 4.

Summary of Dr. Crenshaw's recollections of President Kennedy's wounds:

- Only saw one head wound;
- Head wound was behind right ear, in the occipital-parietal region, in right rear quadrant of the head, and was baseball-sized;
- Brain matter was oozing out, and had a consistency resembling oatmeal;
- He feels he definitely saw cerebellum extruding from the wound;
- There was a complete absence of bone, hair and scalp at the wound site;
- There was a large blood clot high in the left forehead, above the left eye, but when the body was washed at Parkland after the President was declared dead, there was no wound there;
- He observed what he interpreted as a classic bullet entrance wound in the anterior neck, the size of the tip of one's little finger, just prior to the performance of the tracheostomy by Dr. Perry;
- He observed no damage to the right side of the head, above the ear or forward of the ear, nor did he observe any damage to the top of the head;

Records:

-He said he did not know the whereabouts of either his personal journal which he kept after the assassination, or of the lecture notes he subsequently prepared prior to giving lectures. He said it was possible his co-author, Jens Hansen, or his attorney, Brad Kizzia, might have these items, since they were called for during discovery during his legal battle with JAMA. He promised to contact Brad Kizzia, his attorney, and ask him to look for his notes and journal.

-He said he regretted inaccuracies in his book (which he described as embellishments by Jens Hansen) which had resulted from a rushed and incomplete proofreading process. He said that his primary form of relating Parkland events which he witnessed to Jens Hansen was via conversations which were tape-recorded. Mr. Gunn asked him to try to locate these also, and he said he would.

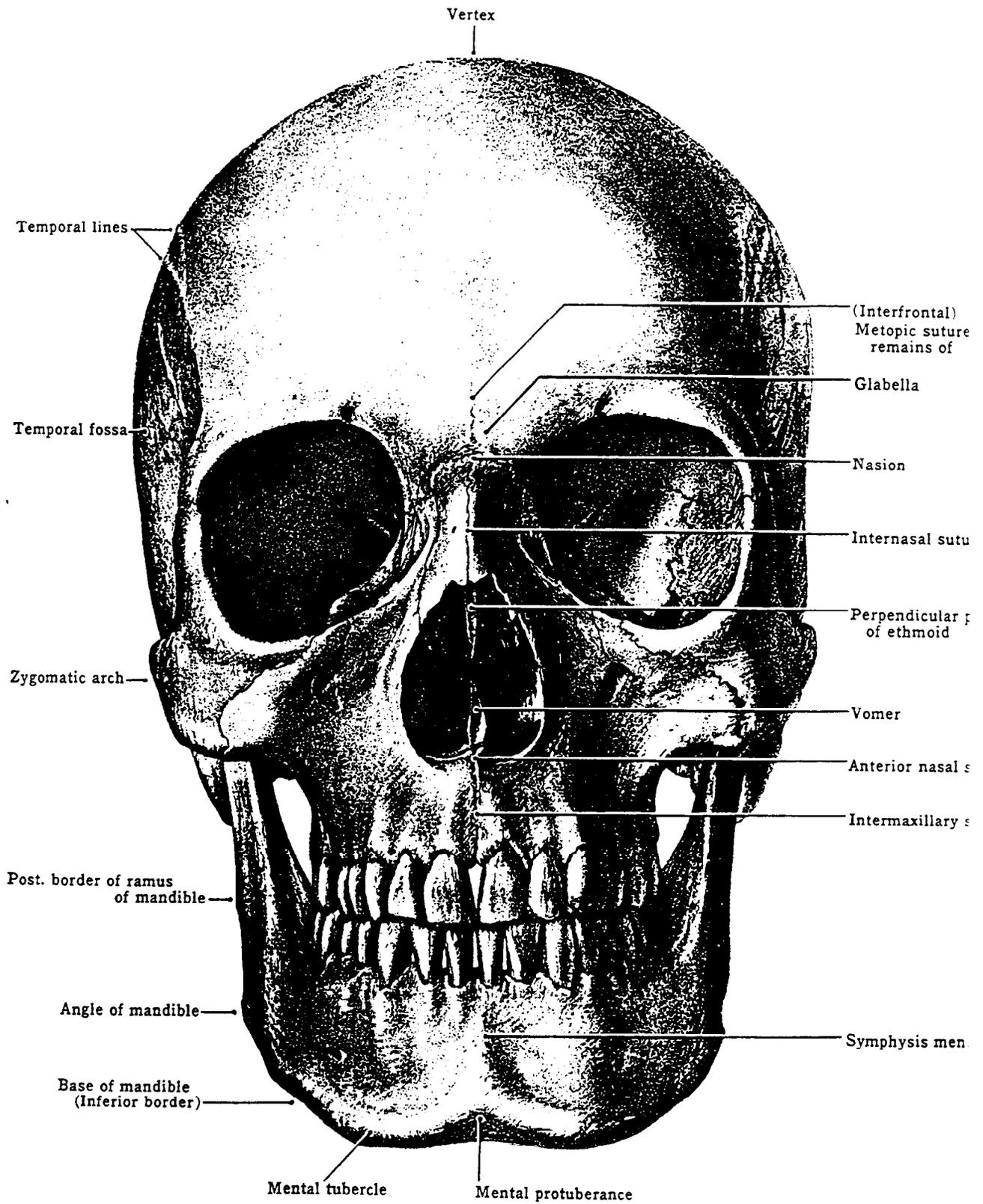
Miscellaneous:

-He recalled that Secret Service and FBI agents visited Parkland several times after the assassination. The one specific incident he recalled was a November 29, 1963 visit to Parkland by Secret

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Service agents who met with several Trauma Room One doctors; he was not a part of this meeting. He said he was aware of no incidents in which either the FBI or Secret Service "forced changes" in testimony or observations of Parkland Hospital personnel.

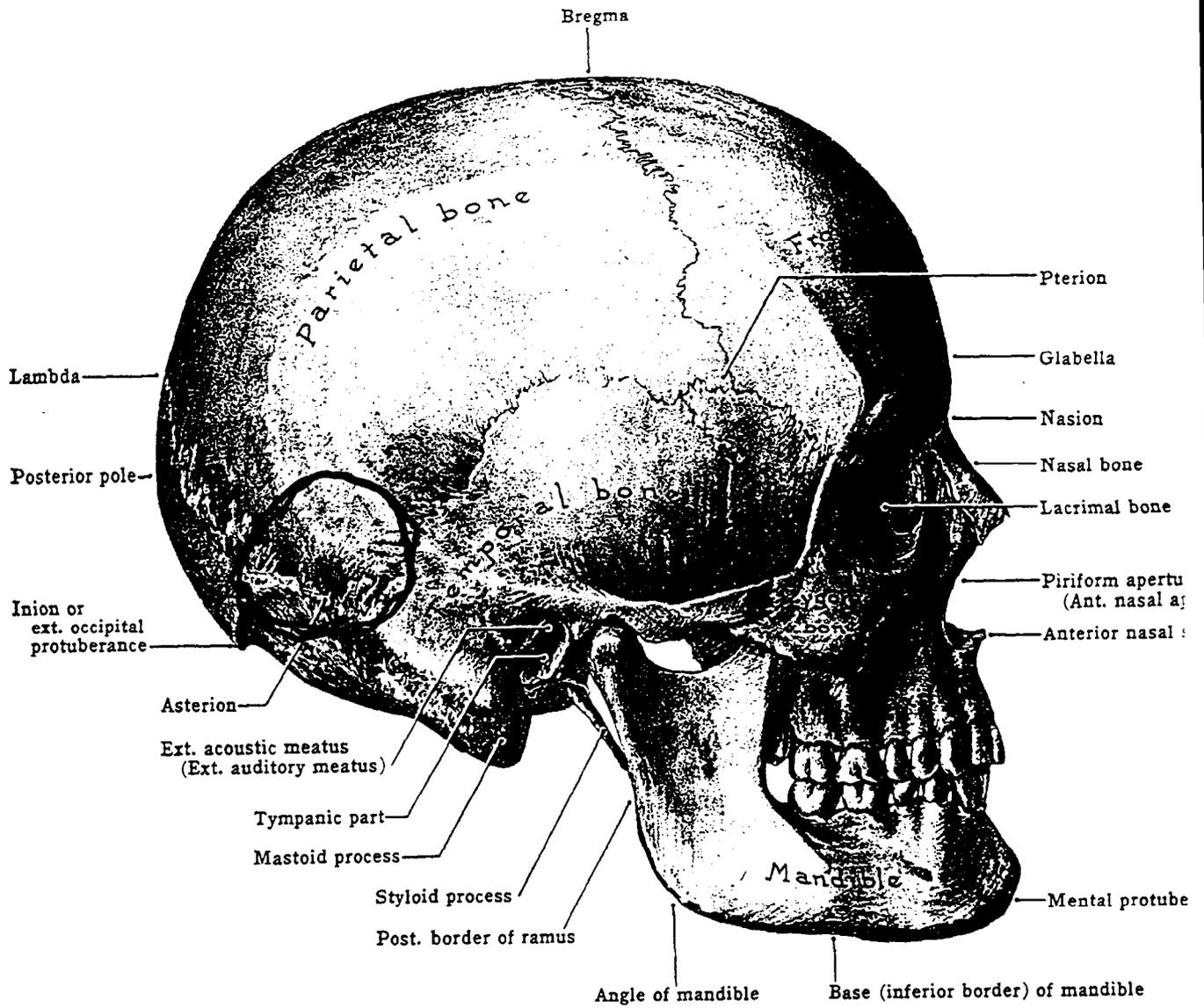
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7-4 SKULL, FRONT VIEW (NORMA FRONTALIS)

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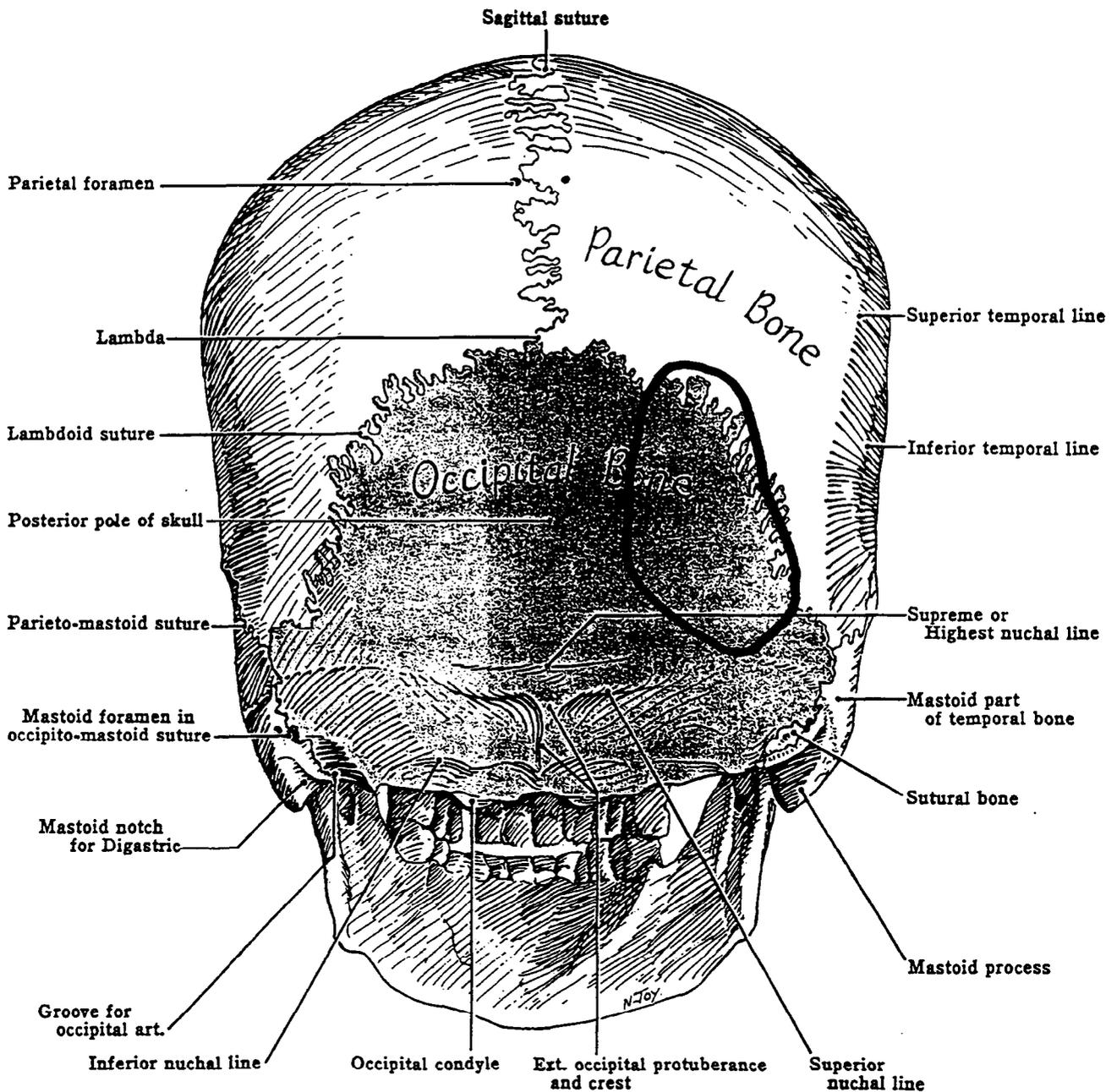
7-6 SKULL, FROM THE SIDE (NORMA LATERALIS)

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7-9 SKULL FROM BEHIND (NORMA OCCIPITALIS)

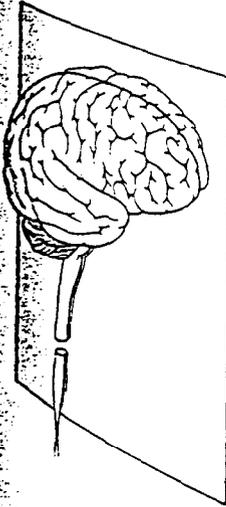
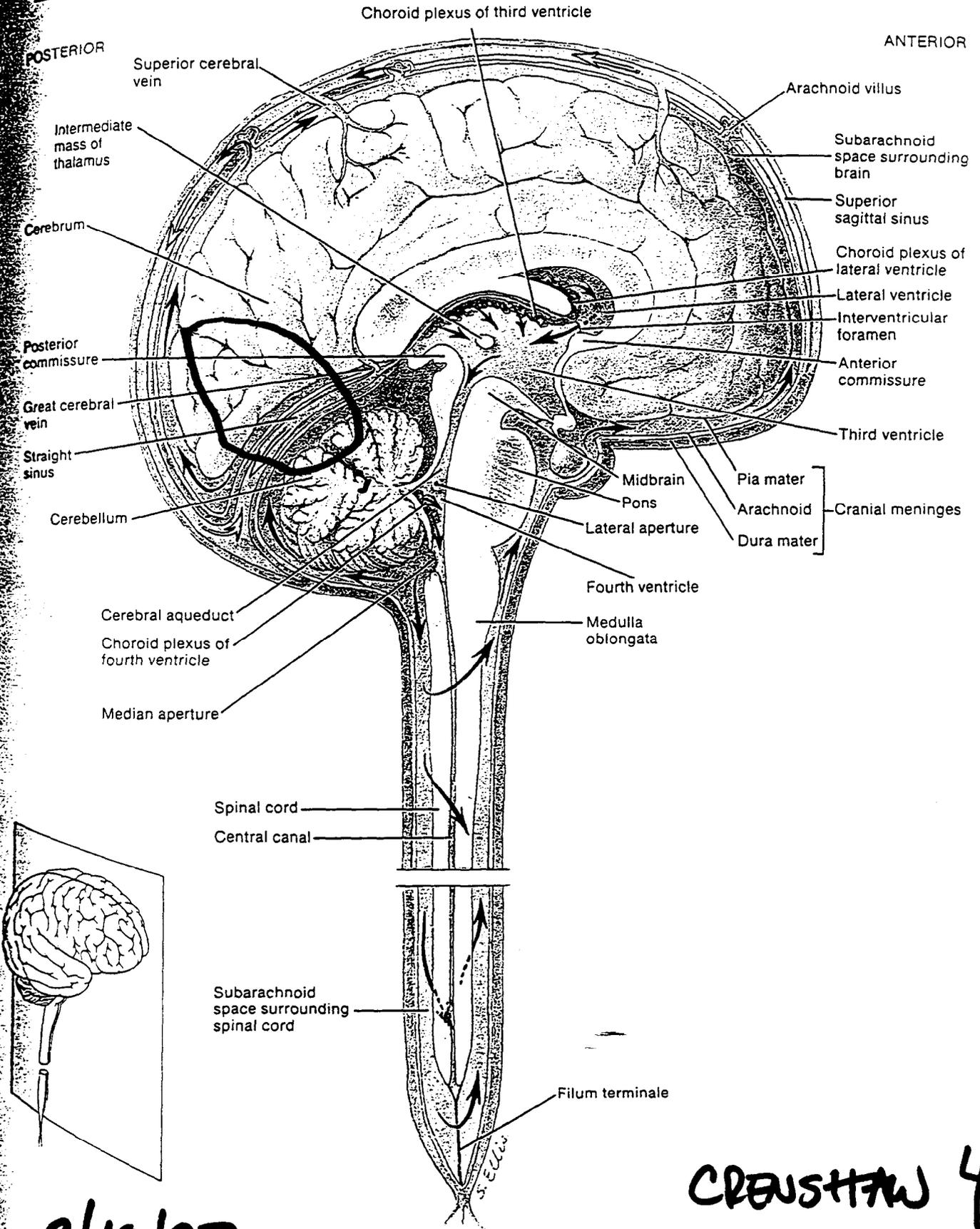
Observe:

1. The outline is horseshoe-shaped from the tip of one mastoid process over the vertex to the tip of the other.
2. At the base of the skull, the outline is nearly straight from one mastoid process to the other, except where the occipital condyles project downward. On each side, it crosses two grooves (for the origin of the posterior belly of Digastric laterally, and for the occipital artery medially). Between the condyles is the foramen magnum.
3. The surface is convex. Near the center is the lambda. From it a triradiate suture runs: the sagittal (interparietal) upward in the median plane, and the lambdoid (parietooccipital) inferolaterally to the blunt postero-inferior angles of the parietal bones where it bifurcates.
4. On each side are two inconstant foramina for emissary veins and meningeal arteries: parietal and mastoid foramina.
5. Midway between lambda and foramen magnum is the external occipital protuberance or inion. From it the superior nuchal line curves laterally and crosses the lateral aspect of the mastoid, dividing it into a smooth upper and a rough lower part.
6. The surface below the superior nuchal line is the nuchal area for the muscles of the neck or nucha.

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FIGURE 14.4 Meninges and ventricles of the brain. Arrows indicate the direction of flow of cerebrospinal fluid.



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a) Brain, ventricles, spinal cord, and meninges in sagittal section

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Figure continues

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