KENNEDY

006133

OUTSIDE CONTACT REPORT

Identifying Information: Name Dr. John Lattimer AddressColumbia Presbyterian Hosp Type of Contact: Telephone X Person Summary of Contact: Dr. Michael Baden, Mark Flan Viewed a private slide and (brief) film John Lattimer concerning the Kennedy as work he has done and information he has Dr. Lattimer's presentation. the substance of his articles. The move and depicted experiments he had done find ammunition at filled skulls. In his tentes depicted the skull went backward. In addition to his review of X-rays, he has done repeated test firing the statement of the skull went backward.	agan and Andy Purdy presentation by Dr. sassination-related
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In addition to his review of	
X-rays, he has done repeated test first	
Carcano ammunition. He believes the ar	munition and rifle are
exceedingly accurate and reliable. He	postulates that the
first shot occurred at Zapruder frame Recommended Follow-up (if any):	(Z)166 and was a miss
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Signature:	hung~

deflected by a tree which broke up and/or imbedded itself in the street pavement. He believes the second shot occurred at about 2-220 and struck the President in the upper back, passing through him near the spine. Lattimer attributes the President's reaction (raising his arms coming from behind the sign) to an involuntary physical response caused by the shock to the spine (he cites "Cases of Injury to the Cervical Region of the Spinal Cord," 1889, by William Thornburn). He believes this second bullet caused the wounds to Kennedy and Connally. He indicated that the bullet which injured Connally "must" have passed through Kennedy first or the bullet would have had so much force that it would have passed through Connally's thigh (he believes the fragment was in Connally's femur). He said the "3 cm" wound in the thigh indicated a tumbling bullet, i.e., one which struck something else first (either JFK or a tree limb; latter not in alleged line of fire at Z-220). Asked hypothetically what inferences could be drawn if the Connally back wound was 1.5 cm, Lattimer said the bullet would have been tumbling. Lattimer said the only other cause of an elongated entrance wound would be a tangential bullet strike; however, he said a tangent strike on Connally would have caused horizontal elongation instead of the vertical elongation present on Connally. Lattimer's theory of 3 shots (with the first missing and burrowing into the pavement) accounts for the curb shot on the theory that it was a fragment from the head shot.

Lattimer has done no testing of bullet deflection by hitting trees; or of burrowing into pavement by such ammunition; or of simulation of the deceleration of a bullet which passed only through Connally to see if it would necessarily penetrate Connally's thigh.

Regarding his assertion that the vertical slit in JFK's shirt was because the bullet left him tumbling (and not merely characteristic of a bullet exit), Lattimer said he had neither seen nor done testing of this phenomenen

Lattimer said there was an irregularity of bone in the vicinity of the transverse process which he believes represents generally that a missile passed through the area and, specifically, that there was a fracture of C-6 or C-7.

Lattimer believes the "single bullet" struck Connally's rib (as opposed to a "slap wound"), flattening the bullet scraping off a piece of lead which he believes is visible in the Connally chest X-ray.

Lattimer believes the wrist wound was caused by a slowly traveling bullet because of the nature of the wrist damage (much less severe than if a bullet had hit it <u>first</u>) and the minimal fragment displacement evident.

Regarding the Edgewood Arsenal testing, he said the simulation of the head shot was very similar to the damage he noted in JFK upon viewing the autopsy photos and X-rays. However, he said they incorrectly used the autopsy doctors' figure for the location of the head entry wound, which is about 4" lower than the wound as seen in the photos and verified in the X-rays. He expressed mild surprise that the incorrect entrance wound point still resulted in approximate skull damage.

Connally wound characteristics which indicated to

Lattimer that the bullet struck something else include (in summary): elongation of entrance wound; Connally's wrist "was

only in position" to be struck at time of JFK wound; Connally was seated directly in front of JFK; the bullet which struck the thigh would have shattered it if it hadn't been significantly slowed by tumbling.

Lattimer said he doubted that a fragment from the JFK head shot could have wounded Connally's wrist because the damage was caused by a fragment of substantial size to have caused the extent of damage evident in the X-ray.

Dr. Lattimer indicated that he has spoken to the autopsy surgeon, but doesn't have interview notes or transcripts. He does not have an explanation for the discrepancy in the location of the entrance wound in the rear of the head, believing it resulted from poor measurement techniques by individuals not sufficiently schooled or experienced in forensic pathology. He believes the autopsy doctors would realize their mistake upon reviewing the photos and X-rays.

Dr. Lattimer also stated that he spoke to Dr. Gregory (Governor Connally's wrist surgeon) several times about the nature of the damage in the wrist. Dr. Gregory is deceased.

On other subjects Lattimer said: He knows the generic origin of the rifle strap used by LHO; LHO practiced dry-firing his rifle according to Marina; Ruby's pistol had a metal shroud covering the hammer to facilitate its being fired from within a pocket or under clothing (he showed a photo which purported to be of Ruby's gun); and Ruby's psychiatrist (Bromberg) told him Ruby had his pistol with him earlier in the weekend at the police station.

Dr. Lattimer also suspects that Ruby fired his pistol using his middle finger as a trigger finger. Lattimer says that this allows the index finger to steady the barrel, and is an indication of familiarity in firing weapons.