

Tape # _____ Start _____ End _____

Crypt # 19

COUNTY OF LOS ANGELES

OFFICE OF CHIEF MEDICAL EXAMINER-CORONER

CASE REPORT

REPORTED AS:

- Natural
- Homicide
- Accident
- Undetermined
- Suicide

- In Custody
- Nursing Home
- At Work

Phone at Scene: _____

Case No. 70-9111

Taken by Johnson

Homicide Wounds to head

Post Mortem at C. M. E. CORONER

Request of _____

NAME Ruben Salazar

Occupation News Director AGE _____

Sex 42 Race Cauc

Place of Death 4945 Whittier Blvd. Los Angeles

Reported by Cannon

Address Sheriff Homicide

Phone _____

Date 8-29-70 Time 21:40 ^{A.M.}/_{P.M.} Pronounced Dead by Cannon

Date and Time of Death 8-29-70 ^{Approx} 1830

Investigating Agency Sheriff Homicide

Officer Cannon

Date 8-29-70

Time _____

^{A.M.}/_{P.M.}

Hospital No. 6

Residence of Deceased 3118 S. Rita Wy. Santa Ana

Religion ?

Employer KMEX-TV

Soc. Sec. Number 465-340-679

Military No. ?

Vet. ?

Next of Kin _____

Address _____

Same as decedent

Phone _____

Relationship Wife

Notified To be notified by Sheriff office

at _____

^{A.M.}/_{P.M.}

Weight 170 lbs. Height 69 In.

Hair Brown

Teeth U Own

Eyes Brown

Mustache No

Beard No Tattoo or Deformity None Noted

Body Condition Viewable

Prints Yes No

Property Yes No

Clothing Yes No

Brought in by Johnson & Njavro

Date 8-30-70

Time 0005

^{A.M.}/_{P.M.}

Door Sealed Yes No

REMARKS: Homicide ? Trauma to head!

COUNTY OF LOS ANGELES

DEPARTMENT OF CHIEF MEDICAL EXAMINER - CORONER

Name: Ruben Salazar

MEDICAL REPORT

Case No. 70-9111

Date: 8-30-70

Dr. _____

CONTINUATION SHEET

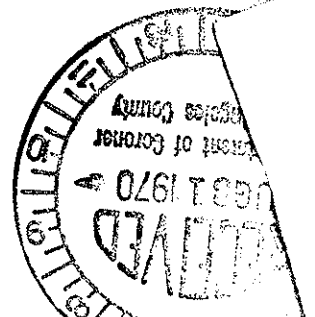
Information from Cannon of sheriff homicide. Sheriff deputies supposedly responded to gun shots from the Silver Dollar Bar located 4945 Whittier Blvd. East Los Angeles. Tear gas was fired into the bar. When deputies entered the bar the decedent was observed lying on Lt. side on tile floor a large amount of clotted blood under and around the decedents head. Time of occurrence approx. 1830 hrs 8-~~29~~-70.

Cannon of Sheriff Homicide to notify this office when more information is available. Cannon would also like to be notified about one hour prior to the time of autopsy.

M. H. Johnson *(signature)*

0635 PHONE CALL FROM SHERIFFS HOMICIDE DIV. PLEASE
CALL BEFORE STARTING AUTOPSY!

RB



COUNTY OF LOS ANGELES
OFFICE OF CHIEF MEDICAL EXAMINER-CORONER

MEDICAL REPORT

Name Ruben Salazar Occupation News Director Case No. 70-9111

Date 8-30 Time 12:30 IN Crypt # 19 OUT MORTUARY C. M. E. CORONER
 INVESTIGATION AUTOPSY PENDING FINAL ON _____

CAUSE OF DEATH:

PROJECTILE WOUND TO LEFT SIDE OF HEAD CAUSING SKULL FRACTURE AND EXTENSIVE CEREBRAL DESTRUCTION.

Due to:

DK:IR
FINAL 9/8/70

Due to:

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH

(MODE TO BE DETERMINED BY INQUEST.)

NATURAL ACCIDENT SUICIDE HOMICIDE UNDETERMINED

DATE OF OPERATION _____ OPERATION - CHECK ONE.
 NO OPERATION PERFORMED OPERATION PERFORMED - FINDINGS USED IN DETERMINING ABOVE STATED CAUSE OF DEATH OPERATION PERFORMED - FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSE OF DEATH

Evidence of Injury Yes No At work Yes No SUICIDE NOTE Yes No FETAL DEATH CERTIFICATE

Embalmed by: NE License No. _____ Blood Sample Taken Yes No — Explain _____

Rx No. None Date Filled: _____ Contents: _____ Amount Prescribed: _____ Amount Remaining: _____

PHYSICAL DESCRIPTION Age 42 Sex Male Race Cauc Complexion Medium Wt. 170 lbs. Ht. 69 In.

Hair Brown Teeth L. Own Eyes Brown Pupils Nor Scars, amputations, None Noted

Appliances on body None Tattoo or deformity None

Hospitalized Yes No Hospital Report Yes No Hospital No. None Unit _____

In A Bar Jail Hospital Duration _____

For Homicide ? Trauma to head!

Physician _____ Address: _____ Phone: _____
Diagnosis or Comment: _____

Dr. Cassidy
 Micro. Neuro.
 Bact. Med. History
 P. R. S. P. R.
 Photo By _____
 X RAY A. S. 4
 Toxicology
 Alcohol Over 24 Hrs.
 Barbs. C. O.
 Other - Explain Below

SPECIMENS SUBMITTED
B liver kidney
bile urine
stomach-liver

MEDICAL EXAMINER'S COMMENTS:

Information taken by M. H. Johnson

COUNTY OF LOS ANGELES
DEPARTMENT OF CHIEF MEDICAL EXAMINER-CORONER
PRELIMINARY EXAMINATION REPORT

Name RUBEN SALAZAR Case No. 70-9111

RIGOR MORTIS:

NECK:

Anterior flexion 4+
Posterior flexion 4+
Right lateral flexion 4+
Left lateral flexion 4+

JAW: 4+
SHOULDER: 4+
ELBOW: 4+
WRIST: 4+

HIP: 4+
KNEE: 4+
ANKLE: 4+

TEMPERATURE:

ENVIRONMENT TEMPERATURE = 73° F
DATE 8-30-70 TIME 0125 AM/PM

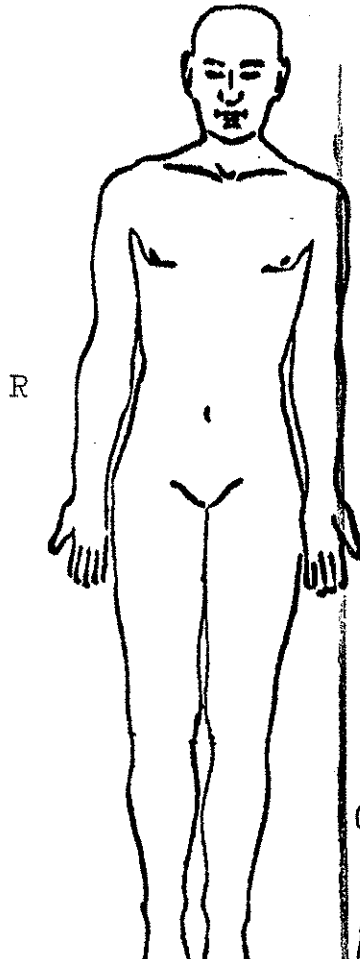
LIVER TEMPERATURE = _____ F

WHERE TAKEN ~~NOT TAKEN~~ 88°

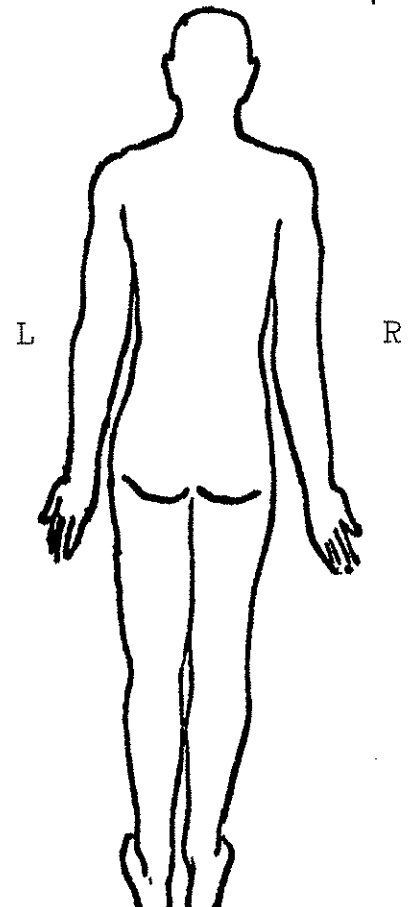
DATE 8-30-70 TIME 0130 AM/PM

LIVOR MORTIS:

Use shading on diagrams to illustrate location.
Describe intensity of coloration. (use scale)
Permanent or blanches under pressure? Describe.



FULLY CLOTHED



SCALE

- 4+ = Extreme Degree
- 3+
- 2+
- 1+
- 0 = Absence/Negative

COUNTY OF LOS ANGELES
DEPARTMENT OF CHIEF MEDICAL EXAMINER-CORONER
AUTOPSY CHECK SHEET

70-9111

AUG 30 1976

Name *Salez* File # Date Time

EXTERNAL EXAM

Sex
Race
Age
Height
Weight
Hair
Eyes
Sclera
Teeth
Mouth
Tongue
Nose
Chest
Breasts
Abdomen
Scar
Genital
Edema
Skin
Decub
HEART Wt *330*
Pericard
Hypert
Dilat
Muscle
Valves *71010 6*
Coronar *mod*

AORTA
VESSELS

LUNGS Wt
R *280*
L *250*
Adhes
Fluid
Atelectasis
Oedema
Congest
Consol
Bronchi
Nodes

PHARYNX *alc*
TRACHEA *non-lymphoid gran*
THYROID *8 minor*
THYMUS

PERITONEUM

Fluid
Adhes

LIVER Wt *2280*

Caps
Lobul *yellow br*
Fibros *focal core*
G B *reticulin*
Calc
Bile ducts

SPLEEN Wt *150*

Color
Consist
Caps
Malpig

PANCREAS

ADRENALS

KIDNEYS Wt *140 160*

Caps
Cortex
Vessels
Pelvis
Ureter

BLADDER

GENITALIA

Prost
Testes
Uterus
Tubes
Ovar

OESOPHAGUS

STOMACH

DUOD & SM INT

APPENDIX

LARGE INT

ABDOM NODES

SKELETON

Spine
Marrow

BRAIN Wt *1370*

Dura
Fluid
Ventric
Vessels
Ears
Nasal Sin

PITUITARY

TOXICOLOGY

SECTIONS

GROSS IMPRESSION

DAVID M. KATSUYAMA, M.D.

Deputy Medical Examiner

Relationship

State

76C0922-10/64

NAME

Selinger

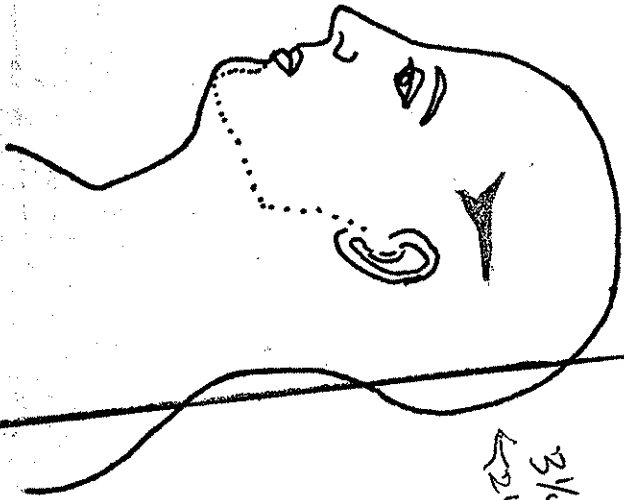
COUNTY OF LOS ANGELES
OFFICE OF CORONER

Date

AUG 30 1970

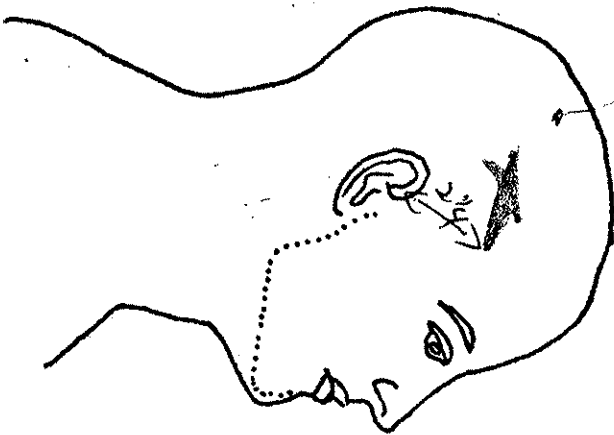
File # 70-9111

Left



3/4
← 2/12 → 3/4

Right



all over
2/4
← 2/3 → 3/4
1/2

DAVID M. KATSYVINA, M.D.

M.D.

ORDER FOR RELEASE

To: The CORONER, County of Los Angeles:

Santa Ana Calif.

Sunday August 30th, 19 70

NEXT OF KIN

I certify that, pursuant to Section 7100, Health & Safety Code, State of California, it is my legal right to select any funeral director I desire to take charge of the body of Ruben Salazar deceased.

Therefore, please release the body of the above mentioned deceased to Pacific View Mortuary, Newport Beach, Calif.

upon completion of your investigation of the death of said deceased.

Name Ruby J Salazar Relationship wife

Address 3118 Rita Way City Santa Ana State California

Telephone No. 557 7437

NOT NEXT OF KIN

If the person signing is not the nearest of kin, state below the nearest kin and reason for not handling.

Name Relationship

Address City State

Reason for not handling

Telephone No.

NON RELATIVE

I, bearing no relationship to the above named deceased, having executed the above authorization, do hereby assume full responsibilities for the costs of all funeral services in connection therewith of the above named funeral director.

Witness Signed

Address Address

..... City

Telephone No.

at Office of Chief Medical Examiner-Coroner, Hall of Justice, Los Angeles,
and from the anatomic findings and pertinent history I ascribe the death to:

PROJECTILE WOUND TO LEFT SIDE OF
HEAD CAUSING SKULL FRACTURE AND
EXTENSIVE CEREBRAL DESTRUCTION.

FINAL 9/8/70

ANATOMICAL SUMMARY

1. Projectile wound to left side of head.
 - a. Extensive skull fracture.
 - b. Cerebral destruction, extensive.
2. Fatty metamorphosis of liver.
3. Old Gunshot (birdshot) wound of right parietal area.

EXTERNAL EXAMINATION:

The unembalmed body is that of a Caucasian of Mexican extraction, clothed in a slightly orange-yellow-brown shirt and dark golden-brownish trousers. Buckskin-suede type shoes are also present. An identification tag is present around the left index finger with the inscription "Ruben Salazar". There is an extensive amount of blood present on the face and scalp and also on the dependent and upper portions of the trunk and upper extremities. There appears to be a rather extensive laceration-contusion type of wound extending deep into the skull and cerebral substance, one on the left side and another on the right side. These will be described in more detail subsequently. On the right side, in and around the defect, very

thin tiny greyish-white discs approximately 1/16 inch in diameter are present. These tiny discs are also found in the hair on the right side. Several of these are scattered around the dorsum of the right thumb and index finger. The volar surface of the index finger shows an apparent area of burning of rather irregular nature approximately 5/8 x 3/8 inch in maximum dimension and varies up to 1/16 and 3/32 inch in height. Other tiny greyish discs are also present over the left antecubital fossa. A brownish leather belt is present in the waistband of the trousers. On the back, are a number of tiny disc material as previously described on the surface of the shirt. The clothing is removed. A small fragment of glass approximately 1/4 inch and a thin fragment of aluminum foil approximately 1/4 inch in maximum dimension are also recovered from the clothing. The skin surfaces are again examined. The covered portions of the body shows no evidence of injury or previous surgery. In the right subcostal portion is the penetration point for liver temperature as taken by Coroner's Investigator. The external genitalia are male. There is no significant rounding of the abdomen. The chest shows slight increase in anterior-posterior diameter in the lower portion. There is no pitting edema. The hair is of medium length, medium brown in color. The eyebrows are medium brown also. On further examination and washing the blood from the right index finger, the raised areas originally thought to be burns are found to be tiny bone fragments, one approximately 1/4 x 3/16 inch and the other approximately 1/8 x 1/8 inch. These are placed in Formalin in a specimen hold jar. A small abrasion is present on the lateral aspect of the right elbow. The clothing and body surfaces appear moderately saturated with a lacrimating substance.

INTERNAL EXAMINATION

INITIAL INCISION:

The usual Y-shaped incision is employed. There is no accumulation of blood or fluid in either abdominal or thoracic spaces. The organs appear in their usual positions.

RESPIRATORY SYSTEM:

The larynx shows a small amount of mucoid material present on the surface. The tracheal portion shows a slight vesication nodular granulation of the mucosal surface. The lungs weigh: Right 280 grams, left 250 grams. There is dependent congestion on the left side. There is no consolidation present. No evidence of hemorrhage is noted. The pulmonary vessels appear grossly normal.

CARDIOVASCULAR SYSTEM:

The aorta and its branches show only minimal arteriosclerosis focally. The heart weighs 330 grams and lies within a smooth pericardial sac. There is practically no blood left in the cardiovascular system. The valve appearance and sizes are grossly normal, the aortic measuring 7.0 cm., tricuspid and mitral 10.0 cm., and the pulmonic 6.0 cm. The coronary arteries show moderate arteriosclerosis with lumen narrowed in some areas to approximately 50 per cent or less. However, complete obliteration of lumen is not present. Cut surfaces of myocardium show no definite recognizable old, recent or fresh infarct. The venous system shows no gross abnormality.

HEMIC AND LYMPHATIC SYSTEM:

The abdominal and mediastinal nodes are not remarkably enlarged. The spleen weighs 150 grams.

DIGESTIVE SYSTEM:

The esophagus contains no evidence of medication or regurgitated material. The stomach contains a small amount of greenish mucoid and gruel-like material. The small bowel, appendix and colon show no gross alteration of architecture.

The pancreas shows the usual lobular yellowish-tan appearance and shows no evidence of fibrosis or inflammation.

LIVER:

The liver weighs 2280 grams and has a smooth capsule. The parenchyma is a tawny yellow-brown with focal areas of congestion and accumulation of blood. However, definite evidence of trauma is not present. There is no increase in fibrous components.

The gallbladder and biliary tree are grossly normal.

UROGENITAL SYSTEM:

The kidneys weigh: Right 140 grams, left 160 grams. The capsules strip with ease with cortex up to 4 or 5 mm. in thickness. The pelves, ureters and urinary bladder are grossly normal. Only a small amount of urine is present.

The prostate weight is approximately 25 to 30 grams and has the usual fibronodular appearance. The testes are descended in the scrotum.

ENDOCRINE SYSTEM:

The adrenals show no recognizable abnormality. The thyroid weighs approximately 10 grams and has the usual tan-brown appearance. The pituitary shows no gross abnormality.

SKULL AND CENTRAL NERVOUS SYSTEM:

The scalp shows two jagged stellate wounds, one on the left side located $3\text{-}\frac{1}{4}$ inch from the top of the head whose anterior-posterior diameter is $2\text{-}\frac{1}{2}$ inches and width of $\frac{3}{4}$ inch. It appears Y-shaped. There is a reddish border toward the ear which appears to be an abrasion margin. The underlying calvarium shows extensive disruption over an area approximately $2 \times 1\text{-}\frac{1}{2}$ inches with multiple fragments of an inshoot-type. The right scalp shows stellate defect of a stretch-type of disruption. The wound is located $2\text{-}\frac{1}{4}$ inches from the top of the head at its superior most aspect and $3\text{-}\frac{1}{2}$ inches at the most inferior aspect. The most inferior aspect is located $2\text{-}\frac{1}{4}$ inches from the upper incision of the right ear. It is 2 inches in maximum length and up to $\frac{1}{2}$ inch in maximum width.

A scarred area approximately $\frac{3}{8}$ inch in diameter is present on the right parietal area and on the surface of the calvarium immediately underlying tiny lead pellets each less than $\frac{1}{16}$ inch in diameter are located over an area approximately $\frac{1}{2} \times \frac{3}{4}$ inch. This appears to be an old wound. This area and the margins of the entrance and exit wounds are retained as evidence.

The underlying calvarium shows an outshoot-type beveling of greater diameter of outerplate than the innerplate. The dura is extensively disrupted. The path of the projectile appears to be from left to right and in a slightly forward direction with a very slightly downward angle. No evidence of charring or burning is noted on either entrance or exit wound. The dura shows extensive disruption in these areas. The brain weighs 1370 grams. The arteries at the base show no significant arteriosclerosis. On sectioning the frontal lobes, the through-and-through defect with extensive hemorrhage surrounding is noted over an area roughly 2 inches in maximum diameter extending from side to side. The brain is submitted for further Neuropathological examination. The base of the skull shows linear fracture extending through the middle fossa from left to right. The calvarium shows extension from these entrance and exit wounds of complete detachment in a bowl-like appearance. A tiny fragment of apparent foreign material that has a slightly serrated appearance approximately $\frac{1}{4}$ inch in maximum dimension is found near the exit wound within the calvarium.

#70-9111
RUBEN SALAZAR
August 30, 1970

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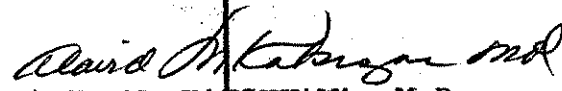
MUSCULOSKELETAL SYSTEM:


No gross deformities of the extremities are noted. The rib cage shows no recognizable fractures. The thoracic and lumbar spine appear grossly normal.

SPECIMENS SUBMITTED:

Specimen of blood, liver, gallbladder and contents, kidneys, stomach contents, fat and urine are submitted for toxicological study.

Sgt. Deiro of Sheriff's Homicide and Sheriff Photographer are present at autopsy. Griffith Thomas, M.D., representing the family of the deceased, is also present.


DAVID M. KATSUYAMA, M.D.
CHIEF, FORENSIC MEDICINE


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

DMK:np:g
9-8-70


#70-9111
Ruben Salazar
August 30, 1970

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ADDENDUM

The entrance wound from the left side of the head is re-examined. The abraded region on the external surface has a brownish appearance. Embedded in the deep connective tissue bordering the entrance wound are several tiny flecks of red paint-like material less than 1/32 of an inch in diameter.


DAVID M. KATSUYAMA, M.D.
CHIEF, FORENSIC MEDICINE


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

DMK:np:c
9-10-70

MICROSCOPIC REPORT

HEART:

The myocardium shows rather large but uniform fibers. There are multiple small perivascular foci of fibrosis with occasional replacement of myocardial fibers in the perivascular region. There is some mild thickening of small branches of the coronary tree within the heart. A section of a large coronary artery, embedded in epicardial fat, shows advanced occlusive atherosclerotic disease. There is a biphasic plaque with the surface composed of mixoid fibrous tissue and the depths composed of foam cells and cholesterol clefts. There is some vascularization of the plaques. There is no significant calcinosis noted. The lumen of the vessels is occluded up to 70 per cent by the atherosclerotic change.

LUNGS:

There is moderate, diffuse and centrilobular emphysema with some anthracotic pigments scattered in peribronchial locations. There is irregular atelectasis of the lungs and there is significant acute vascular congestion.

LIVER:

Multiple sections of the liver reveals severe fatty change with approximately 40 per cent of the liver cells replaced by fat vacuoles. The general lobular architecture is still intact, although there is evidence in isolated foci, of regenerative activity. The portal triads, occasionally, contain slightly increased numbers of inflammatory cells. There is questionable, minimal, incipient portal fibrosis. Also scattered throughout the liver, are small hemangiomas, with the lake-like vascular channels engorged with blood.

PANCREAS:

The pancreas is moderately autolized.

KIDNEY:

The kidneys show early autolysis, but no other diagnostic changes.

70-9111
RUBEN SALAZAR
August 30, 1970

2

TRACHEA:

The trachea is without diagnostic change.

INTESTINE:

The intestine shows autolytic change.

THYROID:

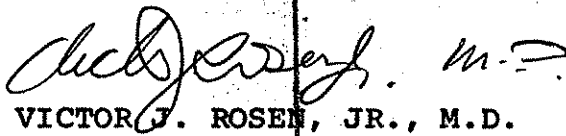
The thyroid is within normal limits.

AORTA:

The aorta demonstrates early foam cells and fibro-mixoid plaque formation.

SKELETAL MUSCLES:

Several small sections of skeletal muscles show fresh hemorrhage dissecting between fibers without inflammatory reaction. Small, granular bits of bone material are embedded in some of the muscle bundles.



VICTOR J. ROSEN, JR., M.D.
DEPUTY MEDICAL EXAMINER

VJR:OF:S
10/7/70

NEUROPATHOLOGY REPORT

GROSS FINDINGS

The dorsolateral portions of the dura present two triangular defects on the left. One is in the frontoparietal region 6 cm. from the midline measuring 2.2 cm. transversely and 2.3 cm. anterior-posteriorly. The base of the triangle is directed toward and parallel to the superior sagittal sinus and the anterior and the posterior borders of the triangle makes a right angle. A second triangular defect measures 3.5 cm. transversely and 4 cm. anterior-posteriorly is in the left frontotemporal region 5.2 cm. from the midline and 1.5 cm. posterior to the left middle meningeal artery. The medial and anterior borders of this triangle also make a right angle. The epidural surface shows faint fresh blood staining which can be readily removed without leaving any pigment or neomembrane. On the subdural surfaces, there is no definite abnormal coloring, hemorrhage or neomembrane. The dura from the occipital and basilar portions are not remarkable.

The leptomeninges show a moderate amount of subarachnoid hemorrhage over the frontal poles and along the medial surfaces where the blood is just enough to obscure the underlying structures and covers an area about 10 cm. transversely and 4 to 5 cm. vertically. There is some extension of a small amount of subarachnoid hemorrhage over the left frontal lobe dorsally and this surrounds a large defect of the left frontotemporal region. Similar extension of the subarachnoid hemorrhage but to a less degree is present on the right inferior frontal gyrus which also surrounds a defect. A small amount of subarachnoid hemorrhage is present over the left parietal region dorsomedially. On the base of the brain the subarachnoid blood is rather diffusely distributed but quite minimal, mostly along the sulci of the left temporal lobe and over the lateral inferior and dorsal aspect of the left cerebellar hemisphere in irregular patches which is barely enough to obscure the underlying structures. The brain has been coronally sectioned just anterior to the temporal poles revealing a large horizontal hemorrhagic tract that has involved both frontal lobes. The defect on the left side on the external surface has its anterior border in the left inferior frontal gyrus at a point 2 cm. anterior to the temporal pole. It extends posteriorly to involve the operculum to a point 1.5 cm. above the lateral fissure and posteriorly to involve both pre- and post central gyrus at a point 1.6 cm. above lateral fissure, and the left superior and middle temporal gyri where the defect measures 2.8 cm. vertically and 2.3 cm. anterior-posteriorly and this is 2 cm. from the temporal pole.

On the right side the defect is confined to the right inferior frontal gyrus just above its inferior border and anterior to the lateral fissure. This defect is rather irregular and is about 1.3 cm. in diameter. It is 8 mm. from the lateral fissure in its anterior aspect.

The cerebral convolutions are flattened throughout. The basilar cisterns contain no blood clot. The circle of Willis shows equal sized right posterior communicating and right posterior cerebral arteries bilaterally. The arteries show practically no arteriosclerosis. The optic nerves and chiasma are intact. The pons and medulla are not remarkable externally. The cerebellum shows slight disorganization in its inferior surface so it cannot be evaluated.

The specimen is cut in a series of parasagittal sections beginning from the right side laterally. The first section is about 1.5 cm. in thickness. This reveals the posterior border of the defect of the right inferior frontal gyrus which is on the anterior portion of this section. In the dorsal aspect of this section, there are a few hemorrhagic contusions within 2.5 cm. of the defect. A single petechia 3 mm. in diameter is located in the cortex of the right angular gyrus 6.5 cm. posterior to the defect. The remainder of the right cerebral and cerebellar hemispheres are cut into three equal sections 2.5 to 3 cm. in thickness. The second section on the medial surface, shows a square defect with indented borders 2.8 cm. in its diagonal measurement. This is located in the right frontal centrum and the adjacent putamen. The anterior portion of the putamen shows multiple petechial hemorrhages extending for a distance of 1.5 to 2.5 cm. from the defect. The edges of the defect dorsally are irregular while those inferiorly are somewhat smooth. The remainder of the cerebrum and cerebellum on this section show no lesion. The third section, also the medial surface, shows the defect again located in the right frontal centrum and the right striatum. Due to the presence of the anterior horn of the right lateral ventricle in this section the square shape of the defect is not as distinct. The ventricles show blood staining but contain no blood clot at the present time. The thalamus, brain stem and cerebellum show no lesion.

The fourth section on the right side includes the medial surface of the right cerebral hemisphere. This shows the subarachnoid hemorrhage as mentioned above. The defect here involves the corpus callosum about 1 cm. from its anterior border, the striatum and the preoptic area. Again due to the presence of the ventricle, this defect is rather irregular and is about 2.3 cm. in diameter. There is considerable disruption in the body of the corpus callosum and several petechiae are present in the splenium of the corpus callosum. The cisterna magna is blood stained. There are also petechiae on the walls of the third ventricle to a point as far back as behind the massa intermedia. The optic chiasma, the anterior commissure, the tuber cinereum and mammillary body are grossly intact.

COUNTY OF LOS ANGELES
REPORT OF MICROBIOLOGICAL ANALYSIS
CHIEF MEDICAL EXAMINER-CORONER'S OFFICE
Bacteriology Laboratory
Hall of Justice
Los Angeles, California

File No. 70-9111

Name of Deceased Ruben Salazar

Date Submitted 8-29-70

Autopsy Surgeon David Katsuyama, M.D.

Material Submitted Blood for type and Rh.

Laboratory Findings:

BLOOD: Type O Rh Positive

Examined By Vicki Breton Date 9-16-70

Vicki Breton, MT (ASCP)

September 1970

LABORATORY DIVISION

REPORT OF TOXICOLOGICAL ANALYSIS

OFFICE OF THE CHIEF MEDICAL EXAMINER-CORONER
COUNTY OF LOS ANGELES
HALL OF JUSTICE
LOS ANGELES, CALIFORNIA

Coroner's No. 70-9111

Name of Deceased RUBEN SALAZAR

Date Submitted August 31, 1970 Time _____

Autopsy Surgeon David M. Katsuyama, M.D.

Material Submitted:

Blood	X	Liver	X	Stomach	X
Brain		Lung		Lavage	
Femur		Spleen		Urine	X
Kidney	X	Sternum		Bile	X
Drugs		Chemicals			

Laboratory Findings:

1. Blood: Ethanol .04%
Barbiturates absent
Trichloroethanol absent
Placidyl absent

Urine: Phenothiazine absent

Liver: Absence of common organic bases
2. Urine: Amphetamine, Methamphetamine absent
3. Bile: Codeine, Morphine, Dilaudid absent
4. Blood: Ethinamate, Noludar, Meproamate,
Doriden, Soma, Quaalude absent

Analysed by 1 Jack Villaudy Toxicologist Date 9/8/70

Analysed by 2 John Park Toxicologist Date 9/8/70

Analysed by 3 Ernest Griesmer Toxicologist Date 9/8/70

" 4 Edward Thompson Toxicologist Date 9/8/70

#70-9111
RUBEN SALAZAR
Autopsy date - August 30, 1970

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The left cerebral hemisphere is first cut into two equal sized parasagittal sections. On the medial surface of the left cerebral hemisphere the defect is seen to be in the corpus callosum just below its dorsal surface 1 cm. from its anterior border. The striatum is involved as the right side. The thalamus shows no petechiae. The other structures, including the brain stem are grossly intact.

On the lateral surface of the medial half of the left cerebral hemisphere the defect again resumes a square shape with indented sides. Multiple petechial hemorrhages are present in the putamen.

On the medial surface of the lateral half of the left cerebral hemisphere the defect is somewhat stellate and measures 2.8 cm. in greater dimension. This section shows markedly exaggerated vascular markings in the surrounding frontal centrum. The smaller amount of putamen present here also shows petechiae. The cerebral cortex of the left frontal lobe anterior to the defect in this section shows minimal contusion. The cortex surrounding the defect on the external surface of the left cerebral hemisphere shows numerous small hemorrhagic contusions mostly within a zone of 2 to 3 cm. Contusions are also found as far as the left superior parietal cortex. No foreign material is found in the defect.

MICROSCOPIC FINDINGS

Sections show numerous acute hemorrhages. There is no chronic lesion.

DIAGNOSIS

1. Missile wound, through-and-through, frontal and temporal lobes, ventricles and basal ganglia.


ABRAHAM T. LU, M.D.
DEPUTY MEDICAL EXAMINER

ATL:np:s
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