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:

APPEARANCES:

On Behalf of the Plaintiff:

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ALSO PRESENT:

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Steve Tilley
Thomas E. Samoluk, Esq.
Joan Zimmerman, Ph.D.
Sarah Ahmed
Carrie Fletcher

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PROCEEDINGS

Whereupon,

EDWARD F. REED

was called for examination by counsel for The Assassination Records Review Board and, having been first duly sworn by the notary public, was examined and testified as follows:

EXAMINATION BY COUNSEL FOR THE ARRB

BY MR. GUNN:

Q: Could you state your full name for the record, please?

A: Edward Francis Reed, Jr.

Q: Mr. Reed, my name is Jeremy Gunn. I am the general counsel and the executive director of the Assassination Records Review Board. I'm here with Doug Horne today.

We are taking your deposition pursuant to the authority that we have under the President John F. Kennedy Assassination Records Collection Act. We want to inquire of you about some questions related to the autopsy and X-ray work of the assassination of President Kennedy.

Mr. Reed, the first thing I'd like to do is to show you a document, which is marked Exhibit No. 197, and ask you whether you have seen that before?

A: Yes. I have.

Q: Mr. Reed, do you understand that you are here pursuant to the subpoena that is attached to Exhibit No. 197?

A: Yes, I am.

Q: And you understand that you are here under oath?

A: Yes, I do.

Q: Do you have any reservations about your being able to speak the truth and the whole truth related to the experiences that you had regarding the assassination and autopsy of President Kennedy?

A: No, I don't.

Q: Mr. Reed, I'd like to show you part of Exhibit No. 197, which is Section C, called Papers, Documents, and Records Requested. Do you see that portion?

A: Yes.

Q: Did you bring any records with you pursuant to Section C of Exhibit No. 197?

A: Yes, I did.

[ARRB Exhibit No. 199 marked for identification.]

Q: I'd like to show you a document that has been marked Exhibit No. 199. Is that a photocopy of one of the documents that you brought to us today?

A: Yes, it is.

Q: Could you describe, just in brief, what that document is, please?

A: This is a statement that I made for a X-ray article, and stating everything that occurred – mostly done in the first 24 hours of President Kennedy's assassination.

Q: When did you write that?

A: I wrote this in 1988. And the copy that's in front of me here is a copy that was reissued in 1992.

Q: In addition to the article that has been marked as Exhibit No. 199, have you written

anything else related to the autopsy of President Kennedy?

A: No, I have not.

[ARRB Exhibit No. 200 marked for identification.]

Q: I'd like to show you a document marked Exhibit No. 200, and ask you whether you have seen that before?

A: Yes, I have.

Q: Can you tell me, in brief, what that is?

A: Again, this is from our professional journals that I receive on a monthly basis. And this article that I read in this is from Jerry Custer, X-ray technologist, that was with me that evening – that Friday evening.

Q: That is, at the autopsy of President Kennedy?

A: That's correct.

Q: And who is Mr. Custer?

A: He was the supervisor on duty that evening at National – at Bethesda National Medical Center.

Q: Did he have any responsibility for X-rays?

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

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Q: Exhibits Nos. 199 and 200?
A: That's correct.
Q: Did you read anything else?
A: No.
Q: Did you talk to anyone else about the deposition?
A: My wife, some close friends.
Q: Did anyone offer you any advice as to what you should say during the course of the deposition?
A: Yes, they did.
Q: What was the advice that you were given?
A: Tell the truth.
Q: And was there anything else?
A: No.
Q: Have you ever read the Warren Report on the assassination of President Kennedy?
A: Thirty years ago.
Q: But not since then?
A: No.
Q: Are you aware of the House Select Committee on Assassinations that made an inquiry into the assassination of President Kennedy?

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A: Yes, I am.
Q: Did you ever read the report issued by the House Select Committee?
A: In brief.
Q: After reading the Warren Report and the report of the House Select Committee on Assassinations, did you have any reaction to the accuracy of what was contained in those reports, as far as you knew - information related to the autopsy?
A: At that time, no.
Q: Since that time, have you had any reason to question any of the statements made in either the Warren Report or the House Select Committee on Assassinations regarding the autopsy of President Kennedy?
A: Yes, I did.
Q: In what way?
A: Well, after reading over the last 34 years all the information received, I came up with an idea of my own. Just - It's slight - It's different than some of the ones rejected. Everyone has a different theory. And I now have come up with my own theory.

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Q: What I would like to do, if we could, is try to avoid talking about the theories, but just deal with the information that you saw in front of you.
A: Okay.
Q: And with respect to the Warren Commission and the House Select Committee on Assassinations, is there any information contained in those that are inaccurate, as far as you know, as it pertains to the autopsy or X-rays of President Kennedy?
A: No.
Q: When is the last time you spoke to Jerrol Custer?
A: Oh, I guess, 1960... September 1964.
Q: Have you spoken with anyone else who participated in the autopsy or the X-ray work on the night of the assassination since 1964?
A: No.
Q: Have you ever seen the original autopsy photographs or X-rays since the time of the

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

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

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started to learn more about positioning, anatomy, physiology of the body.

And they proceeded to let me do more radiographs - more X-rays. And then I started to take call in the evening and weekends, and I became an on-the-job X-ray technologist in the United States Navy.

Q: From the way that you've described this, it appears that - at least, prior to 1963 - most of your training was on-the-job training.

A: That's correct.

Q: Is that fair? Did you have any formal courses at all - again, prior to November 1963?

A: Only manuals that were given to me by the radiologist in the X-ray department at Annapolis Naval Hospital.

Q: How would you describe the kinds of - or the type of work that you did in radiology prior to 19 - prior to November 1963?

A: Being on call, the full range of radiographs from routine chest X-rays to multiple traumas.

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Q: Did you do any work with autopsy X-rays?

A: Yes, I did.

Q: And what kind of work did you do with autopsies?

A: Well, I would have to take dental X-rays in the morgue for dental records - identify people. And also people that were burned.

A lot of dependents - some of the dependents that were dead on arrival at the hospital from injuries, and accidents, and so on - I had to go down to the morgue, and take X-rays of them.

Q: During the time that you took the X-rays, did you ever have occasion to use portable X-ray equipment?

A: That's what we utilized.

Q: That's all you used. Prior to November of 1963, did you take any X-rays of gunshot victims?

A: Not at Annapolis. It was after that I took X-rays.

Q: Between the time that you were at Annapolis - Let me withdraw that.

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After you were at Annapolis, what was your next station?

A: Well, I - I was - The radiologist called me into his office, and asked me if I wanted to become an X-ray technologist. And I wasn't really interested at that time in doing that. But after a couple meetings with him, he talked me into going to X-ray school.

And then he applied for X-ray school for me through the Navy. And I was selected as one of, say, 24 Navy corpsman to go to Bethesda National Medical Center for X-ray school.

Q: When did you start that?

A: That was in March of 1963.

Q: How long is the regular course of training?

A: It's a two-year program. One at Bethesda, Maryland. And the second one at Great Lakes, Illinois - the second year at Great Lakes, Illinois.

Q: How long were you at Bethesda in the - receiving radiology training? For one year?

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A: For one year. From January - From March of '63 to March of '64.

Q: Okay. After your training in Illinois, did you receive any other formal radiology training?

A: No.

Q: If we could, I'd like to go to the events of November 22nd, 1963. Could you tell me where you were when you first heard about the assassination of President Kennedy?

A: At the time of President Kennedy's assassination, I was in a room doing a barium enema on a patient in the - on the fourth floor of the National Medical Center; Bethesda, Maryland.

Q: When did you first hear that you would have some involvement in the autopsy of President Kennedy?

A: Approximately 2:00 o'clock in the afternoon.

Q: Who called you?

A: The -

Q: Or told you?

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A: I can't recollect his name, but he was the supervisor in charge of the floor.

Q: Okay.

A: Usually, it was a second-class.

Q: So, that wasn't Dr. Brown or Dr. Ebersole?

A: No, there was not.

Q: Okay. What did he say to you, the supervisor?

A: The supervisor said, "President Johnson had a heart attack." And I was supposed to prepare a room for possible X-rays of President Johnson, possible catheterization of the heart.

At that time, we did not have a cath lab. The end room by the elevator - I guess, it was Room No. 4 - was set up with a - at that time, considered a modern piece of equipment - a Sanchez-Perez. This was a mechanical unit maintaining X-ray film.

And the cardiologist or the radiologist would inject dye into the vessels of the heart, and I would take X-rays every half-second for ten seconds, and then develop the - process those

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films in the processing department. And then the cardiologist and radiologist would look at the films or review them.

Q: Do you know why you were told that President Johnson had had a heart attack?

A: No, I was not.

Q: What was the next thing that you did?

A: Well, after 2:00 o'clock - between 2:00 and 4:00, Captain Lloyd Brown - He was not in the department. He was in Chicago.

Dr. Ebersole. It must have been Dr. Ebersole said that Dr. Lloyd Brown was not in the compound at that time. He was in Chicago at the RSNA - the Radiological Society National Association meeting for radiologists, and also technologists. Primarily, radiologists.

Q: And what did Dr. Ebersole say that you should do?

A: He just said to be prepared. "We don't know exactly everything that will occur, but just be prepared, in general. And take a portable down to the morgue."

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Q: Were you told anything further in relationship to President Johnson –
A: No.
Q: – preparing anything for President Johnson?
A: No.
Q: Did Bethesda have more than one portable X-ray machine?
A: I think we had two at that time.
Q: Do you recall now what kind of X-ray machines those were?
A: They were General Electric 250. They were able to use 110 current and 220 current, all through the adaptor that you attached to the machine.
Q: Were both X-ray machines GE 250s?
A: Yes, they were.
Q: Do you recall now approximately what time you took the portable equipment to the morgue?
A: Approximately 2:00 to – between 2:00 and 4:00. Closer to 4:00 o'clock. Closer to 4:00 o'clock. It was before – it was before mess hall

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

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Q: So, you – Did you see a Navy ambulance or a hearse, or any vehicle?
A: Out the – I could see out the window. There was two or three ambulances there. Other than that, I could not – I didn't see anything else.
Q: Could you describe the ambulances you saw?
A: They were normal, orange and white ambulances. Military ambulances.
Q: Did you see any ambulance unloading a casket?
A: No, I did not.
Q: Did you ever see the casket with President Kennedy's body in it?
A: Yes, I did.
Q: When did you first see that?
A: When I returned from the chow hall – the dining room to the ground-floor morgue, the main hallway leading into the morgue.
Q: And did you see the casket in the hallway –
A: Yes, I did.

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Q: – or in the morgue? Who was bringing – Was it –
A: It was on the – it was on the ground.
Q: It was sitting –
A: It was just sitting –
Q: – lying on the ground?
A: Right. And there was, say, five or six Marine corpsmen at attention, lined up across the hallway.
Q: And what did you observe next?
A: And next, we were instructed to – Someone opened the casket. I forget who exactly. It was an enlisted man.
Q: Is this in the hallway?
A: Yes. Let me – No, I'm sorry. We did not open it in the hallway. We carried it into the morgue.
Q: Did you, yourself, help carry it?
A: Yes, I did.
Q: Did anyone else you know assist carrying it in?
A: Jerry Custer, the medical – I don't know

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their names. But the lab technologists, and the medical photographer – enlisted man. And I forget anyone else.
Q: Did the Marines help?
A: No.
Q: After you – You took the casket into the morgue; is that correct?
A: That's correct.
Q: What did you do when it arrived in the morgue?
A: Someone opened it up. We all stood back. Someone opened it up, and we were allowed to look into the casket. From our vantage point, we were able to see into the casket.
Q: Was it – was the casket on the floor?
A: Yes, it was.
Q: Do you recall now who opened the casket?
A: No, I don't.
Q: After the casket was opened, what did you see?
A: I was able to look in, and I saw President

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Kennedy without – completely nude in a plastic bag.
Q: What kind of plastic bag was it?
A: It was a heavy-gauge plastic bag. Plastic – almost like lawn – that people use to put leaves and stuff like that in. But it was see – it was a see-through.
Q: Are you familiar with the term "body bag"?
A: Yes, I am.
Q: What is a body bag in your understanding?
A: Body – body bag is a large bag, with a zipper normally, that remains are placed in. If it's an adult bag or – I assume they have infancy bags. But it's a large bag that you cannot see through.
Q: Was the bag that President Kennedy in a body bag?
A: No, it was not.
Q: Were there any wrappings at all on the body, either on the – sheets on the head, or towels, or –
A: No.

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Q: What was the next thing that you saw happen?
A: We were asked to lift the body - unwrap the body, the plastic. And then we lifted the body. All of us lifted together. And there was two tables in the autopsy room, and we put it - the one furthest from the casket.
Q: Who was it who lifted the body out?
A: The same group of people that brought the body into the room.
Q: That brought the casket in?
A: Right.
Q: Who removed the plastic lining?
A: It was most of the lab technologists, the lab and medical photographer. I might have assisted, also. I can't remember that.
Q: Could you describe -
A: Completely.
Q: Oh, I'm sorry.
A: I could not - I can't remember that completely, to be truthful.
Q: Okay. Could you describe the casket that

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you saw in the hallway?
A: It was a typical military, aluminum casket. Stainless steel or aluminum, whatever. I guess, then it was stainless steel.
Q: Did - What kind of handles did the casket have?
A: Just the normal stainless steel handles.
Q: Would you describe it as a ceremonial casket?
A: No.
Q: Could you describe the appearance of President Kennedy's body the first time you saw it after it was taken out of the plastic bag?
A: Well, I made sure that I looked at his face and - to try to retain every information I could at that time.
And that was just as if he was on TV, talking - from here on down. From the top of his forehead down to his neck - mid-neck, it was exactly like he was on TV, giving one of his speeches.
Q: So, it looked very much like President

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Kennedy?
A: Absolutely.
Q: Did you see any scars or wounds anywhere on his forehead or face?
A: Not on his forehead or his face.
Q: Did you see any wounds at all on his head?
A: Yes, I did.
Q: Could you describe where those wounds were?
A: It was in the temporal parietal region, right side. I could - It was large enough that I could probably put four fingers into it.
Q: Now -
A: Not my whole fist, but four fingers.
Q: And you're putting your fingers up on your head right now?
A: That's correct.
Q: And would it be fair to say that the part - portion of your head that you're touching would be right above the ear?
A: That's correct.
Q: Straight above your ear.

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A: And anterior. Slightly anterior. Slightly forward. As we say in the medical field, anteriorly forward.
Q: Okay.
A: Up anterior. Right here.
Q: Did you have an opportunity at the beginning to see the back of President Kennedy's head?
A: Yes.
Q: Did you see any wounds on the back of his head?
A: No.
Q: Was the scalp intact, as far as you could observe, on the back of his head?
A: Yes.
Q: Did you see any wounds on President Kennedy's throat -
A: Yes, I did.
Q: - in the front?
A: Yes, I did.
Q: Anterior throat. What - Could you describe what you saw?

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A: A large, gaping wound. Approximately seven centimeters in width - in length. Excuse me, in length. And about two centimeters in width.
Q: In addition to that wound, did you see any other wounds on President Kennedy's body?
A: Not at that time.
Q: Did you subsequently see additional wounds?
A: Later, when we lifted him up to put a X-ray plate under his thorax - under his back, I saw a small, gaping wound. Approximately seven millimeters in circumference.
Q: Did you see any other wounds during the course of the autopsy?
A: None.
Q: Was the wound on the anterior neck sutured?
A: No.
Q: Could you describe the general appearance of President Kennedy's hair? That is, is there blood on it? Is it clotty? Is it messy, clean? What would be your description of that?

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

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the fracture. You could see the fissure and the dry blood. But other than –

You know, superficially, I could put maybe two or three fingers in there. But I – It wasn't the kind of wound that you could actually observe into the cranium. I did not see any brain material.

Q: When you say you didn't see any brain material, do you mean that there –

A: Extruding.

Q: You saw no brain –

A: Extruding from the – from the wound itself.

Q: But you don't mean to imply that there was no brain inside the –

A: Right. I do not.

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

I'd like to go back to the point where you have described your – the view that you had when

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

A: We were asked – Jerry Custer and myself were asked to sit in the podium, and wait until – Let me – let me eliminate that last statement. I'm trying to –

We were asked at that time to go back to the main department, the fourth floor – Jerry Custer and myself. We were asked to leave after – You know, after we lifted the body onto the table, we were asked to leave, and go up to the fourth floor, and wait for a telephone call for us to come down.

Q: Do you know why you were asked to go to the fourth floor?

A: Just to be ready to take X-rays.

Q: Okay. Did you at some point get a call saying to come back to the –

A: Yes, we did.

Q: About how long was that?

A: Maybe 15 minutes after that.

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Q: Did you then go immediately back to the morgue?

A: We went – we went down through the hallway. We took the elevator. We went down to the back hallway, passed the military guard – Marine guard, and then into the room.

And then they asked me to take a lateral skull of President Kennedy's head – lateral view of President Kennedy's skull. Side view.

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

A: No.

Q: Who was it who asked you to take the lateral view?

A: It was a combination of Commander Humes, Dr. Ebersole. Those two.

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

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A: None.

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

A: No.

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

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

I suggested at that time that we take a small metallic fragment for magnification purposes, and put it – attach it to the side of the head closest to the film.

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

I set – I did that. Put the – taped it to the back part of the mastoid on the left, and placed the cassette against his left side of his head.

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

And I proceeded to take the portable X-ray machine and place it on his right side, align – align it with the lateral – his skull cross hairs. Align it to the – one inch above and anterior to the skull on his right side.

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

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

I took the – I measured his skull. And we have a chart attached to the side of the machine, and you for centimeter size. And you measure that, and it gives you the kilovoltage,

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which is the penetrating power of the X-ray. And I utilized the technique chart.

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

So, when I – After I measured President Kennedy's head and put the – put all the ingredients into the – you know, final ingredients – all the factors – all the factors into the machine, I increased the kilovoltage 10 – 10 kvs. Ten kilovolts.

The reason for that is because of the loss of radiation because of the two films in the cassettes.

Q: Why did you have two films in the cassette?

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

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manual darkroom on the fourth floor of radiology. There was no darkroom in the morgue on the ground floor. Each film had to be hand-carried up as we proceeded through the whole procedure, and hand-developed upstairs. I mean, if it had to be hand-developed, I had two films in each cassette. I put one film into the M3 processor, and waited five minutes - five or six minutes. It took approximately five minutes. And it came out dry at the other end. At that time, I looked at a view box - put it up to the view box, saw that it was technically satisfactory. The film was technically satisfactory. At that time, I took the other film that was in the cassette, and put it in a film bin in the darkroom. We had three film bins. Not all of them were filled with film. One was empty. The reason it was empty was because during cleaning on Thursday, we took all the films out of the cassettes, and put them into a film bin - an empty film bin, and cleaned all the cassettes. And

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then we took all the film out of the film bin, and put them back in the cassettes. That's why we had an empty film bin. And during the evening, every film that I took - every one of them was perfect. Not one had to be hand-developed. And I stuck every film in the film bin. I did that for - only to - because I didn't want to waste film. It sounds kind of ridiculous, but that's why I did it. Not to waste the film.

Q: There was no exposure on the films that you put in the film -

A: There was - Yeah. Every film we took down in the morgue had - Whenever you use a cassette that - There was two films inside, and there was a image on both films. The latent image. A latent image is a image you can't see. If you took it out and hold it up to the light - in the light, it would be all green. We call that a latent, l-a-t-e-n-t, image. Both films had a latent image on the film from each cassette. But whenever you develop a

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film, that latent image becomes a stationary image - a realistic image that you can see. The chemical reaction occurs, the halo - the chemicals and the crystines - crystals and all that, as they do in normal radiology. Even today, it's still the same principle. Even though it may be a little different technology, the principles are always the same.

Q: What happened to the latent images after you were - after you put them in the film bin?

A: I didn't do anything until the - about 1:00 o'clock in the morning, whenever we were done with the autopsy. Maybe it was earlier than that. Maybe it was around 10:00 o'clock in the evening. I found no need - Because every X-ray was good. So, I - I said, "What am I going to do?" I said to myself, "What am I going to do with these films?" If I'd known then - now what I knew then, I would have kept them for the - for Dr. Brown. But I just turned the light on. I just turned the - flipped the light, took them out of the film

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bin, and threw them into the trash.

Q: So, by putting the light on, does that have an effect -

A: That completely exposes the film. It makes them unusable again. There is still silver on the film, but there is no latent image. The latent image is destroyed as soon as that is hit by white light.

Q: Now, you described, a few moments ago, taking the first lateral image. How many images did you take?

A: Numerically?

Q: Numerically.

A: We took an AP and lateral skull.

Q: That makes two of the skull?

A: That's correct. AP and lateral neck; two of the neck. Then we did a chest X-ray on a 14 by 17, a large film. The other films were 10 by 12 - 10 inches by 12 inches. Now we proceeded to take the larger film, 14 by 17. Now, this time frame is about an hour. We didn't take them all at one time.

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Q: Let's - I would like to get to all of them.

A: Okay.

Q: Those that you took, let's -

A: Let's go through the -

Q: - let's do what you took first.

A: Then we took an AP abdomen, from his nipple line down to his pubic bone.

Q: If you could -

A: That's one.

Q: I'm sorry. If you could hold it.

A: Okay, I'm sorry.

Q: Is this still in the very first round of -

A: No, no. The first round was just the lateral skull.

Q: Just -

A: The lateral skull was the only film I - that I took upstairs and developed it. That was the only film. Then, when I came back down with the film, they said, "Do an AP skull."

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Q: Okay.

A: And I did a AP skull. Then I ran it up the steps again - passed the guards, up the steps, into the darkroom, developed the film. Jerry Custer stayed downstairs on the podium, watching, while I was upstairs developing the film. So, then I went back upstairs, developed the AP skull, ran it down. And then they were - the doctors were - physicians were looking at it. And I was fairly close to them, and they asked me to step back. So, then - There was like a little reading room, just a little alcove. And then they asked me to step back. So, I had to step back about 10, 12 feet.

Q: Why did they ask you to step back?

A: I don't know. I - I think I mentioned maybe in my - You know, it's been a while. But in my - I might have heard something about a conspiracy. The word. Not that they were conspiring themselves, but there might have been mention of a conspiracy.

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And maybe - maybe - Whether I heard that or not, that - maybe that's why they asked me to step back.
Q: Let me make sure that I understand correctly the sequence. The first exposure that you make is a lateral X-ray. You then -
A: Lateral skull.
Q: Lateral skull. And you then take that upstairs -
A: That's correct.
Q: - develop it, bring it back.
A: That's correct.
Q: You're then asked to take an AP skull -
A: After they saw that lateral, then they asked me to do an AP skull. They didn't ask me to do both at the same time.
Q: So, you then took that up, and you came back.
A: That's correct.
Q: What was the next thing that you were asked to do?
A: Lateral cervical spine. Lateral neck.

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Q: And did you then develop that one, or did you -
A: Yes, I did. I ran that back upstairs.
Q: So, this is now three separate trips -
A: That's correct.
Q: - trips for three separate X-rays?
A: That's correct.
Q: Okay. And the next thing that you did?
A: Was a AP cervical spine. AP neck.
Q: Okay.
A: And once again, I ran that upstairs, developed it, and brought it back down.
Q: What was the approximate amount of time between the development - between the exposure of the first lateral X-ray and the fourth cervical - the fourth X-ray, that of the cervical X-ray?
A: About 25 to 28 minutes.
Q: When you took the films up for developing, did you go alone; or was there someone with you?
A: I went alone.
Q: Do you know whether any X-rays were taken while you were not present in the room?

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A: Not that I'm aware of. I'd have to say no, because Mr. Custer was still in the same position when I went up each time.
Q: After the fourth X-ray was taken, what were you then asked to do?
A: Then we were asked to do - to sit in the podium for a short period of time, approximately 20 minutes, while they were just discussing - the doctors were discussing the X-rays. And some of the technologists - the lab technologists were doing what they usually do.
They weren't opening anything up. There was no saws or anything at that time that I was aware of - anything that was going on medically at the time. There were just more discussions.
Then, after 20 minutes - 15, 20 minutes, I was asked to do AP chest - anterior/posterior chest. We call it AP chest. That's where the tube is in front of the patient.
And then a AP abdomen. That's where the tube is in front of the abdomen, the stomach. The abdomen is from the nipple line to the pubic bone.

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And then we did a pelvis X-ray, transversed. Not - The film was not straight up and down. It was transverse - crosswise, so you maintain as much area as possible on the film.
And then - This is - I didn't have to go take any of these films upstairs. I stayed in the morgue. And then I did his humeri, which are - we consider arms. And his forearms.
Q: So, how many X-rays of each arm?
A: One of each. I mean, one of the up - This is arm. This is forearm. From the shoulder to the elbow is arm.
Q: So, two X-rays -
A: One.
Q: - of the right arm -
A: One.
Q: - and two X-rays of the left arm. The whole arm.
A: That's correct.
Q: Okay.
A: What we call the entire upper extremity. Two films of each.

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Q: Okay. So, for President Kennedy's entire arms, there were a total of four X-rays?
A: That's correct.
Q: Okay. And did you take any of the legs, the femurs?
A: Yes, we did. Again, medical terminology. The femur is the thigh. The femur is the thigh. And the leg is actually from the knee to the ankle. That is actually leg. Not from the hip to the ankle.
Q: Okay.
A: I proceeded to take two of the lower extremity, the leg and the thigh. AP, one of each. And then I proceeded to take the left; one of each, the leg and the thigh.
Q: So, there was -
A: And that was the end of the radiographs.
Q: So, then, there were effectively two X-rays of each of President Kennedy's four extremities?
A: That's - Two - one, two, three, four. Eight.

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Q: Right. Did you take any other X-rays?
A: No.
Q: What did you do with these last two, three - I have 11 X-rays?
A: We took them upstairs, and we developed them.
Q: When you say "we", who else went with you?
A: Jerry Custer.
Q: Did you take any X-rays at any subsequent point during the evening?
A: No.
Q: Were you told the purpose for taking any of the X-rays? Let's start with the lateral skull X-ray.
A: No.
Q: For example, were you told that the purpose of the X-ray was diagnostic versus attempting to locate any bullet fragments?
A: No.
Q: Was there anything in the procedures for - Let me withdraw that.
Was there anything that seemed to you to

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be unusual, in terms of the subject matters of the X-rays, or that seemed standard X-rays for an event of this type?

A: With my limitation of this kind of procedure, I'd have to say that I cannot give a truthful answer.

Q: In what way?

A: In –

Q: Why would that be?

A: In other words, this is – Total body X-rays are unusual, as far as I'm concerned. Like, there would be no bullets – I mean, if somebody was shot in the chest, why would you do the hand X-rays?

But I was told – or I was listening to the physicians discuss it. And they said a bullet – possibly, a bullet could go – hit some bone and travel down the length of the arm, or hit the thoracic spine and travel down the length of the spine.

And that's my understanding of why all these X-rays were taken. Normally, this would not

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be done.

Q: So, although you were not told why, it was your understanding that the purpose of taking the body X-rays was to locate a bullet. Would that be fair?

A: Well, from what I overheard in the conversation, yes.

[Discussion off the record.]

BY MR. GUNN:

Q: A few minutes ago, you referred to a metallic fragment that you had put on President Kennedy's skull. Could you explain to me again the purpose for putting that metallic fragment there?

A: For magnification purposes.

Q: Would that mean, it was for the purpose of helping to ensure that the exposure was correct?

A: No. To make sure, if there was any measurements taken, that we had a ratio between the size of the fragments and the film itself.

Q: Okay. Was there any kind of identifying tag that would include something like the autopsy number?

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A: No.

Q: Was that standard practice, not to include some kind of identifying tag or number?

A: Normally, you use your left and right markers on the films. In other words, to maintain what side of the patient – Because your right arm and left arm look the same on a X-ray. So, you should put your marker, right or left, on. Which I assume that I did at that time. That was routine protocol, and –

Now, sometimes it's blackened out. It's only a piece of aluminum, with a "left" or "right" on the film. And we had our initials or number on this left and right marker to identify what technologist took the film.

However, sometimes, because of the amount of radiation we use in the higher kilovoltage, it's burned out. It would take a bright light to see it. It's on there, but you would have to see it.

Now, looking at photographs, you say, "Well, it's not identified." Not so. That identification – if you had the original films in

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your hand and you had a bright light, you could see it.

It's not unusual for radiologists to bright-light a film in the department, to see an area where a rib, or maybe a chest/lung, or whatever. It's darkened, but you may see something. Or he wants to make sure there is nothing in that area.

So, that's why the film – They were marked. Every film was marked. But you needed an intensifying light. And that's why, on a photograph, you can't – really can't see it that well.

Q: Do the markers identify the name of the patient?

A: On a normal situation, it would. In the main department. Now, we were in the morgue. And we didn't identify the films per name.

Expert – Speed was essential at that time. And I would say that the films were not identified. As I remember, I didn't identify the films.

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Q: Were you the person principally responsible for developing each of the X-rays?

A: That's correct.

Q: And were you the person principally responsible for taking each of the X-rays?

A: Yes, I was.

Q: What type of X-ray film was used?

A: Kodak.

Q: Do you remember the name of the Kodak film?

A: At that time, there was only one type of film – X-ray film.

Q: Okay.

A: Compared to 20 different types of films today.

Q: Have you ever seen fingerprints on a developed X-ray that come from the process of developing the film?

A: Yes, I have.

Q: How do the fingerprints get on to the film?

A: Well, the people don't wash their hands,

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or they have oils on their hands. And they take the film out of the cassette, and they have these oils on there. And then they place it into the processor.

And those films are impregnated. Those fingerprints are impregnated into the film base, because it's soft and pliable at that time. And especially with the wetness. That's why your films have to remain – be dry, when handling film.

Q: Is it fairly typical to have fingerprints on, particularly, the edges of the film?

A: No, not if you're a good technologist. You have a towel there, and you – you know. You wash your hands. You make sure they're dry.

Q: Do you recall whether the name of Kodak was on the edge of the film?

A: Yes, it was.

Q: Was that true for both the smaller films that you mentioned, as well as the larger film?

A: That's correct. Yes.

Q: Did you, at any point, see any photographers in the morgue?

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A: Yes, I did. But they didn't have their equipment. There was no equipment at that time with them.
Q: Do you know when the photography was taken?
A: I assumed, after the initial X-rays. I assume, after all the X-rays. Let me cancel that "initial". After all the X-rays.
I was not there when there was any photography taken - any photographs. We were asked to leave after 15 minutes in the beginning. And they could have taken the photographs at that time, but I can't say whether they did or did not.
Q: You're referring to the time that you and Jerrol Custer were upstairs, waiting for the call to come back and take the X-rays?
A: That's - that's correct.
Q: They could have been taken, but you just don't know.
A: Absolutely.
Q: Did you see any tripods, or -
A: Yes, I did.

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Q: - any kinds of ladders?
A: Yes, I did.
Q: What did you see?
A: I saw a tripod when they were setting up for photographs.
Q: And when was it that you saw them setting up for photographs? Again, was that before the first X-ray, or -
A: Yes.
Q: Before the first X-ray?
A: That's correct.
Q: Had you ever seen any of the photographers before?
A: Yes.
Q: Did you know them by name?
A: No. I saw them at the NCO club.
Q: I think - just to clarify - that you said one of the photographers, at least, helped you carry the casket in; is that correct?
A: Yes.
Q: And you don't know what his name was?
A: No, not unless I read - reread the book.

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Q: Okay. You've described the sequence of the taking of the X-ray films. Can you tell me whether there were any incisions that were performed on the body between the time of the first X-ray and the time of the last X-ray that you took?
A: As far as I know, no.
Q: When you brought the last of the X-rays that you had developed back to the morgue, had there been any incisions performed on the body at that time?
A: No.
Q: Were you present during the time of the first incision?
A: Yes.
Q: What was the first incision?
A: The cranium. The scalp, right here.
Q: And can you describe how that procedure -
A: Commander Humes made an incision. After we brought all the X-rays back, we were all allowed to sit up in the podium and observe.
And Commander Humes made an incision - that I could see from my vantage point - an

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incision in the forehead, and brought back the scalp.
Q: Okay.
A: Like this.
Q: And you were making a line first across the top of your forehead, roughly along the hairline -
A: With a scalpel.
Q: - and then pulling the scalp back.
A: That's correct. Just like this.
Q: And were you able to see the size of the wound when the scalp -
A: Not from my - not from where I was, no. The podium was a good 20 feet away.
Q: What else did you observe from where you were with regard to any incisions or operations on the head?
A: Well, after about 20 minutes, Commander Humes took out a saw, and started to cut the forehead with the bone - with the saw. Mechanical saw. Circular, small, mechanical - almost like a cast saw, but it's made -

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Q: Sure.
A: - specifically for bone.
Q: And what did you see next?
A: We were asked to leave at that time. Jerry Custer and myself were asked to leave.
Q: Do you know why you were asked to leave?
A: Because we were - No more assistance - our assistance was not needed. X-rays were done. And someone decided that we weren't needed, and they asked us to leave.
Q: Did you see the brain removed?
A: No.
Q: Did you go back into the morgue at any time that evening?
A: No, I did not.
Q: Did you see any incisions on the chest at all?
A: None.
Q: Did you ever see President Kennedy's body again?
A: No, I did not.
Q: Other than the times that you mentioned

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that you went upstairs to develop the first set of X-rays, were you with Jerrol Custer for the remainder of the evening?
A: At the return - at the completion of all the X-rays?
Q: Yes.
A: Yes.
Q: During the time that you were with Mr. Custer, did you ever see any members of the Kennedy entourage, such as -
A: No.
Q: - Mrs. Kennedy or the Attorney General?
A: No, I did not.
Q: Did Dr. Ebersole know how to take X-rays; do you know?
A: I can't answer that.
Q: Why are you unable to answer that?
A: Most physicians, radiologists or radiation therapists -
He was a radiation therapist. That was his specialty. That's why I had to assist him originally.

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– are not really trained to take radiographs, other than barium enemas and upper GIs. Upper gastric and lower gastric – lower colon. Other than that, they're not trained.

They know what views to take. They know what views to take for them to read the films, but they do not know how to take a radiograph, unless they come up through the ranks.

Q: Did you ever hear of any X-rays that had been taken after a Y incision had been performed on President Kennedy?

A: No.

Q: Later in the evening, did you ever hear about some bone fragments arriving at Bethesda?

A: No.

Q: Did you, yourself, take any X-rays of any skull fragments at Bethesda later that evening?

A: No, I did not.

Q: After you were asked to leave the morgue, which room did you go to – or where at Bethesda?

A: We went to the on-call room on the fourth floor of the main building, in main radiology.

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Q: And did you stay there for the rest of the evening?

A: Yes, I did.

Q: How far is the on-call room from the developing lab?

A: Approximately 50 feet. Fifty or 75 feet.

Q: Would you have known if someone had gone into the developing lab?

A: Absolutely.

Q: Did anyone go into the developing lab –

A: No.

Q: – later that evening?

A: No. Radiology was secured. And there was only four of us in the department at that time. And all four of us were in the room together all night.

Q: Who were the other three?

A: Ron Sherwood, S-h-e-r-w-o-o-d. Last address Pittsburgh, Pennsylvania.

Q: And Jerrol Custer was one, I assume.

A: Jerry Custer.

Q: And you were one.

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A: Yes. And the fourth one, I can't remember his name. He was a student in our program. I could look it up when I get home. I can't remember his name.

Ron Sherwood, I met again afterwards in Naples, Italy. We were stationed together after – This is like after I went to Great Lakes. I went to Italy. It's a coincidence – It's not unusual for you to be – accidentally meet up with people when you've been in the Navy six and a half years. And he was stationed with me at – That's why – Ron Sherwood – I know his name.

But the other gentleman, I can't remember his name. I can see him as well as I can see you, but I cannot remember his name.

Q: Of those people whom you know of as having participated in the autopsy, did you speak with any of them in the 24-hour period after the autopsy was over?

A: No, I did not.

Q: Did you hear any discussion at Bethesda about the autopsy or what happened during the autopsy within the next few weeks?

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A: The only discussion I had was in the morning. At approximately 8:00 o'clock, I was called – all of us were called individually – down to the master at arms on the ground floor in the main atrium.

At that time, we were asked to sign a statement, just to assure that we would not release information, other than under military situation.

Q: I'd like to show you a document marked Exhibit 192, and ask you whether this is the document that you signed – or a photocopy of the document that you signed?

A: That's my signature, and that's the form that I signed.

MR. GUNN: I'd like to take a short break, if we could, for a moment.

THE WITNESS: Sure.

MR. GUNN: I need to talk to Doug.

[Discussion off the record.]

MR. GUNN: Back on the record.

BY MR. GUNN:

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Q: Mr. Reed, you said that you and Mr. Custer went up to the on-call room; is that correct?

A: That's correct.

Q: Did Dr. Ebersole go with you to the on-call room?

A: No.

Q: I would like to show you a document that is marked Exhibit No. 60 for this deposition, which is the testimony of Dr. Ebersole before the House Select Committee on Assassinations.

A: Okay.

Q: And I'd like to ask you some questions about –

A: Sure.

Q: – here about what Dr. Ebersole's reported as having said to the House Select Committee on Assassinations.

A: Sure.

Q: Now, from what I understood, you, at some previous time, had an opportunity to read this transcript; is that correct?

A: Well, briefly. I mean, I surely didn't

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memorize it.

Q: Oh, no. And that's fine.

A: Yeah.

Q: I'm certainly not asking that you – Could you turn to page three of the transcript, please? Could you look at the paragraph beginning on line seven, going down through line 13? Just read that to yourself for a moment, please.

A: [Examining document.]

Q: Tell me when you've had an opportunity to finish the paragraph.

A: I just want – I'm going to read it one more time.

Q: Sure.

A: [Examining document.] I read it.

Q: Do you see the portion in line seven and eight, where he refers to carrying the cassettes containing the X-rays?

A: That's – Yes.

Q: Did he do that?

A: No.

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

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

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

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were contacted?
A: Well, we had a discussion. Maybe 15, 20 minutes discussion.
Q: Was this on the telephone, or in person?
A: It was on the telephone.
Q: Do you recall, by any chance, who the person was?
A: No, I don't.
Q: What do you recall - And I understand this is a while ago.
A: Right. Right.
Q: So, there's no presumption of what you remember.
A: Sure.
Q: But what do you recall about that conversation?
A: Oh, gees. My wife was pregnant at the time. What year was that, again? '78?
Q: 1978.
A: My wife was pregnant with our second child at that time, and I know she was very anxious about this whole thing.

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

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terminology.
I think you were trying to say about occiput in my understanding -
Q: Right now, it's just -
A: Oh, okay.
Q: - a question if you remember what you said to -
A: Okay. I don't remember. I don't remember.
Q: Okay.
A: It's all general statements.
Q: Okay. Could you take a moment to read now Exhibit No. 194 -
A: Sure.
Q: - which you previously have stated that you have not seen previously.
A: Okay. [Examining document.] I read it entirely.
Q: In Exhibit No. 194, Mr. Flannigan reports you as having identified the wound in the head in the occipital region. Is it your best understanding now that you said "occipital region"

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

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A: It's more - it's more anterior than occipital. If a - It's such a small part of the occipital bone, that it's an overlap. See - see this? Right here. When I say I originally saw the wound -
The occiput is down here. Okay? But a little bit of the occiput protrudes into my fist right now, and the parietal and the temporal bone. It's like a - it's a area that encompasses other areas.
Q: Sure. I understand what you're saying. Although, both Dr. Ebersole and yourself referred to that in 1978 as occipital, and neither of you referred to it as parietal or temporal.
A: Well -
Q: Isn't that correct?
A: Yes.
Q: Was the wound principally occipital, extending into parietal and temporal?
A: Yes. I'll -
Q: But principally occipital?
A: I'll say - I'd say you could use that

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

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

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that.
Q: Okay. In the second to last paragraph on page two of the Flannigan report -
A: Okay.
Q: - it refers to searching for a bullet.
A: I read that. I read that previously, when you first handed it to me.
Q: In the very first sentence of that statement, does that refresh your recollection as to whether you heard a discussion about searching for a bullet?
A: "Reed stated that the pathologists searched for the bullet that entered the upper back in the femur and lower abdomen." This is -
Q: It's poorly worded.
A: It's poorly worded. Comma "that entered the upper back" comma - eliminate "in" - "the femur" comma "and lower abdomen."
But there was no bullet. This statement, it was not - I will not say I made this statement.
Q: What I understand Mr. Flannigan to be

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saying is that there was a bullet that entered the upper back, and that it was searched for in the femur and lower abdomen.
A: I'll agree with that.
Q: Did you hear doctors discussing the possibility of a bullet entering the upper back and then going into the femur or lower abdomen, during the night of the autopsy?
A: Not the way you've word - not the way you worded it.
Q: Okay. Did you hear them discussing where the bullet -
A: That the -
Q: - where the bullet went?
A: The bullet could travel in any track, in any way.
Q: Did you see any of the autopsy doctors using a probe in the body to help identify the entrance or trajectory of the bullet?
A: I have read so many articles that said they did do it, that I really can't say that I actually saw that. I will have to say no.

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

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MR. GUNN: – from the inventory.
THE WITNESS: The piece of metal that we put on the side of his head – here it is, right here.
BY MR. GUNN:
Q: You are looking at the autopsy X-ray No. 1?
A: Right.
Q: And you are seeing a metal thing right down by what would be the left jaw, but on the right side of the –
A: This is the marker that we pasted on the side for magnification purposes.
Q: And can you read anything on that marker?
A: Here is our marker here. Do you see this left marker? This is the left side. Here is your left marker.
Q: What I need you to do is to make sure this is clear on the record. When you say "here" –
A: I'm sorry.
Q: – you need to describe where that is.
A: Okay.

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Q: Let's start with what you have described as a marker down by the left jaw. Again, the marker here is up on the right side of the film in looking at it. Can you describe what that marker is, please?
A: This marker is a piece of aluminum with a small hole in the middle, in the distal third. As soon as I saw that, I recognized that is the piece of metal that I put on the left side of President Kennedy's skull. Actually, on the left side of his mandible.
Q: And that was to help you measure the proportions of the skull?
A: That's correct. For magnification purposes.
Q: Now, you have referred to another – what I believe you called a marker. That is over on the right side, written at an angle; correct?
A: That is correct. I could not see this on the photographs. And when I was questioned whether I marked or not, I doubted myself. But this is the correct marker. This is the type of marker that we used at this time.
Q: Can you read what that marker says? Now, this is the second marker that we are talking about. Those appear to be numbers and letters; correct?
A: Yes. Let me turn this over, so I can visualize it better. This is the correct way of reading it.
Here is the date, 11/22/63.
Q: And to the left of the date 11/22/63, what is that? It looks to me as if it is an upside down F. Does it look that way to you?
A: It does.
Q: Do you know what that would signify?
A: No, other than it shouldn't have been there. It probably was underneath. We had these sliding in little metal tracks at that time. In rushing, we might have put –
November 22nd is the date. But what that F is, I can't explain. And this 21296 – it could be a 9 or an 8 – is a number that we just arbitrarily give to the next patient who arrives.

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Q: It looks as if the numbers you just described are cut off at the bottom.
A: Yes.
Q: Is that typical?
A: Yes. It is called "sloppiness".
Q: Okay.
A: And here is a left marker, right here. If we had a bright light, we could highlight this area and possibly see some initials.
Q: You are referring to the numbers along the edge of the film now; is that right?
A: That is correct. It is an aluminum marker, slightly lead impregnated, so you can visualize what side you are taking this on. If you turn this the other way, it looks the same – both right and left.
It is the skull. But which side of the skull did we X-ray? We X-rayed the left side of this patient. The left side.
And this is the right side of the patient here, the opposite side. And these are the metallic fragments I saw originally. These are the

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real original films.
Q: Now, can you recall right now what size you described the film as being?
A: Ten by 12.
Q: Mr. Reed, are you able to identify the X-ray in front of you as being an X-ray that you took and developed on the night of the autopsy?
A: Yes, I can.
Q: Can you look at the markings that are down towards the bottom? This is right underneath the chin. Tell me what that signifies.
A: That is the type of screen that we utilized. It is not associated with the film itself.
Q: When you say "screen", what are you referring to?
A: The screen is what – X-ray activates the screen, and the screen gives off a white light. X-ray film is affected by white light.
Q: Can you read what that says?
A: I will have to turn it over. "Ratelan."
This was illuminized. That is the type of screen

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that we used in the early '60s - in the 1960s.
Q: Are you able to identify any Kodak film markings?
A: Not without using intensifying light. No, I cannot.
Q: Okay. Can you go back and look at it once again, from the left on the screen to the right on the body? There is a semi-circular white dot there. Do you see that?
A: Yes, I do.
Q: Do you recall seeing that on the night of the autopsy?
A: Yes, I did.
Q: What was your understanding of what that was?
A: That is a metallic fragment from the bullet.
Q: Did you see that metallic fragment removed from the body?
A: No, I did not.
Q: Is there anything else on the X-ray that appears either different from what you observed on

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the night of the autopsy -
A: No, there is not.
Q: There is no doubt in your mind that this is the authentic X-ray that you took on the night of the autopsy?
A: This is the authentic X-ray taken that evening.
Q: If you will notice, towards the left of the X-ray to the right of the body -
A: Right.
Q: - it seems to be warped a little bit. Do you know what that is?
A: Do you mean where it is separated here? Yes, it is warped.
Q: It appears to be possibly heat damaged.
A: Yes, it is. That is what it is.
Q: And do you see where there is a marking where I'm pointing right here, where it seems as though a piece of the film -
A: Yes, the film - That is not metallic. That is just an artifact, what we call an artifact. Somebody dropping something on there. It could

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

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

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Q: If you recall, in the first X-ray that you looked at, we discussed a semi-circular item that looked -
A: The artifact?
Q: No, not the artifact. I think you identified it as a bullet fragment.
Are you able to identify that bullet fragment in the lateral view?
A: Yes, I can.
Q: Where is that?
A: In the frontal lobe of the skull.
Q: And you are pointing to -
A: The front. Right above the supraorbital rim of this right occiput - of his right orbit.
Q: You don't mean "occiput" -
A: No, scratch that. Of the orbit. Supraorbital rim. It is right impregnated in there.
Q: And, once again, you did not see that removed during the -
A: No, I did not.
Q: - the autopsy?

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There appears to be some white fragments that go along the top of the skull.
A: Yes.
Q: Do you see those?
A: Yes, I do.
Q: Are you able to identify whether those are artifacts, or whether those were present on the night of the autopsy?
A: They were present in the same area that evening.
Q: Did you have an understanding as to what those white fragments represent?
A: Yes, I did.
Q: What was that?
A: Metallic fragments from a bullet.
Q: I would like to draw your attention to what appears to be two lines; one going vertically, and one going horizontally. Do you see those two lines?
A: Yes, I do.
Q: Do you know what those are?
A: Yes, I do.

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

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from the roller, like I said, when it was inserted into the processor.
This line up here –
Q: The one going vertically?
A: The one going at a 45-degree angle. This acute angle here. I would say that possibly could have been made by someone else. Because when the photograph is made of it after, then that would darken it. There are a lot of physics involved here.
I think that line here was made from a roller. But you need a more intensifying light to see the background – of this background area here. That could solve some of these questions.
MR. GUNN: Okay. Could we now go to View No. 3, please?

BY MR. GUNN:

Q: Mr. Reed, let me start out with the same first question. Is this an image that was taken by you on the night of the autopsy, and then subsequently developed by you?
A: Yes.

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

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

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So, when I see all the rest of the films, it would help –
Q: Okay.
A: – how many films we took originally.
Q: Do you see the light markings down –
A: Yes.
Q: – near the mandible?
A: Again, that's fingerprints. That's fingerprints from either me or whoever developed that film. And I developed the film, so it's probably my fingerprint.
Q: Are you able to determine, based upon your training, what the dark spot – dark area is that appears –
A: This?
Q: – near the forehead?
A: Can I –
Q: Sure.
A: This is the sinuses – where there were sinuses, but a lot of this was blown out. And this is the less dense area – the surrounding area, this is bone overlapping bone. And this is –

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Q: Now you're pointing to the left, and not to the dark spot; is that right?
A: The dark spot – Yes. The dark spot that I'm pointing to right now is a less dense area. There's hardly any bone there. And there's only one side intact.
Whereas here, posteriorly, where I'm pointing to now is – the white area – is where the bones overlap.
Q: And the dark spot is the area that you would call the frontal bone; is that correct?
A: That's more of a parietal temporal – parietal temporal bone.
Q: Okay.
A: Right here.
Q: Okay.
A: The frontal bone is intact here. And maybe – maybe five percent of the frontal bone is involved, and maybe five percent of the occiput. So, it's mostly parietal temporal.
The parietal bone is up in here. This is the temporal bone. This is the parietal bone up in

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here.
So, it really incorporates the majority -
Eighty percent parietal temporal, five percent
frontal, and five percent occipital.
Q: Do you remember in the first X-ray that
you looked at, we identified a semi-circular object
that you identified as a bullet fragment?
A: Yes.
Q: Can you identify that fragment on X-ray
No. 3?
A: Yes. It's anterior again. It's right
there.
Q: Can you explain why it does not appear as
bright on X-ray No. 3 as on X-ray No. 1?
A: No, I can't.
Q: Should it be just as bright -
A: I mean, I really - It should be.
Q: - though smaller?
A: It should be. It should be. It should
be. That could be bone fragment, but - It looks
more white than metallic on the other X-ray.
Q: On the first one.

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

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

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

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Unless it's teeth.
Q: It's not your dog tag?
A: No. I wish it was, you know.
Now, you gentlemen are going to give me
one of these; right - when I'm done here?
MR. GUNN: Okay. Could we move to X-ray
No. 4, please?
THE WITNESS: Now, this - What the heck
is this? Oh, this is - Now, this is
supposedly -
MR. GUNN: Wait, wait. If you wait just a
second.
THE WITNESS: Okay.
MR. GUNN: Let me try asking the question.
THE WITNESS: All right.
BY MR. GUNN:
Q: Have you ever previously seen the X-ray
that is No. 4?
A: No, I did not.
Q: Did you take this X-ray yourself?
A: No.
Q: Are you able to identify any markings on

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

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

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

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

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

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

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any similar metal fragments in the abdominal X-ray?
A: Yes. This one is probably not. It's external.
Q: Now, you're showing one that appears to be to the –
A: Outside.
Q: Outside the body?
A: Yes. But the other ones – Again, remember when we were talking before, less dense and more dense? These are less dense, but these are in – in the body. There's one there. There's about 12 minute particles.
This one is – these are probably not here, because they're – This is a scratch on the left – left side of the patient.
Q: Near which rib?
A: The eighth rib. The eight anterior rib. There's a scratch, but that is not metal. It's in the –
Q: So, it's an artifact?
A: It's a artifact. And some of these other on the left side are, again, artifacts.

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

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

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

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

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

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

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

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

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the opposite side, the humerus. But, again, there's no lung markings in here.

BY MR. GUNN:

Q: So, it would be your assumption that this - that X-ray No. 10 was taken after, at least, some of the -
A: Right.
Q: - internal organs had been removed?
A: Right. Right, exactly.
Q: Do you see any other markings on this?
A: I can't, because they're either obscured, because they're out here in the area where it gets full radiation, or there was no markers put on. But -
Q: Now, on X-ray No. 9, the one - the previous one that you looked at, there were markings, and you were able to identify that as being clearly one taken by yourself.
A: Right.
Q: Are you able to identify this one as one that was taken by yourself?
A: I - I know it's in the exact position I

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

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in the dark area. But there's no lung markings in this one.
MR. GUNN: Okay. Could we go to No. 11, please?

BY MR. GUNN:

Q: Do you see any markings on No. 11?
A: I don't see the bowel that was in here before or the lung markings. So, this one had to be taken afterwards, also.
Q: Do you see any other identifiers?
A: I don't see my markers on here. But it's positioned transverse. I wish - you know, again, it would be nice to see markers. I mean, there's no markers. I don't see any markers out there.
Q: Based upon what you've said thus far, it appears to me that there are identifying markers on those films where the organs are present. The markings are not, at least, visible with this particular light on those where the organs have been removed.
A: I agree.
Q: Are you certain that you had markings on

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all of the films that you took?
A: I can't - I can't say yes or no. You would think I would. But, again, when you're rushed and you're trying to make films in a hurry, you make mistakes.
MR. GUNN: All right. Could we look at No. 12, please?
THE WITNESS: Again, here's my marker. Here's that X-3. This is the number X-3 cassette. And here's the - the films. Now, I thought I individually took the films of the right and left femur. And I did it on one film.
But, again, until I saw this - I did it on one film.

BY MR. GUNN:

Q: Does -
A: Both legs.
Q: Does the signifier X-plus-a-number tell you anything about how many X-rays were taken in one series?
A: No, that's just the cassette. That's the cassette identification again.

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And here's our marker again, with that jagged marker again - with the L. And this is his left side, and this is his right side.

But I do remember putting that film underneath. We had to lift him up physically and put the film underneath him, to get both - You know, there was not many - there was two or three of us lifting, and he was dead weight. I mean, you know, heavy. And -

Yeah, I remember taking this film specifically.

MR. GUNN: Can we now see No. 13, please?

THE WITNESS: And here's the pelvis that I said I took. And once again, here's our jagged marker, jagged edges, identifying number with identifying -

Here's a little panne peak in his - He might have had a myelogram. The myelogram is a study of the spinal canal. And now that - see, that's less dense than the metallic fragments. He might have had a myelogram. I think - I'm not sure if he did. But that could be panne peak in

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the very -

And here's the left hip, right hip.

Q: Are you -

A: I took this film.

Q: Are you able to determine whether any of the internal organs had been removed?

A: They're all there. The small bowel is there. The small bowel is there, and the colon, rectum. There's feces and everything in the rectum.

Q: So, once again, for all of those where the internal organs are still present, there is the identifying marker.

A: That's correct.

Q: But those where the internal organs have been removed -

A: Yes.

Q: - there is no identifying marker.

A: Yeah.

MR. GUNN: Okay. Could we look at No. 14, please?

THE WITNESS: Here's, again, the cassette

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identification again. It looks like A-34, or something scribbled A-34.

BY MR. GUNN:

Q: Okay. And you're still saying this about -

A: That's the screen.

Q: - No. 13? That's on No. -

A: That's the screen. Right.

Q: And this - This is on X-ray No. 13?

A: That's correct.

Q: Okay.

A: Now, this is a lower pelvis, to include the hips. And here's our right marker. Again, it's a very poor cutout of the right - of the right identification with the proper number, and logo, and date on it.

And it's the same person. You can tell by the penis. He wasn't circumcised, I don't think. And the markings on it, and so on.

And there's also - this is the gas and everything in the - There's nothing removed at that time from this X-ray.

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Q: So, once again, consistently from what we have observed, those where internal organs have been removed did not have the -

A: Right. Right.

Q: - numerical identifier.

A: That's correct. That's correct.

Q: And those that do have the organs, do have the identifier.

A: That's correct.

Q: In addition to those 14 films that we have seen, do you remember taking any additional X-rays?

A: I thought I took his forearms and his legs. But, again, I knew I didn't take his - I remember recalling not taking his hands and feet. That's the only X-ray I can actually say - I know I didn't take his hands and feet. But I thought I took his legs and his forearms, but I probably didn't.

Q: Okay.

A: That was - At least, that was a little confusing to me with the - with the organs and not the organs, but - Maybe I'll wake up some night

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screaming, and recall.

MR. GUNN: Off the record.

[Discussion off the record.]

BY MR. GUNN:

Q: Just by means of recapitulation, is it correct, Mr. Reed, that you have never previously seen original autopsy photographs from the Kennedy autopsy? Is that correct?

A: That's correct.

Q: Could you tell me whether the view that you're seeing right now -

MR. GUNN: Which I'll identify for the record as being Color Positive No. 26.

BY MR. GUNN:

Q: - as appearing - is consistent with your recollections from the autopsy of President Kennedy?

A: No.

Q: In what way is that different?

A: This flap here.

Q: You're referring to the portion just above the -

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A: Just above the ear. This flap seems to be projected outwards, and I don't remember that - recall that being like that.

And as far as this area here -

Q: You're referring to -

A: - from the brain, the brain itself was not exposed that much.

Q: So, whereas it appears there that brain tissue is extruding from the wound, that's not consistent with what you recall seeing?

A: No.

MR. GUNN: Could we look at No. 6, please? I'm sorry - No. 42 or 43.

For the record, that view is described as "wound of entrance in right posterior occipital region".

BY MR. GUNN:

Q: Mr. Reed, is that photograph consistent with what you viewed during the autopsy of President Kennedy?

A: No, it's not.

Q: In what way is that different?

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

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No. 3, Color Nos. 32, 33, 34, 35, 36, or 37?
Which is identified in the 1966 Inspection as "superior view of head".
BY MR. GUNN:
Q: Mr. Reed, is that view of President Kennedy consistent with what you saw the night of the autopsy?
A: No.
Q: In what way is it different?
A: It's more gaping, more open.
Q: That is, the photograph is more open, or what you observed -
A: The wound. The wound is more open, more gaping than I observed.
Q: So, the photo - with the photograph, the wound appears to be larger than what you observed on the night of the autopsy?
A: That's correct.
Q: Is there any question in your mind whether that is, in fact, a photograph of President Kennedy on the night of the autopsy?
A: That's a photograph of President Kennedy

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

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

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A: Yes.
MR. GUNN: Okay. I think that's sufficient for the photos.
[Discussion off the record.]
MR. GUNN: I have just a few more questions for you, Mr. Reed -
THE WITNESS: Surely.
MR. GUNN: - and then make sure you get some lunch.
THE WITNESS: I'm in no rush.
BY MR. GUNN:
Q: During the time that you were in the morgue, did you see anybody taking notes?
A: No.
Q: Did you see any other type of record being created, such as a tape recording, or film, or anything else, other than what you've described?
A: No.
Q: Did you ever hear of anyone taking notes, or making drawings, or anything of that sort?
A: During the autopsy?
Q: During the autopsy.

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

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And then they might have had me come back later on and then do the abdomen, and the pelvis, and the legs. That's why they're missing lung markings. Because those definitely are X-rays that I took.

Now, as far as those markings on the ones that weren't seen - again, if we bright-lit them with a high intensify, you might see them out there.

Q: Okay.

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

Q: Sure.

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

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

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

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

Other than that, I want to thank you gentlemen.

MR. GUNN: Okay. Thank you very much. Appreciate it.

THE WITNESS: Okay.

MR. HORNE: Thanks.

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

[Signature not waived.]

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