THIS FORM TO BE MADE IN TRIPLICATE

STATE OF GEORGIA DEPARTMENT OF PUBLIC SAFETY CRIME LABORATORY

AND THE PROPERTY OF THE PROPER

GEORGIA BUREAU OF INVESTIGATION
BOX 1456, ATLANTA, GEORGIA



RECORD OF MEDICAL EXAMINER

	Augusta	RECOR			Richmor	nd 70	55604
		Widener		COUNIT	7 a.m.,	5	/12/70
NOTIFIED BY.		Officer R.	W. Bel	.l and Corp	oral Trout	ATE	
OFFICERS AS	ssigned to case C	ity of Augus	ta Poli	ce Dept.			
							5 <u>1811</u> weight_155_
							· · · · · · · · · · · · · · · · · · ·
TIME OF DEA	TH: HOUR 4:13	em DATE 5/	12/70 of May	PLACE OF DE	ATH DOA - Univ	ersity	Hospital
MANNER OF	DEATH: HOMICIDE	JUSTIFIAE	LE	ACCIDENTAL	SUICIDE .		NATURAL
TIME OF?	M, DATE	5/12/70	PLACE	opicked up	at 15th S	treet 8	Tobias Cour
METHOD OF_	shot dur	ing race rio	t		<u>.,,,,,,,,,,,,,,</u>		
BODY REMOV	ED FROM 15th	Street & To	bias Co	urt REMO	VED BY Peopl	es Ambı	lance
		May 12,					
		oples Funer					
		Coroner Wi					
	Dr.	Larry Howa	rd and	Or. Irvine	Phinixy.		
	AUTOPSY				·		

ATE AUTOPS	ED: HOUR	M. DATE 5/15	/70	PERFORMED	Dr. La	rry H _{ow}	ard
CCUSED	Unknov	m.		and the second s	···		
NOTE: A COP	Y OF THIS RECORD	SHALL BE SENT TO:					
SOLICIT	TOR GENERAL					· —	
CORON	X X						
- "							
AUSE OF DE		nd wound in					

				- 			
VIDENCE SUE	BMITTED TO LABOR	ATORY			·		

	DO NOT FILL IN	THIS PART OF FORM					
	IFOR CRIME LA	BORATORY USE ONLY					
ATE		23 Supt	<u>7</u>	DATE	Ju	ne_23_	10 _ 7.0
	Marina	A May s	IN		sund	Phin	
PROVED	Gurry,	LABORATORY	vig_	SIGNED			м. b.
erRito.	/			I	-		
	c. located	just below the	nasion	and measures	1 inch in d	iameter.	
,							
	a. vertical	, located just	below t	ne right out	er canthus a	nd measu	res & inch
height a	and 🖟 inch i	n length.					
		1					
D	O NOT FILL IN THE			,			
	IFOR CRIME LABORA	HORT MAE ONLY!		DATE			_ 10
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	ILAE	ICRATORYI			INFRIUVED PA	(UPFOOIBL)	

(USE ADDITIONAL SHEETS IF NECESSARY)

THIS FORM TO BE MADE IN TRIPLICATE

STATE OF GEORGIA DEPARTMENT OF PUBLIC SAFETY CRIME LABORATORY

TO THE CONTRACTOR OF THE PROPERTY OF THE PROPE

GEORGIA BUREAU OF INVESTIGATION
BOX 1456. ATLANTA. GEORGIA



RECORD OF MEDICAL EXAMINER

CASE #70-5604

Assemble and the	• • • • • • • • • • • • • • • • • • •
	countyRichmond
NOTIFIED BY COTONET Nathan F. Widener	HOUR 10:00 P. M. DATE May 14, 1970
OFFICERS ASSIGNED TO CASE	
	AGE 28 SEX M RACE C HEIGHT 518"WEIGHT
RESIDENCE OF DECEASED 1638 Bleckley Street	, Augusta, Georgia
TIME OF DEATH: HOUR 4:13 Am. DATE May 12,	1970 PLACE OF DEATH DOA University Hospital
MANNER OF DEATH: HOMICIDEJUSTIFIABLE_	7 ACCIDENTAL SUICIDE NATURAL
TIME OFM. DATE	PLACE OF
METHOD OF.	
BODY REMOVED FROM University Hospital	REMOVED BY Norman White
DATE RECEIVED AT FUNERAL HOME: May 12, 19	70 HOUR 4:50 A. M.
NAME OF FUNERAL HOME Peoples Funeral Home	ome
AUTOPSY AUTHORIZED BY Coroner Nathan F.	Widener
PRESENT AT AUTOPSY Coroner Nathan F. Wide	ener, Dr. J. Byron Dawson, D. L. Branch, GBI, C.
BODY IDENTIFIED BY great toe tag	Herndon, GBI
PHOTOGRAPHS BY Dr. J. Byron Dawson	
DATE AUTOPSIED: HOUR 4:00 P.M. DATE MAY 15.	, 1970 PERFORMED BY Larry B. Howard, Ph. D.
ACCUEED	
CAUSE OF DEATH EXBANGUINATION SECOND	dary to missle wou ⁿ d to heart
EVIDENCE SUBMITTED TO LABORATORY	
DO NOT FILL IN THIS PART OF FORM (FOR GRIME LABORATORY USE ONLY)	
DATE 29 May APPROVED LANGUAGE LABORATORY	of SIGNED Jamy & Joward
	sion and measures \frac{1}{2} inch in diameter.
d. vertical, located just bel	low the right outer canthus and measures 2 inch
height and $\frac{1}{4}$ inch in length.	
DO NOT FILL IN THIS PART OF FORM (FOR CRIME LABORATORY USE ONLY)	
	DATE
19	,
VED(LABORATORY)	SIGNED (APPROVED PATHOLOGIST) M

(USE ADDITIONAL SHEETS IF NECESSARY)

FORM C. L. 2

THIS FORM TO BE MADE IN TRIPLICATE

FORMS C. L. 1 AND C. L. 2 MUST BE COMPLETED ON ALL CASES.

STATE OF GEORGIA DEPARTMENT OF PUBLIC SAFETY CRIME LABORATORY





AUTOPSY OR REPOR	RT OF EXAMINATION OF BODY \ CASE #70-56
NAME OF DECEASED John Bennett	
DATE OF DEATH: MONTH NAV DAY 12 19 70	COUNTY WHERE DEATH OCCURED. Richmond / Williams
EXTERNAL EXAMINATION OF BODY	
This body is identified by a righ	t great toe tag as John Bennett, further identifie
as body No. 4.	· · · · · · · · · · · · · · · · · · ·
This is the body of a moderately	nourished, moderately developed, young colored
male showing embalming incisions in the	abdomen and over the right femoral and right
axillary areas.	
Bullet wounds:	
1. There is a bullet wound of	f entry in the left side of the back located 17
inches below the top of the head and 2	3/4 inches to the left of the midline. This
wound measures approximately 3/8 inches	in diameter.
2. This wound tract is locate	ed 19 inches below the top of the head in the
posterior lateral surface of the upper 1	right arm and consists of an entrance-exit com-
bination separated by a distance of 3/4	inch inclined slightly downward assuming that the
posterior wound is an entrance wound.	The posterior wound is round and measures 3/8
inches in diameter. The more anterior v	yound tends to be horizontal and also shows con-
tusion ard abrasinn and is 3/8 inch in 1 anterior wound appears to be the exit wo	length but only 3/16 inch in height. The more ound.
3. This wound is $16\frac{1}{2}$ inches b	pelow the top of the head just to the left of the
anterior midline, tends to be somewhat v	vertical and measures 5/8 inches in length and
approximately 3/16 inch in width. Margi	ns of this wound appear to be abraded.
The face shows numerous abrasions:	77 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a. Near horizontal abrasion w	bich appears to have been inflicted vertically
just below the hairline with the medial	aspect at the midline extending left laterally
$1\frac{1}{4}$ inches, 3/8 inch in height.	
b. located to the right of the	e midline is $\frac{1}{2}$ inch in length and $1/8$ inch in
height.	
c. located just below the nasi	lon and measures ½ inch in diameter.
	w the right outer canthus and measures 2 inch
n height and $\frac{1}{4}$ inch in length.	
DO NOT FILL IN THIS PART OF FORM (FOR CRIME LABORATORY USE ONLY)	
E19	DATE
OVED	SIGNEDM. D.

(USE ADDITIONAL SHEETS IF NECESSARY)

FORM C. L. 2

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STATE OF GEORGIA DEPARTMENT OF PUBLIC SAFETY CRIME LABORATORY

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GEORGIA BUREAU OF INVESTIGATION BOX 1456, ATLANTA, GEORGIA



Page #2

CASE #70-5604

AUTOPSY OR REPORT OF EXAMINATION OF BODY

John Bennett NAME OF DECEASED_ DAY 19 70 COUNTY WHERE PEATH OCCURED Richmond May DATE OF DEATH: MONTH. e. abrasion almost completely limited to the cutaneous medial aspect of the lower lip, approximately li inches in diameter. f. is located over the left supraorbital ridge 3/4 inch in length and i inch in height, 1 inch above the nasion. g. fills the left outer canthus and is 3/4 inch in diameter. Subject has a beard. Eyes, nose, mouth and ears are not remarkable. INTERNAL EXAMINATION OF BODY Head: The scalp is reflected anteriorly and posteriorly. There is minimal contusion over the left; supraorbital ridge. The scalp is otherwise free of traumatic injury. The calvarium is removed. Brain is not remarkable. Chest and Abdominal Cavities: The chest and abdominal cavities are opened with the usual Y incision and sternal reflection. Bone spicules are pushed outward anterior to the sternum and hematoma is quite extensive. Periosteum, however, is split on the inner aspect. The sternum is closely examined. There are numerous small linear vertical fractures around the bullet wound on the anterior surface of the cartilagenous part of the fourth rib only. In addition the broken end can be displaced anteriorly with slight pressure whereas it will not displace posteriorly. Based on this, the wound in the chest is an exit wound. There is tremendous hemopericardium with a small hole measuring $\frac{1}{4}$ inch in the posterior portion of the left ventricle and a large tear measuring 3/4 inch in length on the anterior portion of the right ventricle. Abdominal cavity is free of trauma. The bronchial tree is full of clotted blood. The wound tract enters the body between the 7th and 8th ribs just nicking the inferior aspect of the 7th rib, enters the right lung and passes medially through the heart and into the sternum. No bone fragments are present along the tract posteriorly because the missle passed between two ribs. PO NOT FILL IN THIS PART OF FORM

SHEETS IF NECESSARY)