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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Edward F. 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. 197 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
does this 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

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: This is a statement that I made for another
X-ray article which was done in the first 24 hours
of President Kennedy's assassination.

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Exhibit No. 200, and ask you whether you have seen
that before?

A: Yes, I have.
A: Yes, I 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 didn't.

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.

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: No.

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?

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.

Q: What would you 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 Jerrold Custer?


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 assassination and included was a photograph of me walking through the hallway that evening, taken by a free-lance photographer.

A: Okay.

Q: What was the advice that you were given?

A: Tell the truth.

Q: Exhibits Nos. 199 and 200?

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 -
A: No.
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?
A: I can't recollect his name, but he was the supervisor in charge of the floor.
Q: Okay.
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.
A: I can't recollect his name, but he was the supervisor in charge of the floor.
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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 the 25 Navy corpsmen 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?

A: I was at Bethesda for one year. The end room by the elevator - I guess, it was the supervisor's. That was the supervisor. I was not. 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 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. He 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. I'm not sure exactly everything that will occur, but just be prepared, in general. And take a portable down to the morgue.
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. Let me - No, I'm sorry. We did not use 220 current. We did use 110 current and 220 current, all through the adaptor.
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 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, the platform.
Q: Did you go out to the platform?
A: No, just to the hallway.
Q: -- 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 did not 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.
Q: - or in the morgue? Who was bringing -
A: It was the - it was on the ground.
Q: - Was it -
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 -
Q: Someone opened the casket. I forget who exactly.
A: 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 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 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-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.
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 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 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 of your head that you’re touching would be right above the ear?
A: That’s correct.
Q: Straight above your ear.

Q: And you’re putting your fingers up on your portion of your head that you’re touching would
A: That’s correct.
Q: Okay.

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: Okay.
Q: – in the front?
A: Yes, I did.
Q: Anterior throat. What – Could you describe what you saw?

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: Yes.
Q: Was the wound on the anterior neck sundered?
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?
Q: What would be your description of that?
Q: Did you notice any difference in the Ikposition you observed?
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.

Q: 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.
A: Yes.

And I proceeded to take the portable X-ray machine and place it on his right side, 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 come 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.

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?
A: No.

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
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.
Q: Then when I came back down with the film.
A: Let's do all of them.
A: Do an AP skull.

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 larger film, 14 by 17.

There was no darkroom in the morgue on the
ground floor. Each film had to be hand-carried
upstairs. I mean, if it had to be
hand-developed. And I stuck every 5
in one of them. Not one had
the film bin. That was
Okay, I'm sorry.
Q: I'm sorry. If you could hold it.
A: Okay. I'm sorry.
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.
Q: Then when I came back down with the film.
A: Do an AP skull.

A: The lateral skull was the only film I -
that I took upstairs and developed it. That was
the only film.
Q: Do you take?
A: 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.
Q: Then when I came back down with the film.
A: Do an AP skull.
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?

Q: Okay. So, for President Kennedy’s entire upper extremity. And then we did a pelvis X-ray, transferring. Not – The film was not straight up and down. It was transverse – crosswise, so you maintain as much area as possible on the film.
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: No.
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.
A: Was there anything that seemed to you to
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?

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 an 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 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.

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, 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 a film? 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 films?

A: That's correct. Yes.

Q: Did you, at any point, see any photographers in the morgue?
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[1] A: Yes, I did. But they didn't have their equipment. There was no equipment at that time with them.
[2] Q: Do you know when the photography was taken?
[3] 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.
[4] Q: I was not there when there was any photography taken - any photographs. We were asked to leave after 15 minutes in the beginning.
[5] A: And they could have taken the photographs at that time, but I can't say whether they did or did not.
[6] 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?
[8] Q: They could have been taken, but you just don't know.
[10] Q: Did you see any tripods, or -

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[1] Q: - any kinds of ladders?
[3] Q: What did you see?
[4] A: I saw a tripod when they were setting up for photographs.
[5] Q: And when was it that you saw them setting up for photographs? Again, was that before the first X-ray, or -
[7] Q: Before the first X-ray?
[9] Q: Had you ever seen any of the photographers before?
[11] Q: Did you know them by name?
[13] Q: I think - just to clarify - that you said one of the photographers, at least, helped you carry the casket in; is that correct?
[15] Q: And you don't know what his name was?

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[1] 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?
[3] Q: When you brought back 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?
[5] Q: Were you present during the time of the first incision?
[7] Q: What was the first incision?
[9] Q: And can you describe how that procedure -
[10] A: Commander Humes made an incision. After we brought all the X-rays back, we were allowed to sit up in the podium and observe.
[11] A: Commander Humes made an incision - that I could see from my vantage point - an incision in the forehead, and brought back the scalp.
[14] Q: And you were making a line across the top of your forehead, roughly along the hairline -
[16] Q: And then pulling the scalp back.
[18] Q: And were you able to see the size of the wound when the scalp -
[19] A: Not from my - not from where I was. No, I saw it.
[20] Q: What else did you observe from where you were with regard to any incisions or operations on the head?
[21] 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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[21] 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 -
Q: Did you hear any discussion at Bethesda or what happened during the evening?

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.

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.

Q: Who were the other three?

A: Ron Sherwood, S. e. e. o. o. d. Last address Pittsburgh, Pennsylvania.

Q: And Jerrol Custer was one, I assume.

A: Jerry Custer.

Q: And you were one.

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 -

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?

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.

Q: Did he do that? A: No.

Q: Do you see the portion in line seven and eight, where he refers to carrying the cassettes down to the master at arms on the ground floor in the main atrium?

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 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.
<table>
<thead>
<tr>
<th>Page 67</th>
<th>Page 70</th>
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</thead>
<tbody>
<tr>
<td>Q: Are you certain that he didn’t do that? A: I’m 110 percent certain that he did not do that.</td>
<td>Q: Were you contacted? A: Well, we had a discussion. Maybe 15, 20 minutes discussion.</td>
</tr>
<tr>
<td>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.</td>
<td>Q: Was this on the telephone, or in person? A: It was on the telephone.</td>
</tr>
<tr>
<td>Q: Do you recall, by any chance, who the person was? A: No, I don’t.</td>
<td>Q: Do you recall, by any chance, whether you were contacted? A: No, I don’t.</td>
</tr>
<tr>
<td>Q: What do you recall – And I understand this is a while ago. A: Right. Right.</td>
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</tr>
</tbody>
</table>

**Occiput Area**

Q: During the time that the doctors were examining the X-rays in the morgue, was Dr. Ebersole present with them, discussing findings 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.] I read it. Q: Did you, at any time, hear any Secret conversation? A: [Examining document.] I read it. Q: But what do you recall about that conversation? A: [Examining document.] I read it. Q: During the time that the doctors were examining the X-rays? A: [Examining document.] I read it. Q: As you identified the wound in the head in the occipital region. Is it your best understanding now that you said “occipital region”?

Q: In Exhib& No. 194, Mr. Flannigan reports that 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 saving the tri-state area of Washington, D.C., Maryland, and the other state here, you know. So, it’s a general terminology.

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: Yes.

Q: Do you know which part of the skull is the occiput? A: Yes, I do.

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...
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?

A: Yes, I'll say – I'd say you could use 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: 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 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: No. The way you've word – not the way you worded it.

Q: Did you hear them discussing 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.
Q: On page two, there is a reference that says that the doctors removed the brain, and retained it for future examination.

A: That is correct. I could not see this on right.

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.

Q: Okay. Did you ever see any receipts for your marking here. The left side of the film in 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 right and left. It is not associated with the film 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.

A: Okay.

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: Yes. 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 stuck them in.

November 22nd is the date. But what that says, 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.

THE WITNESS: Here is it right here, guys.

BY 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.

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 right and left. It is not associated with the film 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.

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 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. " relate:n."

This was imuminized. That is the type of screen that...
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.

Q: 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.

Q: And the same number, 21296, with the logo of the United States Naval Hospital, National Medical Center, Bethesda, Maryland, was attached.

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: Yes, not the artifact. I think you identified it as a bullet fragment.

Q: 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 frontal 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?

Q: 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 those white fragments represented?

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.
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 development of the film. In other words, if there was light, that means somebody would have scribbled 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 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.

BY MR. GUNN: Okay. Could we now go to View No. 3, please?

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.

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 off-centering off centering will give it a little

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Q: On the first one. Yes. It's anterior again. It's right there.

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, really - It should be.

Q: - though smaller?

A: No, it should be. It should be.

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A: No, it should be. It should be.

Q: Can you explain why it does not appear as bright on X-ray No. 3 as on X-ray No. 1?
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 been taken, if you had taken it.

A: Yes, I can.

Q: 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, please?

BY MR. GUNN:

Q: Mr. Reed, you’ve been shown another 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 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 eighth 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.
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.
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.

Q: Do you find any markers in here - in
to the cavity, that you know 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?
A: That's correct.
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 the screen. In case we want to clean a cassette that's got a imperfectime in it, and we don't want to use it again, we clean it. And that's how I 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, 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 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 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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Q: In what way is that different?
A: From the brain, the brain tissue is extruding from the wound, that's not consistent with what you recall seeing.
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.
Q: 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.
A: Okay.
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

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.

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A: Right. Right.
Q: - numerical identifier.
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A: Okay.
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.
A: The head was never projected that way.
[4] And the hair was not matted back. And there was no scale, measuring - This was done while I was not present.
[5] Q: Now, let's state we're - The presumption that we have is not that you were present when this photograph was taken.
[6] But whether the head itself appears - and the wounds on the head are consistent with what you observed at the time of the autopsy?
[7] A: I can't answer that in this projection, because everything I was doing was from the front to the back.
[8] Q: And if you didn't see it, then, that's fine.
[10] Q: You should just say that you didn't see that view.
[11] A: I did not see that view. I did not see that entrance - or exit wound, whatever that wound is.
[12] MR. GUNN: Could we take a look at View No. 3, Color Nos. 32, 33, 34, 35, 36, or 37?
[13] Which is identified in the 1966 Inspection as "superior view of head".

BY MR. GUNN:
[14] Q: Mr. Reed, is that view of President Kennedy consistent with what you saw the night of the autopsy?
[16] Q: In what way is it different?
[18] Q: That is, the photograph is more open, or what you observed -
[19] A: The wound. The wound is more open, more gaping than I observed.
[20] Q: So, the photo - with the photograph, the wound appears to be larger than what you observed on the night of the autopsy?
[22] Q: Is there any question in your mind whether that is, in fact, a photograph of President Kennedy on the night of the autopsy?
[23] A: That's a photograph of President Kennedy, but it's not the same view that we have.
[24] Q: The head was never projected that way.
[25] MR. GUNN: Okay. Let's try one more view, the fourth view, appears to be more consistent with what you saw.
[26] MR. GUNN: And, again, keeping this to the facts - the wound in President Kennedy's back; is that correct?
[28] Q: - during the autopsy, is there anything else that you would like to add?
[29] 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-rays brought back some memories. And I'd have to say that I didn't take his side. And that's the fact.
[30] Q: During the deposition the scene, I think that's a photograph of President Kennedy, Jr.

BY MR. GUNN:
[31] 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?
[33] Q: Did you ever hear of anyone taking notes, or making drawings, or anything of that sort?
[34] A: During the autopsy.
[35] Q: During the autopsy.
[37] 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.
[38] And, again, keeping this to the facts -
[40] Q: - and things that you observed -
[42] Q: - during the autopsy, is there anything else that you would like to add?
[43] 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-rays brought back some memories. And I'd have to say that I didn't take his side. And that's the fact.
[44] MR. GUNN: And the time frame between - I had to recollect.
[45] Q: Could have been some X-rays taken between the initial set and the chest X-ray and the abdomen.

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 brighten them with a high intensity, you might see them out there.

Q: Okay.

A: And if you do, that would rectify that.

Q: It would say they were all taken by me.

A: Yes, 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.

Q: 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 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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