

OFFICE OF THE CORONER
COUNTY OF SAN DIEGO, CALIFORNIA

42542

5555 Overland Avenue
Building 14
San Diego, California 92123
Phone 278-9600

ROBERT L. CREASON
CORONER

INVESTIGATIVE REPORT
February 5, 1964 - Found

Name: JOYCE ANN SWINDLE

CC# 250-64

Age: 19

Undersigned viewed the decedent, a well developed, well nourished, Caucasian female adult of the apparent stated age, lying face down on the cement floor of what is called a patio area of the Silver Spray Apartments, 5116 Narragansett Avenue, San Diego, California, overlooking the sea. The decedent was clad in a black leather jacket, plaid (yellow, green, black, and red) slacks, and sandals. The left sandal was on her foot, the right sandal was under her right foot. Her eyes were brown and dilated, and her hair was light brown. The body was viewed in primary flaccidity, and the sclera was clear. Livor mortis was noted on the dependent portions of her body, which was cool to the touch.

A pool of blood, approximately 7 feet long by 1 foot wide, was noted on the cement, beginning at a point by the decedent's head. Two expended 22 shells were noted in the blood, approximately 2 feet from the top of the decedent's head. It was further noted that these casings were approximately 10 inches apart from each other. A small circular hole was noted on the right rear of the decedent's head, approximately in line with the external auditory canal. The same type wound, apparently an entrance wound, was noted on the rear portion of the decedent's left upper arm, with an apparent exit wound on the inner aspect of the left upper arm, into her axillary space. Another small wound with slightly jagged edges was noted in the same axillary space. A small circular wound, again apparently an entrance wound, was noted on the decedent's back, slightly to the left of her midline.

Investigation revealed that on 2-5-64 at 8:35 p.m., Edward T. Nelson, 652 Wawona Street, San Diego, California, was out walking, when he heard someone moaning, went to the above-mentioned patio, and found the decedent and her husband lying on the cement patio. The decedent was lying motionless in the above-described position, while her husband, who was lying on his back, was moaning. Mr. Nelson, who stated that he had not seen anyone else in the vicinity, went to the apartment of Mr. and Mrs. Robert Grier, Silver Spray Apartments, No. 44, 5116 Narragansett Street, Ocean Beach, California, and told them what he had found; whereupon the San Diego Police Department was called to the scene.

For further information regarding this homicide, refer to San Diego Police Department records, San Diego, California.

HOMICIDE: Shot in head by unknown assailant with a .22 caliber semi-automatic weapon.
LOCATION: Beach area, foot of Narragansett Avenue, San Diego, California.
DATE: February 5, 1964; found, 8:35 p.m.

W. T. Souza

W. T. SOUZA, Deputy Coroner

3-6-64 a:w

OFFICE OF THE CORONER
 COUNTY OF SAN DIEGO, CALIFORNIA

AUTOPSY REPORT

File No. 42542

Medical Dept. No. 250-64

Name of Deceased	JOYCE ANN SWINDLE	Age	19
Place of Death	BEACH AREA, FOOT OF NARRAGANSETT STREET		
Date of Death	FOUND FEBRUARY 5, 1964		
Place of Autopsy	SAN DIEGO COUNTY EXAMINING ROOM		
Date of Autopsy	FEBRUARY 6, 1964		

EXTERNAL EXAMINATION

This is the arterially embalmed body of an adult white female appearing somewhat older than the stated age of 19 years. The body measures 68 inches in length and weighs 158 pounds. The scalp bears long blonde hair with dark brown-black roots. The eyes, ears, nose, and mouth do not appear remarkable save for a small area of ecchymosis, which is present in the left upper eyelid near the inner canthus. The neck is supple, the trachea is in the midline. Examination of the posterior aspect of the scalp reveals a circular cutaneous defect which is situated in the right occipital region. This is situated 2 cm to the right of the occipital midline and in a direct line with the external auditory canal. The defect is circular in configuration, with a central skin through-and-through defect, which measures 4 by 3 mm, and an area of surrounding cutaneous excoriation and bruising which measures 1 to 2 mm in width. This imparts to the wound an overall maximum diameter of 7 mm. There is no surrounding contusion.

The right upper extremity does not appear remarkable. The thorax is fairly typical in configuration. Examination of the left upper extremity and the left lateral aspect of the thorax reveals a circular cutaneous defect, very similar to that in the scalp, which is situated in the upper portion of the arm adjacent to the posterior axillary fold. This passes through the upper portion of the arm, through the triceps area. The defect in the skin measures 3 by 4 mm and is surrounded by an area of contusion and excoriation of the skin varying between 1 and 2 mm in width. The overall diameter of the cutaneous lesion is 7mm. This communicates with a defect passing through the musculature of the posterior portion of the upper arm and communicates directly with a cutaneous defect present on the lateral aspect of the axilla. This, in turn, is in direct continuity with a similarly shaped and situated cutaneous defect which enters the thorax through the medial wall of the left axilla. The axillary defects are somewhat irregular in configuration and measure 1 by 0.4 cm respectively. The one on the lateral aspect of the axilla has the appearance of an exit wound with everting skin edges. The character of the one on the medial (thoracic) wall of the axilla is less easily determined, but appears to be of an entrance type.

Examination of the abdomen reveals no striking external findings. The external genitalia are typical of the adult female. The lower extremities are normal. Examination of the back reveals a circular cutaneous defect which is situated 10 cm to the left of the midline and is similar in appearance to the other cutaneous wounds described. It is a circular wound with a cutaneous central through-and-through defect, measuring 4 mm in diameter, surrounded by a rim of excoriation and slight inversion. The overall diameter of this defect is 8 mm. Both this defect and the defect situated in the upper arm are surrounded by areas of subcutaneous ecchymosis of considerable magnitude. That surrounding the defect in the arm measures 3 cm in maximum diameter and that surrounding the defect in the back measures 8 cm in maximum diameter. The tracts of the three missiles causing these wounds are further described as follows: Wound A is a cranial wound, wound B is a thoracic wound through the axilla, wound C is the thoracic wound through the posterior portion of the left thorax.

INTERNAL EXAMINATION

The body is opened using a routine "Y" incision. Subcutaneous fat measures up to 1 inch in thickness over the anterior abdominal wall. The thoracic and the abdominal musculature do not appear striking. Slightly to the left of the midline in the anterior thorax, there is hemorrhage in the intercostal musculature and the overlying pectoral musculature at the level of the sternal insertion of rib 4 on the left. Lying within the musculature of the 3rd intercostal space, immediately lateral to the sternum, there is a metallic missile which has a mushroom-shaped deformity of its nose. This missile is a soft, gray-white metal missile which has a basal maximum diameter of 4 mm. The chest plate is removed in the usual fashion. The underlying thoracic viscera are anatomically situated. The left pleural cavity contains about 500 cc of liquid blood. Examination of the pleural contents reveals a defect through the anterior and medial aspect of the left upper lobe. This defect is a cylindrical course which has pleural defects at either end. One of these underlies the missile previously recovered from the intercostal space. The other end of the cylindrical defect lines up with a defect in the anterior thoracic wall which is situated between ribs 3 and 4 in the midclavicular line. This defect is continuous via a hemorrhagic tract with the axillary defect previously alluded to. The overall course of wound B is thus: Passing through the upper portion of the left arm, through the left axilla into the anterior thoracic wall, through the anterior portion of the left upper lobe and terminating in the musculature of the anterior thorax.

The thoracic organs are removed in the usual fashion. A defect is present in the parietal pleural surface of the posterior thorax at a point 4 cm to the left of the midline. This is situated in the 8th intercostal space. From this area, a hemorrhagic defect is present in the soft tissues surrounding the spine. A defect is present in the bony spinal column at the level of the intervertebral disc of vertebrae 8 and 9. This defect passes through

the lateral aspect of the thoracic spine, through the spinal canal, and a missile, much deformed, is found lying in the nucleus pulposus of the intervertebral disc between thoracic vertebrae 8 and 9. In its passage, it produces striking contusion of the spinal cord at this level. It does not, however, penetrate the dura, and the lesion is a contusion rather than a laceration.

The course of missile C is thus: Passing through the skin of the back, through the musculature of the back entering the thorax in the interspace between ribs 4 and 5, passing into the spinal column at the level of T8 and coming to rest in the nucleus pulposus of the intervertebral disc between thoracic vertebrae 8 and 9.

RESPIRATORY SYSTEM

On opening the tracheobronchial tree, a moderate quantity of foamy, slightly blood-tinged fluid is encountered. The right lung is increased in weight and weighs 560 grams. The left lung weighs 230 grams. Multiple sections made through the right lung reveal a congested, red-purple cut surface from which moderate quantities of blood-tinged fluid exude. The left lung is fairly typical in its parenchymal appearance. A defect is present in the left upper lobe, which has been described. In addition, a small "nicking" defect is present on the lateral aspect of the left lower lobe. This is in apposition to the pleural wound previously described. It is surrounded by an area of pulmonary contusion and hemorrhage which measures 4 cm in maximum diameter.

CARDIOVASCULAR SYSTEM

On opening the pericardial sac, a few cubic centimeters of clear serous fluid are noted. The heart is of average size and weighs 200 grams. The chambers of the heart are opened in the sequence of blood flow. No valvular abnormalities are present. Multiple sections through the coronary arteries reveal no abnormalities.

ABDOMEN

On opening the abdomen, the general position of the abdominal viscera appears typical. The diaphragm is intact, and there is no intraabdominal bleeding or inflammation. The liver is normally situated. The intestinal tract is typical throughout. The genitourinary system shows no abnormalities. The uterus is inspected, and no evidence of an intrauterine pregnancy is noted.

HEAD


The scalp is reflected using the usual bitemporal incision. Beneath the galea at the point of the entrance wound described in the right occipital area, a few shavings of metallic material are present. There is a defect in the bones of the calvarium in association with the cutaneous defect. This

circular defect measures 6 mm in maximum diameter and the defect in the inner table exceeds that of the outer table by a moderate degree. The brain is removed and the dura is stripped from the base of the skull. This reveals a defect in the skull previously alluded to. In addition, there is a hairline crack fracture involving the petrous portion of the left temporal bone. There is an area of contusion of the inner table of the skull at the right frontal area. A linear fracture extends anteriorly and posteriorly from this area, terminating at the petrous portion of the right temporal bone and at approximately the midline anteriorly. In addition, there is fracturing of the thin bony plates of the nasal bone and the right orbit.

The brain itself weighs 1300 grams. A hemorrhagic missile tract extends from the right occipital to the right frontoparietal area. Lying free within the subdural space at this point, a third metallic missile is found. The tract of missile A is thus: Passing through the scalp in the occipital region, through the occipital portion of the skull, through the occipital lobe of the brain and terminating in the right frontoparietal portion of the brain. The brain is edematous. The hemorrhagic tract ranges up to 2 cm in maximum diameter and produces marked hemorrhage in the immediately adjacent white matter.

CAUSE OF DEATH

Cerebral hemorrhage, laceration, and edema, due to gunshot wound of head. Contributing and related: Gunshot wounds of thorax (two).


ROBERT R. EGGEN, M. D.,
Chief Pathologist for the Coroner

RRE: js
2/14/64



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Phone 278-9600

ROBERT L. CREASON
CORONER

LABORATORY REPORT

NAME..... SWINDLE, Joyce Ann
MEDICAL DEPT. NO..... 250-64 42542
DATE SPECIMEN RECEIVED 2/6 1964
TIME 12:30 A.M. A.M.
P.M.

SPECIMEN SUBMITTED..... Blood

ANALYSIS REQUESTED..... Ethyl Alcohol

SPECIMEN SUBMITTED BY..... Examining Room
Robert R. Eggen, M.D.

REPORT

2/7/64 Blood Ethyl Alcohol - Negative

DATE COMPLETED..... Feb. 7, 1964

APPROVED
~~EXAMINER~~

Richard F. Shaw, B.S.
Toxicologist