Report on Shooting Tape Due

Probes Into JFK Conspiracies Continue

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Eighteen years have passed since the assassination of John F. Kennedy, but the all-important question of whether he fell prey to a conspiracy is at the heart of a continuing government investigation into the case.

A report by the National Academy of Sciences due next month is expected to help resolve this question by evaluating the acoustics evidence gathered from a Dallas police tape of gunshots at the time of the assassination. The tape convinced the House Select Committee on Assassinations three years ago that there was a conspiracy.

The analysis by two teams of acoustics experts in 1978 of a six-minute taperecording persuaded the house committee that a second gunman was firing at Kennedy. The recording was made on a dictabelt found in 1977 among assassination keepsakes stored in the garage of former Dallas Police Captain Paul McCaghern.

The report, now more than a year overdue, would be a major step toward reopening the assassination probe if it upholds the house committee's conclusions, a justice department spokesman said.

The acoustics experts told the House Assassinations committee they were 95 percent certain the sound impulses on the tape indicate four shots, with three of the shots coming from behind the presidential limosine from the vicinity of the Texas School Book Depository and a fourth shot fired at the approaching limosine from a grassy knoll.

The acoustics experts' conclusions conforms with testimony and sworn statements by 58 witnesses to the assassination, including five Secret Service agents, six Dallas policemen and 12 Dallas County Deputy Sheriffs who said shooting originated from the area of a five-foot-high stockade fence on top of a grassy terrace, commonly known as "the grassy knoll."

In October 1980, after a report by the FBI disputing the House Assassinations Committee's conspiracy verdict, the U.S. Department of Justice awarded the National Science Foundation a grant of $23,360 for a four-month study by the National Academy of Sciences evaluating the methods used in obtaining the acoustics evidence.

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Despite the fact that there were twice as many witnesses to shots from the front than there were for shots fired from behind, both the FBI and the Warren Commission in 1964 concluded that shots were fired from behind only.

Ordinarily, the description and location of the bullet wounds would help resolve where the shots originated, but there are four seperate and conflicting official accounts of Kennedy's wounds.

Like the initial news reports of shots from the front, the Dallas doctors' descriptions of wounds they said were inflicted by bullets fired from the front were never heard again after November 22, 1963.

At their press conference three hours after they pronounced the President dead and in their hand-written reports completed the afternoon of the assassination, the Dallas doctors described bullet entrance wounds in the front of Kennedy's throat, another entrance wound in his right temple and still another in his left forehead.

They also described in the right-rear of Kennedy's head an exit wound the size of a small fist.

The revised reports the day after the assassination said a bullet fired from the rear instead of from the front, hit the back of Kennedy's head near the hairline. The throat wound, however, remained a frontal entrance wound until December 18, 1963, when new official accounts described it as the exit point of a small bullet fragment.

Also reported for the first time a month after the assassination was a bullet entrance wound in the president's back, five inches below the collar line. This bullet reportedly penetrated only two inches and fell out of the president's back onto his stretcher when external cardiac massage was administered in Dallas.

Nine months later, when the Warren Report was released on Sept. 24, 1964, the newly-released autopsy report described an exploded-out region in the right-rear of the president's skull measuring more than twice the size of the wound described by the Dallas doctors.

The autopsy report located the president's back wound at the base of the neck — five inches higher than the first reported location.

Instead of penetrating only two inches and falling out on Kennedy's stretcher, the bullet was said to have passed through the neck, making the frontal throat wound the exit point for a whole bullet instead of just a small fragment.

That same bullet reportedly continued on to inflict wounds to Texas Gov. John B. Connally — who was riding with Kennedy — in the chest, right wrist and left thigh. The bullet was said to have been discovered later not on Kennedy's but on Connally's stretcher.

Credited with inflicting all of Kennedy's and Connally's non-fatal wounds, making seven bullet holes and smashing Conally's fourth rib and right wrist bone in the process, the recovered bullet apparently completed its journey through both men with its tip unblunted and with nary a scratch on its shiny copper jacket.

But tests of similar bullets fired by Warren Commission experts through just the wrist bone of a cadaver were badly blunted.

Missing from the autopsy protocol are the autopsy notes and the first autopsy draft, both destroyed by the ranking autopsy surgeon, Navy Commander James J. Humes, who testified he burned them at his home in the fireplace of his recreation room.

Also destroyed were the notes taken by the two FBI agents during the autopsy examination as well as one roll of autopsy film which, according to a signed statement by the autopsy surgeons, "was seized by Secret Service agents from a Navy medical corpsman, whose name is not known to us, during the autopsy and immediately exposed to the light."

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They show an entrance wound in back of the head near the cowlick area, nearly four inches higher than the autopsy report's location just above the rear hairline. The point of exit in the X-rays and photos is shown further forward on the head than the location described in the autopsy report.

According to another autopsy photo, the rear neck wound is shown midway between the first two reported locations — five inches below the collar line and at the base of the neck.