

IN THE SUPREME COURT OF PENNSYLVANIA  
WESTERN DISTRICT

JACK E. ALLEN,

No. 2 WM 2021

Petitioner

v.

COMMONWEALTH OF PENNSYLVANIA,

Respondent

**ORDER**

**PER CURIAM**

AND NOW, this 6th day of April, 2021, the Application for Leave to File Original Process is GRANTED, and the Petition for Writ of Habeas Corpus is DENIED.

A True Copy Patricia Nicola  
As Of 04/06/2021

Attest:   
Chief Clerk  
Supreme Court of Pennsylvania

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THIS EXHIBIT SHOWS THAT THERE ARE FALSIFIED AUTOPSY REPORTS AND HOSPITAL REPORTS, WHICH ALSO SHOWS MEDICAL NEGLIGENCE AND MEDICAL MAL-PRACTICE. ALSO WHERE MEDICAL PROCEDURES WAS NEVER FOLLOWED, AND THEIR ACTS FELL BELOW PROFESSIONAL STANDARDS AS DOCTORS OR NURSES. TOTAL PAGES OF 23.

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OUTPATIENT  
HOSPITAL NURSING FLOW

## SHEET

INTAKE

OUTPUT

42257741 071624

ALLEN, TERESA  
02/19/1959 189-50-5724  
HISIEKU K DAYI  
02/19/95 F

TIME	6:12 P.M.	DATE	7-19-95	CATEGORY I	6 UNITS BLOOD						
CHIEF COMPLAINT:	Gunshot wound					CATEGORY II	2000cc LR				
	to the neck					CATEGORY III	1500 UNITS				
						CATEGORY IV	2000 cc LR				
HISTORY:						VISUAL ACUITY	TIME	TEMP.	PULSE	RESP.	B/P
						O.D.	6:15 P.M.	89			173/110
						O.S.	6:30 P.M.	80			164/50
						O.U.	6:30 P.M.	92			172/131
						<input type="checkbox"/> CORRECTED	TIME	0	Q	Q	
						<input type="checkbox"/> UNCORRECTED					

ASSESSMENT COMPLETED	TIME	6:15 P.M.					□ CORRECTED	TIME	0	Q	Q
		INITIALS	9:5								

Neuro: Unresponsive

Respir: Unresponsive

CV: Unresponsive

Integument: Unresponsive

GI: Unresponsive

Urinary: Unresponsive

Other: Unresponsive

Medications:

IV Fluids:

Monitor:

## NURSING PROGRESS RECORD

12:00 P.M. Pt brought to ED by ALS crew. Pt intubated endotracheally, periorbital, being bagged & 100% O<sub>2</sub> via ET tube. Pt unresponsive. Large bore IVs initiated prehospital infusing wide. -GS

1:00 P.M. Dr. Yingling and Dr. Messina present upon patient arrival to ED. -GS

3:00 P.M. Pt reconstituted prehospital by Dr. Blynnie. Pt being bagged & 100% O<sub>2</sub> via ET tube by respiratory therapist. Respirations: HR 55, BP 143/110. Blood drawn for labs via femoral stick by Dr. Yingling. -GS

3:00 P.M. B.5 FR RIC inserted via right AC. Dr. Messina replacing prehospital right AC catheter. 2 units O neg blood infusing under pressure via RIC catheter. Foley cath inserted by Rosemary McManus in B difficulty. Pulse 50, BP 100/90. Pt remains intubated endotracheally being bagged & 100% O<sub>2</sub>. Cardiac monitor rhythm bradycardia. -GS

2:00 P.M. Dr. Aycock at bedside also. Femoral pulse thready to palpation. -GS

3:00 P.M. Nasogastric tube inserted via right nose by Dr. Aycock. BP 12/81, Pulse 92. Conneciton to be bagged & 100% O<sub>2</sub> via ET tube. Two additional units O negative blood infusing thru large bore IV. -GS

3:00 P.M. Chest tube inserted right chest by Dr. Yingling. Chest tube connected to pleurac. Pleurac connected to low euthanasia suction. Chest tube secured by Dr. Yingling & surgeon and occlusive dressing. -GS

3:00 P.M. (BP 120/95) Dr. Yingling and Dr. Aycock attempting to visualize gunshot wound. Large amount of bleeding from gunshot wound. Tissues removed, noted entities beneath patient. 2 units O positive blood infusing thru large bore IV. Pt continues to be bagged & 100% O<sub>2</sub> via ET tube. -GS

3:00 P.M. Remarks were negative. -GS

3:00 P.M. (BP 77/41) -GS

NURSES SIGNATURE: GS: Jennifer S. Sauer

IME

## NURSING PROGRESS RECORD

1-14-95	7PM	Pt to OR accompanied by Dr. Yingling, Dr. Aycock, Dr. Bleyar, and RNC from ED. Pt continues to be oxygenated 100% O <sub>2</sub> via ET tube. Rapid fluid/blood administration continues — 45
	7PM	Patient's ashes and partial casket elements given to Chief Cutler, Lawrence Twp. Police Dept — 95

NURSING  
PROGRESS REPORT  
RECORD  
STOP AT  
1900 HRS.  
SUSPICIOUS

NURSES SIGNATURE

AS Specified

7/19/95

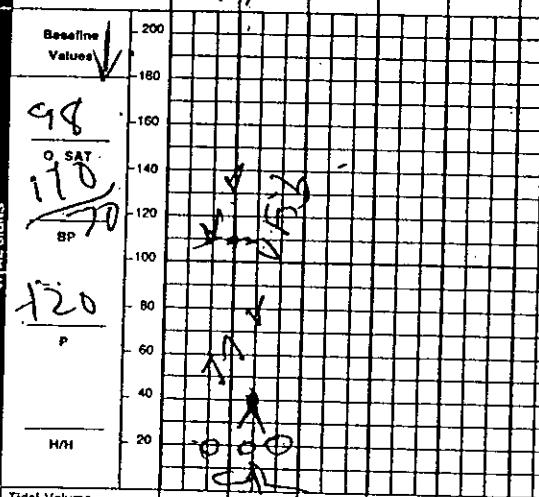
Pilim, Teresa

425741 1271624

1. TERESA  
2. 1/35 189-50-5724  
3. DARIO K DAVID  
4. PS/1 1/2 3 4 S E/E R A

Time: 1910 20 2100

Oxygen (l/min)	20	2100
N <sub>2</sub> O (l/min)		
Air (l/min)		
(%)		
P / D / K		
FENTY SUF	1A100	
AT/CPM		
N/S (2)	40	
HR	100	
HR / NS	100	
Urine (ml)		
EBL (ml)		
EKG	1920 1920	
% O <sub>2</sub> Inspired	100	
O <sub>2</sub> Saturation	98	
End Tidal CO <sub>2</sub>		
Temp: 98.6°F	97	



Tidal Volume

Resp. Rate

Peak Pressure

PEEP

Symbols for Remarks

PRE-PROCEDURE MONITORS AND EQUIPMENT ANESTHETIC TECHNIQUE AIRWAY MANAGEMENT

Identified  Chart Reviewed  Skin:  Precord  Esoph.

Pre-Anesthetic State:

Awake  Asleep  Non-Invasive BP  Continuous EKG

Apprehensive  Confused  Pulse Oximeter  Oxygen Sensor

Uncooperative  Unresponsive  End Tidal CO<sub>2</sub>  Gas Analyzer

Calm  Temp  Nerve Stimulator

Anes. Machine Checked  Warming Blanket  Doppler

Safety Belt On  Airway Humidifier  Fluid Warmer

Armboard Restraints  Arms Tucked  NG/OG Tube  Foley Catheter

PATIENT SAFETY

Pressure points checked and padded  Eye Care:  Ointment  Pads

Taped  Groggles

Tourniquet:

UP	DOWN	PRESSURE

&lt;/

07 105

Allen.

92251741 071624

SEARCHED  
INDEXED 35 109-50-574  
SERIALIZED K DAVID  
22/11/95 FILED 5/6 1

**SYMBOL KEY:**

## RESPIRATIONS

- NONE      + POOR      ++ GOOD

## BAGGING-LCOMPRESSIONS

YES - NO

CLEARFIELD HOSPITAL	
CARDIOPULMONARY RESUSCITATION RECORD	
DATE: 7-19-95	
TIME OF ARREST	TIME OF CODE
RECOGNIZED BY	<u>Dr. Blayard</u>
CALLED IN BY	
TEAM MEMBERS PRESENT:	<u>Dr. Blayard</u> <u>Dr. Joseph</u> <u>Dr. Goldsmith</u> <u>Dr. Blayard</u> <u>Dr. Goldsmith</u> <u>Dr. Fred B.</u> <u>Dr. Hensel</u>
TIME CODE STOPPED	OUTCOME
PRONOUNCED BY	<u>Dr. Blayard</u>
<input type="checkbox"/> LIFE SUPPORT EQUIPMENT	<input type="checkbox"/> DEATH
TRANSFER <input type="checkbox"/> ICU <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER
LOCATION:	
<input type="checkbox"/> PREHOSPITAL	
<input type="checkbox"/> ER	
<input type="checkbox"/> ICU/TELEMETRY	
<input type="checkbox"/> OB	
<input checked="" type="checkbox"/> ED/RR	
<input type="checkbox"/> ICU	
<input type="checkbox"/> MEO/SURG 123	
<input type="checkbox"/> PEDS	
<input type="checkbox"/> OTHER	
<input type="checkbox"/> WITNESSED	
<input type="checkbox"/> NOT	

## COMMENTS

2.	DATA 30 → 176	Ellie went
4.		
6.		
8.		
10.		
12.		

**NATURE OF PERSON COMPLETING FORM:**

DATE: 7-19-23

#### **NATURE OF PHYSICIAN**

DATE:

DEPARTMENT OF LABORATORIES  
Charles L. Winek, Ph.D., DirectorCASE ORDER — TOXICOLOGY  
Coroner's Office

Autopsy # A95-2050 Deceased's Name Theresa Allen  
 Autopsy Prosector Dr. Rozin Date of Death 7/20/95 Type of Death \_\_\_\_\_  
 Blood Drawn by K. Kyser Date 7/20/95 - 10:00 a.m.  
 Specimens(s) Submitted by \_\_\_\_\_ Date \_\_\_\_\_  
 Specimen(s) Received by L. Covert Date # T951847 Date 7/20/95 - 11:00 a.m.  
 SPECIMEN(S) SUBMITTED:  Heart Blood  Urine  Bile  Eye Fluid  Kidney  Liver  
 Chest Blood  Stomach Contents  Cerebral Spinal Fluid  Brain  Transthoracic Blood  
 Drugs  
 Other

LABORATORY FINDINGS:**BLOOD**

Plasma Alcohol - Not Detected  
 Salicylate - Not Detected  
 Carbon Monoxide - Not Detected  
 Cyanide - Not Detected  
 Barbiturates - Positive: Phenobarbital  
 Acidic Drugs - Positive: Phenytoin  
 Neutral Drugs - Not Detected  
 Benzodiazepines (GLC) - Not Detected  
 Basic Drugs (GLC) - Not Detected  
 Barbiturates (GLC) - Positive: Phenytoin, Phenobarbital  
 TDX Phenytoin - 3.11mcg/ml  
 TDX Phenobarbital - 6.76mcg/ml

**EYE FLUID**

Alcohol - Not Detected

Reported by

*Weller D'Clon*

8/18/95

Charles L. Winek, Ph.D., Director & Chief Toxicologist  
 Weller D. C'Clon, M.S., Deputy Director & Assistant Chief Toxicologist



OFFICE OF THE CORONER  
**County of Allegheny**

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LEON ROZIN, M.D.  
CHIEF FORENSIC PATHOLOGIST

CHARLES L. WINEK, Ph.D.  
CHIEF TOXICOLOGIST

Deceased: Theresa Allen

Case No.: A95-2050

Age: 36yrs

Race: White

Sex: Female

Date of Autopsy:

20 Jul 95 8:00 AM

Date of Death: 19 Jul 95

Date Reported: 19 Jul 95

ANATOMIC DIAGNOSES:

I. SHOTGUN WOUND TO THE BACK, PELLETS AND WADDING RECOVERED

- a. Shotgun wound entrance - right posterior distal thorax.
- b. Perforation of the posterior thoracic wall.
- c. Laceration of the right lung and liver.
- d. Hemothorax, right and hemoperitoneum.
- e. Fractures of ribs, right (along the pathway of the blast).

II. STATUS POST THORACOTOMY, LEFT; CELIOTOMY AND PLACEMENT OF RIGHT CHEST TUBE, TERMINAL.

OPINION:

Theresa Allen, a 36 year old white female, died as a result of a single shotgun wound to the back, sustained on July 19, 1995.

MANNER OF DEATH: Homicide

Leon Rozin, M.D., Chief Forensic Pathologist

## AUTOPSY REPORT

Case No: A95-2050

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NARRATIVE SUMMARY:

The autopsy was performed on July 20, 1995, at 8:00 a.m.

Leon Rozin, M.D., Chief Forensic Pathologist, prosecutor.

K. Kyser, Autopsy Room Technician.

L. Zabelsky, Photographer.

EXTERNAL EXAMINATION:

The body is that of a well developed, adequately nourished white female, weighing 130 pounds, measuring 66 inches and appearing to be the stated age of 36 years.

The body is nude.

No jewelry, rings or watch is present.

The temperature of the body is cold to the touch. Rigor mortis is well developed and present to an equal extent in all joints. Purple, non-fixed livor mortis is evident over the posterior parts of the body. The body shows no evidence of decomposition. The skin is pale, dry and smooth.

The head and face exhibit no trauma. The head hair is brown and of a medium length. The eyes are brown with pale conjunctivae. The corneas and lenses are transparent. No petechial hemorrhages or congestion is noted in either conjunctivae. The pupils are regular, round, equal, central and measure 0.5cm. in diameter. The ears and external auditory canals are unremarkable. The skeleton of the nose

## AUTOPSY REPORT

Case No: A95-2050

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EXTERNAL EXAMINATION:"Continued"

is intact and no foreign material is present in the nostrils. No foreign material is present in the oral cavity. The gums are normal. The upper and lower teeth are natural and in a good state of dental repair. The lips, oral mucosa and the tongue reveal no evidence of trauma.

The neck is symmetrical and unremarkable.

The shoulders are symmetrical.

1) The chest is symmetrical and exhibits surgical incisions, which will be described below.

The abdomen is flat and no masses can be palpated through the abdominal wall.

2) The back is symmetrical and exhibits injuries, which will be described below.

The external genitalia and the anus are unremarkable.

The extremities are symmetrical and exhibit no trauma. Both hands are bagged. The fingernails are regular, clean and unremarkable. The toenails are clean, short and unremarkable. The skin of the legs exhibits no changes. No edema is present in the ankles or legs.

Passive motion of the neck, shoulders, elbows, wrists, fingers, hips, knees and ankles fails to elicit any bony crepitus or abnormal motion.

## AUTOPSY REPORT

Case No: A95-2050

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EXTERNAL EXAMINATION:"Continued"

No recent needle marks or punctiform scars are noted in either antecubital fossa, interphalangeal spaces of the hands or feet, under the tongue or on the gums.

## AUTOPSY REPORT

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EVIDENCE OF RECENT TRAUMA:EVIDENCE OF SHOTGUN BLAST TO THE BACK:SHOTGUN BLAST OF ENTRANCE:

On the posterior aspect of the right distal thorax, 54cm. below the level of the top of the head and 8cm. to the right of the posterior midline of the back, there is a roughly round shotgun wound entrance with loss of soft tissues (skin, subcutaneous tissues and muscles) measuring 4cm. in diameter. The edges of this wound are hemorrhagic, irregular and have ragged margins. The entry wound is surrounded with satellite perforations (pellet wounds) at the margin of the main defect. The area of pellets measures 5 x 6cm. There is no soot or powder stippling noted around this shotgun wound entrance (with an unaided eye).

TRACK OF THE BLAST:

The shotgun blast perforates the entire thickness of the right posterior thoracic wall, including the ninth, tenth and eleventh right ribs, between the scapular and juxtaspinous lines, creating a defect in the thoracic wall, measuring 5 x 6cm. Then the pellets lacerate the lower lobe of the right lung, perforate the right dome of the diaphragm, lacerate the right hepatic lobe and perforate the diaphragm again (the wadding has been retrieved during the surgery and given to Lawrence Township Police). Then the pellets perforate the right anterior thoracic cage (fifth, sixth and seventh ribs) and enter the

## AUTOPSY REPORT

Case No: A95-2050

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EVIDENCE OF RECENT TRAUMA:"Continued"EVIDENCE OF SHOTGUN BLAST TO THE BACK:TRACK OF THE BLAST:

right breast. Multiple pellets were retrieved from the right breast and adjacent muscles of the chest. There is a marked, dark red, well demarcated hemorrhage along the entire pathway of the blast. There is 400ml. of bloody fluid in the right chest cavity and 300ml. of blood in the peritoneal cavity.

SITE OF RECOVERY OF THE PELLETS

White, metal pellets have been retrieved with gloved fingers from the hemorrhagic right breast and adjacent muscles of the right anterior or distal chest wall. The pellets are preserved in a properly labeled envelope with the name of the deceased and given to autopsy technician K. Kyser for preservation. The wadding has been retrieved by a surgeon during the thoracotomy and sent to the Lawrence Township Police Department.

TRAJECTORY OF THE SHOTGUN BLAST:

The trajectory of the shotgun blast is frontward, minimally rightward and upward.

EVIDENCE OF RECENT MEDICAL AND SURGICAL TREATMENT:

- ①. A 16cm. transverse, stitched, surgical incision is situated under the left breast.
2. A 20cm. longitudinal, stitched, surgical incision is noted

## AUTOPSY REPORT

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EVIDENCE OF RECENT MEDICAL AND SURGICAL TREATMENT: "Continued"

along the anterior midline (proximal half) of the abdomen.

3. A chest tube has been inserted in the right lateral wall of the thorax.
4. Hospital needle marks are present in both antecubital fossae.

## AUTOPSY REPORT

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INTERNAL EXAMINATION:BODY CAVITIES:

The body is opened by a "Y" shaped incision. The abdominal fat pad is 1cm. thick at the umbilicus. The undamaged muscles of the chest and abdominal wall are normal in color and consistency. The undamaged ribs, sternum and spine exhibit no fractures. The left pleural cavity is smooth and moist. The right pleural cavity contains 400cc's of bloody fluid. The peritoneal cavity contains 200cc's of bloody fluid. The liver and spleen do not extend below the costal margins. The bladder lies below the symphysis pubis. The organs of the pleural and peritoneal cavities are in their usual positions in situ. The mesentery and omentum are unremarkable.

NECK:

The soft tissues of the neck, thyroid and cricoid cartilages, larynx, and hyoid bone show no hemorrhage or evidence of traumatic injury. Dissection of the neck reveals no traumatic injuries. The laryngeal mucosa is pink. The epiglottis and vocal cords are unremarkable.

CARDIOVASCULAR SYSTEM:

The heart weighs 215 grams. The pericardium has been surgically opened and contains no liquid. The epicardial surface is smooth. The external configuration of the heart is unremarkable. The right and left ventricles are unremarkable. The endocardium and valve leaflets

## AUTOPSY REPORT

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INTERNAL EXAMINATION:"Continued"CARDIOVASCULAR SYSTEM:

are smooth, transparent and exhibit no thrombi, vegetations or fibrosis. The trabeculae carneae and papillary muscles are unremarkable. The chordae tendineae are usual. The right ventricle is 0.2cm. thick and the left ventricle is 1.2cm. thick. The coronary arteries have their usual distribution with a right predominance. The coronary ostia are normal in patency. Multiple cross sections at 0.2cm. intervals show no pathological changes. The myocardium is of usual consistency, brown and grossly homogeneous.

The aorta is unremarkable.

The venae cavae are unremarkable.

RESPIRATORY SYSTEM:

The shotgun blast in the right lung has been previously described. The right lung weighs 375 grams and the left lung weighs 260 grams. The tracheal mucosa is unremarkable. The pleurae are delicate and glistening. The lungs are not distended and are variegated pink-gray to red-gray. The lung parenchyma is of usual consistency. The lung tissue is slightly edematous. No nodularity is seen.

The extra and intrapulmonary bronchi are unremarkable. The pulmonary arteries and veins exhibit no pathological change. The hilar and mediastinal lymph nodes are not enlarged.

## AUTOPSY REPORT

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Page 10 Continued hereINTERNAL EXAMINATION:

"Continued"

HEPATOBILIARY SYSTEM:

The shotgun blast to the right hepatic lobe has been previously described. The liver weighs 1190 grams. The capsule of Glisson is transparent. The external surface is smooth, glistening and light brown (pale). The borders are sharp. The parenchyma is of usual consistency and brown with the usual lobular architecture.

The gallbladder has delicate walls and contains a few cc's of light brown bile and has a smooth mucosa. No stones are present.

The intra and extrahepatic biliary ducts are patent. The hepatic and portal veins and the hepatic artery are unremarkable.

HEMOLYMPHATIC SYSTEM:

The spleen weighs 105 grams and is of usual consistency. The capsule is glistening and thin. The internal architecture is clearly defined.

GASTROINTESTINAL SYSTEM:

The esophagus is empty and unremarkable. The stomach contains 150cc's of partially digested food (mushrooms, meat, vegetable). The remainder of the gastrointestinal system is unremarkable.

The appendix is identified.

UROGENITAL SYSTEM:

The right kidney weighs 115 grams and the left kidney weighs 125

## AUTOPSY REPORT

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INTERNAL EXAMINATION:"Continued"UROGENITAL SYSTEM:

grams. The surfaces are smooth and glistening. The capsules strip easily, revealing a red-brown surface. The cortico-medullary junction is well defined. The calyceal and collecting systems are not remarkable. The renal arteries and veins are unremarkable.

The ureters are not dilated or obstructed.

The bladder is empty and contracted. The bladder exhibits the usual mucosa and muscularis. The ureteral orifices are patent.

The vaginal canal is patent. The cervix is not remarkable. The uterus is not enlarged and is of usual shape. The endometrial and endocervical cavities are not remarkable. The myometrium is uniform. The adnexae are not remarkable.

ENDOCRINE SYSTEM:

The adrenals, thyroid, parathyroids, pancreas and pituitary are not remarkable.

MUSCULOSKELETAL SYSTEM:

There are no gross bony deformities. The muscles are well developed and of the usual color and consistency. The sternum, ribs and spine exhibit the usual bone density and marrow.

CENTRAL NERVOUS SYSTEM:

The scalp is reflected, revealing no trauma. The calvarium is removed, revealing no evidence of epi or subdural hemorrhages. The

## AUTOPSY REPORT

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"Continued"INTERNAL EXAMINATION:CENTRAL NERVOUS SYSTEM:

dura mater does not exhibit any stains or discolorations. The lepto-  
meninges are not remarkable.

The brain weighs 1495 grams and is of usual consistency. The sulci and gyri occupy their usual position and exhibit a normal depth. The blood vessels at the base do not reveal any aneurysms or other abnormalities. The cerebral and cerebellar hemispheres are symmetrical and the surface does not display any scar tissue. The ventricles contain the usual amount of colorless fluid. The cerebellar tonsils are not herniated. Multiple sections through the cerebrum, cerebellum, pons, midbrain and medulla exhibit the usual internal pattern with no focal or diffuse lesions.

The skull is intact.

NOTE:

Blood, bile and eye fluid are taken for toxicologic analysis.

Neutron activation test obtained at beginning of the autopsy.

All evidence was collected by K. Kyser and placed in an appropriately labeled envelope with the name of the deceased.

(Evidence)

## AUTOPSY REPORT

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MICROSCOPIC EXAMINATION:

The microscopic examination is consistent with the gross findings and final pathological diagnoses.

1 office?

2 A Right, sir. They wanted to save her life.

3 Q okay. And just for the record, Commonwealth  
4 Exhibit 21, do you recognize that, sir?

5 A Yes, sir.

6 Q What is that a picture of?

7 A It's the entry, point of entrance from the shotgun  
8 blast.

9 Q And in your many years and many autopsies that  
10 you've done, have you examined patients who have suffered  
11 shotgun blasts in the past?

12 A Yes, sir.

13 Q And are you able to determine the distance of the  
14 shotgun from the wound?

15 A ~~It was few feet, few feet, because we have main~~  
16 ~~defect, satellite wounds, and we have wadding inside of the~~  
17 ~~body.~~

18 Q Okay. So, looking at this photograph, what are  
19 you able to -- what do you gain from this photograph?

20 A I see in front of me the shotgun wound of  
21 entrance. And the distance from the shooter was  
22 approximately few feet, few feet. To establish exactly, we  
23 have to take the same cartridge, the same weapon, and make  
24 experimental shooting. But in this case, just several feet.

25 Q Okay. True and accurate photograph?

---

SHOWS THAT THE CRIME SCENE WAS DEFINATELY VIOLATED

---

~~Exhibit 2~~  
Exhibit Z

Lawrence Park Vill. APPROX 1840 HRS.

ARRIVED IN PARKING LOT - COLLINS TALKING WITH TRP VAN KEY. PSP CRFD. VAN KEYES DEPARTS SCENE, ADVISED SUSPECT JACK ALLEN WAS AT A KNOWN LOCATION IN BOGGS TWP. HE & OTHER PSP UNITS GOING THERE. TALK WITH COWU COWHIS, LTPD. COLLINS STATED JACK ALLEN HAD SHOT HIS ESTRANGED WIFE, TERESA ALLEN. SHE HAD BEEN TRANSPORTED TO CRFD HOSPITAL VIA AMBULANCE PRIOR TO MY ARRIVAL ON SCENE.

INCIDENT HAPPENED IN THE MAIN PARKING LOT AT LAWRENCE PARK VILLAGE, I.E., LOT PARALLEL TO SR 153, PARK AVE. EXTENSION. ALSO ON SCENE, SGT. JOS. ZELENKY AND PRIM BEATIS DIXON, BOTH OF CLEARFIELD Boro POLICE DEPT.

OBSERVATION OF SCENE OF SHOOTING REVEALS ONLY MEDICAL DEBRIS AND A SPOT WHICH HAD BEEN WASHED OF BLOOD, BUT APPARENTLY HAD BEEN DOUSED WITH WATER. ZELENKY AND DIXON GIVING WITNESS NAMES, STATEMENTS.

ZELENKY OFFERED TO CONTINUE CANVASSING WITNESSES. SHOOTING SCENE VIOLENCE, NUMEROUS EYEWITNESSES HOWEVER SO I HAD COLLINS LEAVE TO PREPARE CRIMINAL CHARGES, ANTICIPATING A IMMEDIATE APPREHENSION & FURTHER FLIGHT.

AT APPROX 1910 HRS I ARRIVED AT CRFD HOSPITAL EMER. DEPT. TO CHECK ON THE CONDITION OF THE VICTIM. I TOOK THE NAMES OF THE RESPONDING/TRANSPORTING EMER. SER. PERSONNEL, THE NAME OF THE EMER. ROOM NURSE AND DUTY EMER. ROOM PHYSICIAN, ALL THESE NAMES WILL BE ATTACHED ON A SUPPLEMENTAL SHEET.



1 That's to be considered.

2 Anybody who tampers with the scene, that's a  
3 violation right there alone, you know, especially I noticed,  
4 too, that there was no specific photographs of that scene,  
5 you know, when there was supposed to be. Is that --

6 A Well, at the time, photographs were taken was a  
7 day or so later.

8 Q A day or so later, but not at that crime scene?

9 A of the parking lot, yes.

10 Q But not --

11 A Due to the hour, due to the late evening hours, it  
12 was taken the following day or so later.

13 MR. ALLEN: That's all, Your Honor.

14 REDIRECT EXAMINATION

15 BY ATTORNEY SHAW:

16 Q Officer Collins, did you need to preserve a pool  
17 of blood to tell you that Jack Allen shot his wife in the  
18 back? Did you need to preserve a pool of blood on the ground  
19 to tell you that Jack Allen shot his wife on the back?

20 A No, sir.

21 Q Did you need to conduct any tests of this blood  
22 to --

23 A No.

24 Q -- tell you who was bleeding?

25 A I didn't have to. I viewed it with my own eyes.

1 Q Viewed the blood with your own eyes?

2 A That's correct.

3 Q Did you view Teresa Allen bleeding with your own  
4 eyes?

5 A Yes.

6 Q Did you need to do any blood-splatter analysis to  
7 tell you that Jack Allen shot his wife in the back?

8 A No.

9 Q Okay. Were you concerned for the safety of  
10 children up there?

11 A That is correct.

12 Q And as a result of that then, did you direct that  
13 that area be decontaminated? Did NOT CORDON OFF FROM BYSTANDERS

14 A That particular -- Lawrence Park Village is a  
15 housing development, and they have a lot of young children,  
16 the age is anywhere from six months to 16, outside playing in  
17 that particular area where the mailbox and that is.

18 ATTORNEY SHAW: That's all I have, Your Honor.

19 THE COURT: Anything else, Mr. Allen?

20 MR. ALLEN: No. No, Your Honor.

21 EXAMINATION

22 BY THE COURT:

23 Q Let me ask you this: I think we've already  
24 determined that you're retired now.

25 A Yes. sir.