

IN THE SUPREME COURT OF PENNSYLVANIA
WESTERN DISTRICT

JACK E. ALLEN,

No. 2 WM 2021

Petitioner

v.

COMMONWEALTH OF PENNSYLVANIA,


Respondent

ORDER

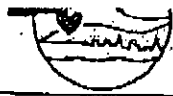
PER CURIAM

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

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.



OUTPATIENT HOSPITAL NURSING FLOW SHEET

42257741 071624

 ALLEN, TERESA
02/19/1959 189-50-5724
HISTORIC K DAVI
02/19/95 F

TIME 6:12 PM	DATE 7-19-95	CATEGORY I	0 units blood
CHIEF COMPLAINT: Gunshot wound		CATEGORY II	2000 cc LR
to the back		CATEGORY III	1500 cc NS
HISTORY:		CATEGORY IV	2000 cc LR
		VISUAL ACUITY	TIME TEMP PULSE RESP. B/P
		O.D.	6:15 AM 59 172/110
		O.S.	6:00 PM 50 164/50
		O.U.	6:00 PM 42 172/131
		<input type="checkbox"/> CORRECTED	TILTS TIME 0 0 0
		<input type="checkbox"/> UNCORRECTED	

ASSESSMENT COMPLETED	TIME	INITIALS	TIME	MEDICATION & DOSAGE	TIME	SOLUTIONS & AMOUNTS	TIME	PATTERN	INIT.	TIME	PATTERN	INIT.
Neuro	6:12 PM	95		Unresponsive								
Respir	6:12 PM			Pt intubated prenasal, being bagged & 100% O ₂ worn								
				Arterial ED via E.T. tube								
				Cardiac monitor on - rhythm sinus brady								
				Skin pale								
Integumentary	6:12 PM			Gunshot wound to the back not yet visualized. Tissue fragments								
				and large amount of blood noted on litter beneath patient.								
GI	6:12 PM			And appears unaltered, distended.								

NURSING PROGRESS RECORD

2 PM Pt brought to ED by ALS crew. Pt intubated endotracheally, prenasal, being bagged & 100% O₂ via E.T. tube. Pt unresponsive. Large bore IVs intubated prenasal infusing wide. - NS

1 PM Dr. Yingling and Dr. Mosier present with patient arrived in ED. - NS

12 PM Pt reintubated endotracheally by Dr. Yingling. Pt being bagged & 100% O₂ via E.T. tube. Respiratory therapist. Remains unresponsive. HR 54 BP 143/110. Blood drawn for labs via femoral stick by Dr. Yingling. - NS

10 AM B.S. R. RIC inserted right AC by Dr. Mosier, replacing prenasal right AC catheter. 2 units O neg blood infusing under pressure via RIC catheter. Foley cath inserted by Rosemary McManis and B difficulty. Pulse 50 BP 102/90. Pt remains intubated endotracheally being bagged & 100% O₂. Cardiac monitor rhythm bradycardic. - NS

8 PM Dr. Aycock at bedside also. Femoral pulse return to palpation. - NS

6 PM Nasogastric tube inserted via right nose by Dr. Aycock. BP 121/81 Pulse 92. Continued to be bagged & 100% O₂ via E.T. tube. Two additional units O negative blood infusing thru large bore IVs. - NS

4 PM Chest tube inserted right chest by Dr. Yingling. Chest tube connected to drainage. Pleural connected to low continuous suction. Chest tube secured by Dr. Yingling & suture and occlusive dressing. - NS

12 PM BP 120/75 Dr. Yingling and Dr. Aycock attempting to visualize gunshot wound. Large amount of bleeding from gunshot wound. Tissue fragments noted on litter beneath patient. 2 units O positive blood infusing thru large bore IVs. Pt continues to be bagged & 100% O₂ via E.T. tube. Remains unresponsive. - NS

10 AM BP 111/71 - NS

NURSES SIGNATURE

95 Jennifer S. S. S.

TIME

NURSING PROGRESS RECORD

7-19-95 7pm Pt in OR accompanied by Dr. Vingling, Dr. Aycock, Dr. Biegans, and 3 RNs from ED. Pt continues to be paged.

Z 100% O₂ via Et tube. Rapid fluid/blood administration continues. --45

7pm

Patient's arms and partial plate closure given to Chief Cutler, Lawrence Twp. Police Dept. --45

NURSING
PROGRESS
RECORD / REPORTS
STOPS AT
1900 HRS.
SUSPICIOUS

NURSES SIGNATURE

gs Jennifer Sumner

CLEARFIELD HOSPITAL, CLEARFIELD, PA 16830

7/19/95

Allen, Teresa

4225741 171624

TERESA

189-50-5724

DAVID

PS 1 1/2 3 4 5 6 E/R A

POST OP. DIAGNOSIS
GSw at chest & Abdomen

OPERATION PERFORMED
Laparotomy

SURGEON
Yingling Aycock

MDA
CRNA

POSITION
PRONE / LITHO

ANESTHESIA
1907

PROCEDURE
1911

DRUG TOTALS

(P) PENTOTHAL	M
(D) DIPRIVAN	M
(K) KETAMINE	M
(A) ATRACURIUM	M
(C) CURARE	M
(M) MIVACRON	M
(N) NORCURON	M
(S) SUCCINYLCHOLINE	M
(Z) ZEMURON	M
FENTANYL	M
SUFENTANYL	M
VERSED	M

FLUIDS IN

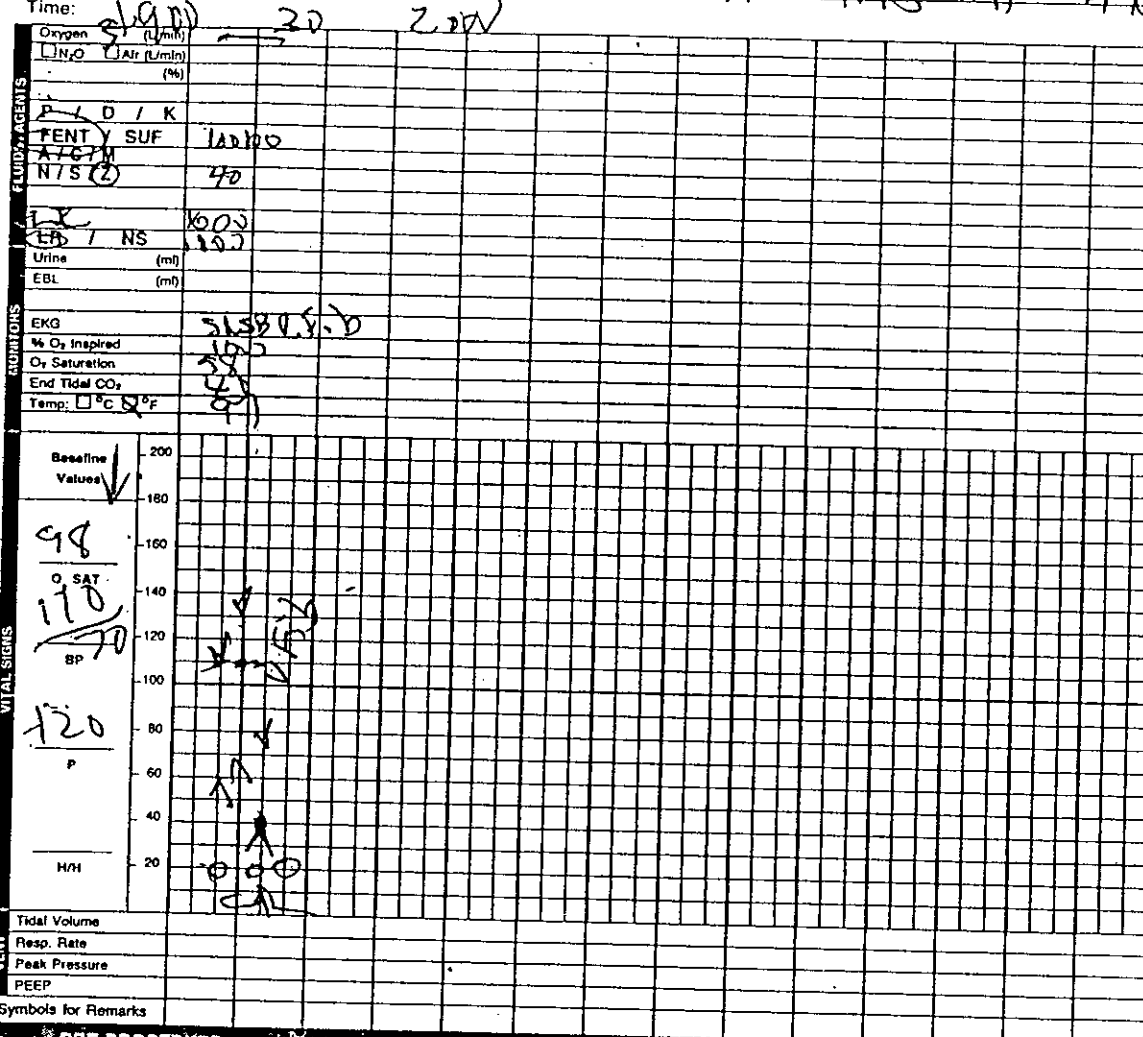
5% D/LR	cc	OTHER	cc
LB	501	BLOOD	20
NSS		ALB/HESP	

FLUIDS OUT

EBL	cc	URINE	cc
-----	----	-------	----

REMARKS

arr P into 8g IV 1920
ventricular fibrillation
1922
Defibrillat q X3
No improvement
pronounced Death at
1926 by SC
Yingling



PRE-PROCEDURE

Identified ☒ Chart Reviewed ☒

Pre-Anesthetic State:

Awake ☐ Asleep ☐

Apprehensive ☐ Confused ☐

Uncooperative ☐ Unresponsive ☒

Calm ☐

PATIENT SAFETY:

Anes. Machine Checked ☒

Safety Belt On ☐ Axillary Roll ☐

Armboard Restraints ☐ Arms Tucked ☐

Pressure points checked and padded ☐

Eye Care:

Ointment ☐ Pads ☐

Taped ☐ Goggles ☐

MONITORS AND EQUIPMENT

Steth. ☐ Precord ☐ Esoph.

Non-Invasive B/P ☒ Continuous EKG ☒

Pulse Oximeter ☒ Oxygen Sensor ☒

End Tidal CO₂ ☒ Gas Analyzer ☒

Temp ☒ Nerve Stimulator ☒

Warming Blanket ☒ Doppler ☒

Airway Humidifier ☒ Fluid Warmer ☒

NG/OG Tube ☐ Foley Catheter ☐

Tourniquet:

UP DOWN PRESSURE

ANESTHETIC TECHNIQUE

General: ☐ Pre-Oxygenation ☐ LTA

Rapid Sequence ☐ Cricoid Pressure ☐

Intravenous ☐ Inhalation ☐

Intramuscular ☐ Rectal ☐

Regional: ☐ Spinal ☐ Epidural ☒

Axillary ☐ Bier Block ☐ Ankle Block ☐

Position Site

Needle

Drug

Dose

Drug

Dose

Attempts X Level

Catheter See Remarks

M.A.C.

AIRWAY MANAGEMENT

Intubation: ☒ Oral ☐ Nasal

Stylet Used ☐ Tube Sign ☒

RAE ☐ Armored ☐ Endobronch.

Direct ☐ Blind ☐ Optic

Uncuffed ☐ Cuffed ☒

Blade

Secured at cm.

Attempts x ET CO₂ present

Atraumatic ☐ Difficult ☐

Breath Sounds

Airway: ☒ Oral ☐ Nasal ☐ Difficult

Circuit: ☒ Circle ☐ NRB See Remarks

Mask Case ☐ Nasal Cannula ☐

Via Tracheostomy ☐ Simple O₂ mask ☐

RECOVERY

B/P

O₂ SAT

RESP.

AWAKE ☐ VENTILATOR ☐

DROWSY ☐ NASAL OXYGEN ☐

SOMNOLENT ☐ MASK OXYGEN ☐

UNAROUSABLE ☐ T-PIECE OXYGEN ☐

INTUBATED ☐ ORAL/NASAL AIRWAY ☐

IV PRESENT: Yes ☒ No ☐

Remaining 500 cc

Site & Size

IV STARTED: TIME: 1920

Size & Type 16 gauge

Loc. Used A-LINE

R L Forearm CVP

R L Ant Fossa

Other

07 05

Allen.

92257741 071624

109-50-5724
DAVID

CLEARFIELD HOSPITAL
CARDIOPULMONARY RESUSCITATION RECORD

DATE: 7-19-95

TIME OF ARREST 1922 TIME OF CODE
RECOGNIZED BY Dr. Bryant
CALLED IN BY
TEAM MEMBERS PRESENT:
Dr. Bryant, Dr. [unclear], Dr. [unclear], Dr. [unclear], Dr. [unclear]

LOCATION:
☐ PRE-HOSPITAL
☐ ER
☐ ICU/TELEMETRY
☒ OR
☐ SPU
☐ MED/SURG 123
☐ PEDS
☐ OTHER
☐ WITNESSED
☐ NOT

SYMBOL KEY:

RESPIRATIONS
- NONE + POOR ++ GOOD

BAGGING/COMPRESSIONS
YES - NO

TIME CODE STOPPED
PRONOUNCED BY Dr. Bryant
☐ LIFE SUPPORT EQUIPMENT
TRANSFER ☐ ICU ☐ OTHER
OUTCOME: ☐ DEATH ☐ OTHER

VITAL SIGNS/DC SHOCK

CPR

(NOTE DOSE AND ROUTE)

TIME	PATTERN	WATTS	HR	RR	BP	BAG	COMPRESSIONS	ATROPINE	EPINEPHINE	LIDOCAINE	IV MEDICATIONS
1922	Vf6	350	0	0	0	✓	✓	8/100mg			Aspirin
2922	Vf6	300	0	0	0	✓	✓				Aspirin
3142	Vf6	300	0	0	0	✓	✓				Aspirin
4.											
5.											
6.											
7.											
8.											

COMMENTS

1. [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]
2. [unclear] 300 → Vf6 4 line present
3. [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]
4. [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]
5. [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]
6. [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]
7. [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]
8. [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]

NATURE OF PERSON COMPLETING FORM:

DATE: 7-19-95

NATURE OF PHYSICIAN:

DATE:

ENCLOSURE

11/18/95

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

Autopsy # A95-2050 Deceased's Name Theresa Allen
Autopsy Prosecutor Dr. Rozin Date of Death 7/20/95 Type of Death _____
Blood Drawn by K. Kyser Date 7/20/95 - 10:00 a.m.
Specimen(s) Submitted by _____ Date _____
Specimen(s) Received by L. Covert DoL# 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 ☐ Trans thoracic 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

Walter D. Colom

Date

8/18/95

Charles L. Winek, Ph.D., Director & Chief Toxicologist
Walter D. Colom, M.B., Deputy Director & Assistant Chief Toxicologist



OFFICE OF THE CORONER
County of Allegheny

642 FOURTH AVENUE • PITTSBURGH, PA 15219 • (412) 350-4800

FAX: (412) 350-4899

F. JAMES GREGRIS
ACTING CORONERARTHUR G. GILKES, JR.
CHIEF DEPUTY CORONERLEON ROZIN, M.D.
CHIEF FORENSIC PATHOLOGISTARNOLD FRIEDMAN, ESQ.
SOLICITORA. SHAKIR, M.D.
FELLOWSHIP & RESIDENCY DIRECTORCHARLES L. WINEK, PH.D.
CHIEF TOXICOLOGIST

Deceased: Theresa Allen

Age: 36yrs

Race: White

Case No.: A95-2050

Date of Autopsy:

20 Jul 95 8:00 AM

Sex: Female

Date Reported:

19 Jul 95

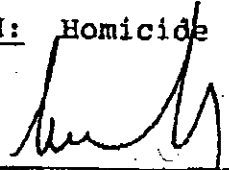
Date of Death: 19 Jul 95

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, prosector.

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

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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.

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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.

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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 juxtaspinal 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

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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 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

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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.

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Page 8INTERNAL 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

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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.^o

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"

HEPATOBIILIARY 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

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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

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"Continued"

INTERNAL EXAMINATION:CENTRAL NERVOUS SYSTEM:

dura mater does not exhibit any stains or discolorations. The leptomeninges 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 Z~~
Exhibit Z

LAWRENCE PARK VILL. APPROX 1840 HRS.

ARRIVED IN PARKING LOT - COLLINS TALKING WITH TRIP VAN KEY.
PSP CHFD. VAN KEYES DEPARTS SCENE, ADVISED SUSPECT JACK
ALLEN WAS AT A KNOWN LOCATION IN BOGGS TWP. HE & OTHER
PSP UNITS GOING THERE. TALK WITH COLIN COLLINS, LT PD.
COLLINS STATED JACK ALLEN HAD SHOT HIS ESTRANGED WIFE,
TERESA ALLEN. SHE HAD BEEN TRANSPORTED TO CHFD 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. ZELENY AND PTL BRIAN DIXON,
BOTH OF CLEARFIELD BOBO POLICE DEPT.

OBSERVATION OF SCENE OF SHOOTING REVEALS ONLY
MEDICAL DEBRIS AND A SPOT WHICH HAD BEEN WASHED OF
BLOOD. LOT APPARENTLY HAD BEEN DOUSED WITH WATER.

ZELENY AND DIXON GETTING WITNESS NAMES, STATEMENTS.
ZELENY OFFERED TO CONTINUE CANVASSING WITNESSES.

SHOOTING SCENE VIEWED, NUMEROUS EYEWITNESSES HOWEVER SO
I HAD COLLINS LEAVE TO PREPARE CRIMINAL CHARGES,
ANTICIPATING, (A) AN IMMEDIATE APPREHENSION (C) FURTHER FLIGHT.

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

CROSS-EXAMINATION

BY MR. ALLEN:

Q Mr. Colin Collins, how are you doing, sir? I was wondering, when you approached the scene, you said there was a bunch of blood on the sidewalk, or on the parking lot.

A There was a puddle of blood where Teresa Allen's body was laying.

Q And you said you washed it off.

A Yes, I did.

Q Wouldn't that be violating the current crime scene alone itself?

A Not really. I done that because of the children in the area.

Q I have here a paper quoted by Zelenky and Dixon stating that the crime scene was violated, okay. Basically, the crime scene --

A I don't know what you mean that the crime scene was violated.

Q Would you like to see it, sir?

A No, I don't.

Q Well, I noticed that in crime scene investigations I have learned, you know, through books and all that stuff and other people, that that's the very most important area to investigate, you know. You're talking about blood-splatter analysis, blood spill, stuff like that, you know, all that.

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.