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CONTINUATION SHEET

Information obtained at scene from Det. Arce and Det. Euster, LAPD, Hollywood Division.

CASE REPORT

Additional information obtained from Det. Iddings, LAPD, Hollywood Division at police station.

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The decedent is a male, 33 years of age. For approximately the last week the decedent has been a resident at the Chateau Marmont Hotel, 8221 Sunset Blvd., Hollywood, occupying Bungalow #3. The entrance to this location is on Monteel Road, one street north of Sunset Blvd.

Since 3-1-82, during the evening, the decedent had been in the company of an unidentified female with the exception of 3-3-82 when he was with other friends. The female friend stated to the above detectives that on Monday night she and the decedent had stayed up all night drinking wine and inhaling cocaine through the masal passages and injecting the drug into the antecubital fossa.

On 3-4-82 during the evening, the decedent and his female friend were at "Rock City", a private club. The use of narcotics is not permitted in the club. It is reported that the decedent was drinking heavily. At about 0100 hours on 3-5-82 they left the club and the decedent asked someone else to drive as he was unable to. Upon arriving back at the bungalow, the decedent needed assistance to get indoors. After entering the location, the decedent immediately went to the bath-room and vomited. The female friend stated that he appeared pale and sweaty. Soon after the episode in the bathroom, the decedent began to partake the wine and cocaine again. Other friends arrived at the scene at about 0300 hours, leaving at 0330 hours. The injection of the liquor and drug apparently continued.

At 0530 hours the decedent took a shower emerging from the bathroom in a towel. The decedent stated that he was cold, turning on the heat. At approximately 0800 hours the decedent went to bed. He laid on his right side and was seen to be shaking and wheezing (the decedent is reported to have a simus problem). The female friend went into the living room and at 0930 hours ahe heard a loud wheezing coming from the bedroom. She awakened the decedent asking if he was all right to which he replied he was. She then gave him a glass of ice water and he went back to sleep, again on his right side. At 1015 hours she looked in on the decedent, saw he was covered with a blanket and appeared sleeping. She then left the location to get something to eat, taking the decedent's car.

At 1230 hours another friend, William Wallace, 9047 Phyllis Ave., Los Angeles, phone 276-7541, came over to see the decedent. He entered the location, found the decedent unresponsive in bed and contacted paramedics. RA 23 responded and death was pronounced at 1245 hours.

Mr. Wallace stated to the police that when he entered the bedroom the decedent was lying on his right side in a tight fetal position and there appeared to be a large amount of mucus in the nose. Mr. Wallace reportedly cleaned out his nose and pulled the decedent onto the carpet beside the bed, awaiting the arrival of the paramedics. Mr. Wallace also stated that the decedent is a constant snorer and that he became concerned as soon as he entered the bedroom and did not hear any noise.

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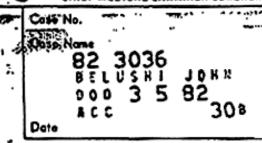
INVESTIGATOR

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The at-scene investigation included the following personnel from the Forensio Science Center:

Dr. Thomas T. Noguchi, Chief Nedical Examiner-Coroner

Dr. Ronald Kornblum, Chief, Forensic Medical Division

Dr. James Wegner, Deputy Medical Examiner

Mr. C. Robert Dambacher, Chief, Investigation Division

Deputy Deborah Peterson, Coroner's Investigator

Mr. James Taylor, Coroner's Photographer

The decedent was observed lying in a supine position, made, on the carpet in the bedroom. His feet were facing south with his right foot just under the left lower corner of the bed. His head was north a few feet from the closet doors. The decedent was warm to the touch and rigor mortis was felt throughout with more intensity in the upper extremities than in the lower. Livor mortis was present mainly on the decedent's posterior side and was judged to be 3+ with blanching under light pressure. The same coloration was observed on the decedent's face and anterior neck appearing to blanch under the same pressure. Upon examination of the decedent's right side it appears that there are two small areas of bruising, a slight amount of lividity, a slight impression, possibly caused by lying on a piece of folded bedding. Dr. Noguchi stated that the lividity on the right side was possibly more intense before it became repositioned. The right nostril appeared to contain red/pink fluid while the left nostril contained what seemed to be dried mucus. Mumerous tiny round marks were noted on the right and left antecubital fossae.

It appears that the decedent was sleeping on the left side of the bed, facing the middle. Traces of what appears to be dried mucus and possibly vomitus were noted on the sheets on the middle, upper portion of the bed.

Evidence collected at the scene include the following:

- Traces of a white powder found on the edge of a dresser drawer in the bedroom.
- Two folded papers found on top of the dresser.
- 3. A partially burned, hand-rolled, eigerette, found on floor in front of left nightstand. The ashtray on the nightstand was knocked to the floor while moving the decedent.

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- 4. A green leafy substance in a plastic container and cigarette papers found on right nightstand.
- A single white pill (Astifed) found on carpet in bedroom.
- A prescription bottle, filled at a pharmacy in New York, for Actifed. The bottle contained two tablets. The name on the label was not the decedent's.

Witnesses told police officers that the decedent took the Actifed for his sinus condition.

A follow-up investigation was done at LAPD Hollywood Division Station. Det. R. Iddings stated that the decedent's female friend had apparently returned to the location sometime after the police and press were present. She was driving the decedent's car and was taken into custody. During her interview she gave Det. Iddings a plastic syringe and a metal spoon. She stated to Det. Iddings that both of these items were at the scene and that she took them with her when she left because she was afraid that the maid would come in and call the police. Det. Iddings released the above items to this office. The spoon was noted to have a piece of white tissue adhering to it and the bottom of the spoon had what appeared to be soot on it.

ID visual by William Wallace to Det. Euster at scene.

Please notify Det. Kuster, 485-4336, two hours prior to autopsy.

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This is a true certified copy of the record ! it bears the seal of the Department of Coronar apprinted in purple link.

DIRECTOR

DEPARTMENT OF CORONER

LOS ANGELES COUNTY, CALIFORNIA

INVESTIGATOR

WHITE YELLOW - YOXICOLOGY · INVESTIGATIONS PINK

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AUTOPSY REPORT

No. 82-3036

BELUSHI, JOHN

I performed an autopsy on the body of



at _the DEPARTMENT OF CHIEF MEDICAL EXAMINER-CORONER

Los Angeles, California	on MARCH 6,	1982 @ 1000 HOURS	
	(Dete)	(Time)	
From the anatomic findines and pertinent history I ascribe the death to:			
ACUTE COCAINE AND	HEROIN INTOXI	CATION	
DUE TO OR AS A CONSEQUENCE OF			
(b)			,
DUE TO OR AS A CONSEQUENCE OF			
(¢)	À		
OTHER SIGNIFICANT CONDITIONS	.1		
Anatomical Summary:) ·		

- I. Intravenous narcotism with:
 - A. Fresh puncture marks in both antecubital fossa.
 - Hyperplasia of porta hepatic lymph nodes.
- II. Cocaine and morphine identified in body fluids.
- III. Bilateral pulmonary congestion with distended lungs and focal areas of trapped alveolar air.
- IV. Passive congestion of liver and spleen.
- V. Acute cerebral adema.
- VI. Cardiomegaly with mild right and left ventricular hypertrophy and mild coronary and aortic atherosclerosis.
- VII. Contusion of right upper arm.
- VIII. Postmortem erosion of esophageal mucosa.
 - IX. Distended urinary bladder.
 - X. Hyperemia of mucosa and foam in upper airway.
 - XI. Obesity.

AUTOPSY REPORT

THOMAS T. MOCUEMI, M.D.

No.

82-3036

BELUSHI, JOHN

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The body was first examined at the scene of death at 1637 hours on the 5th of March 1982. At this time the body was nude and lying on the floor of a bedroom on its back with the arms spread out sideways with a 90 degree angle at the shoulders. The legs straight outward from the body. Livor mortis is seen in the face, neck and shoulders, and heavy livor mortis is seen on the back which is unfixed when pressure is applied. The skin blanches but livor mortis returns in less than 1 minute. The eyes are brown. The pupils are dilated. The anterior chambers are clear and sharp. The pupils measure 0.5 cm. in diameter. Rigor mortis is fully developed in the face, neck and jaws. Rigor mortis of moderate degree is present in the arms. Rigor mortis of moderate to complete is seen in the legs. Three (3) small blanched areas of livor mortis is seen on the right side of the trunk which are fixed and appear to represent the original position of the body. Electrocardiogram pads are present in the upper pectoral region and in the lower chest. Needle marks are seen in both antecubital fossa. The environmental temperature is 71 degrees. The livor temperature at 1637 hours is 95 degrees Pahrenheit.

EXTERNAL DESCRIPTION:

The examination is resumed at 1010 AM on the 6th of March, 1982. The body is unclothed and is that of a well-developed, heavy, young adult male which measures 5 feet 8 inches in length and weighs an estimated 222 pounds. The body is cold. Rigor mortis is well-developed and present in the dependant parts. Rigor mortis is complete. The hair is black. The eyes are brown. The pupils are round, regular and equal, and measure 0.4 cm. in diameter. The sclerae are hyperemic. The anterior chambers are cloudy. The oral and nasal cavities contain a small amount of foamy plnk fluid. The teeth are natural. The nasal septum is intact. The air canals are clear. The neck shows no evidence of injury or disease. Electrocardiogram pads are present in the upper pectoral region and lower chest. The abdomen is distended but shows no evidence of injury or disease. The testes are in the scrotum. The penis is circumcised. A well-healed scar is present on the medial surface of the left knee. The legs otherwise reveal no evidence of injury or disease.

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A partially erased tattoo is present on the left upper arm. Multiple fresh needle puncture marks are seen in the left ante-cubital fossa. On incision of the skin these marks are surrounded by fresh hemorrhage. Two (2) small fresh superficial contusions are seen on the inner surface of the right upper arm. The right antecubital fossa contains multiple needle puncture marks. On incision of the skin the marks appear surrounded by dark red blood. No evidence of scarring or thrombosis of veins is seen either on the left or in the right side.

INTERNAL EXAMINATION:

HEAD:

The scalp and pericranial tissues reveal no evidence of injury or disease. The skull is intact and shows no fractures. The dura is intact and shows no hemorrhages either extradurally or subdurally. The arachnoid is thin and transparent. Cerebrospinal fluid is clear. The arteries of the circle of Willis have their normal anatomic distribution and reveal no arteriosclerosis. The brain is swollen and weighs 1620 grams. The unci and cerebellar tonsils are prominent and grooved but are not herniated. The surface of the brain shows no evidence of injury or focal alterations. The multiple coronal sections reveal no focal alterations throughout the cortex, white matter, basal ganglia, thalami, midbrain, pons, cerebellum or medulla oblongata.

NECK:

The airway contains a small amount of foamy pink fluid. The mucosa shows moderate to marked erythema. No injuries are seen of the larynx, trachea or large bronchi. The soft tissues of the neck reveal no evidence of injury or disease.

BODY CAVITIES:

The pleural and the peritoneal cavities are free of fluid and the surfaces are smooth and glistening. The pericardial cavity contains

AUTOPSY REPORT

No. 82-3036

BELUSKI, JOHN

a few cc.'s of clear yellow fluid. The surfaces are smooth and glistening. The mediastinum is unremarkable. The diaphragms are intact.

REART:

The heart weighs 460 grams and shows generalized dilatation as well as mild right ventricular hypertrophy as well as left ventricular hypertrophy. The epicardial surfaces are smooth. The mycoardium is red-brown and firm, and reveals no evidence of inflammation or infarction. The endocardial surfaces and valves are grossly normal. The coronary arteries reveal minimal early atherosleerosis with patchy areas of calcification. The vessels are all wide open. The aorta reveals minimal intimal thickening and atherosclerotic plaque formation. The pulmonary arteries and great veins are grossly normal.

RESPIRATORY SYSTEM:

The right lung weighs 660 grams and the left lung weighs 500 grams. The lungs are distended and fill the entire pleural cavitites. The anterior surface of both lungs meet over the midline of the mediastinum. The lungs are soft and crepitant and the alveoli contain large quantities of trapped air. The cut surface reveals moderate congestion and mild edema as well as mild emphysematous changes particularly in the upper lobes. No focal alterations are seen. No obstruction is seen of the air passages.

LIVER:

The liver weighs 130 grams. The capsule is dark reddish-purple, smooth, moist and tarse. The cut surface has a uniform reddishbrown appearance and shows marked generalized congestion. The gallbladder contains an estimated 5 cc. of dark golden brown viscid .bile. No stones are noted. The mucosa is velvety. The extrahepatic bile ducts are patent. The porta hepatis reveals enlarged reactive lymph nodes.



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SPLEEN:

The spleen is enlarged and weighs 400 grams. The capsule is reddish-purple, smooth and tense. The consistency is firm. The cut surface is dark red and shows marked generalized congestion.

PANCREAS:

The pancreas is grossly normal.

GASTROINTESTINAL TRACT:

The esophagus is empty. Focal areas of mucosal erosion is seen at the cardioesophageal junction and appears to be postmorten. The stomach is distended with gas and contains an estimated 50 cc. of a mucoid yellowish-brown material containing fragments of identifiable peas. The mucosa is flattened but intact. The mucoid material with identifiable peas can be traced to the first portion of the duodenum. The remainder of the gastrointestinal tract including duodenum, small bowel, appendix, colon and rectum are grossly normal.

CENITOURINARY SYSTEM:

The right kidney weighs 150 grams and the left kidney weighs 180 grams. The capsule strips with case revealing a smooth dark reddish purple surface. The cut surface reveals good corticomedullary distinction. The cortices are congested but intact. The pelves and ureters are unremarkable. The bladder is distended and contains an estimated 750 cc. of clear dark yellow urine. The nucosa is intact. The prostate is grossly normal.

. ENDOCRINE SYSTEM:

The pituitary, thyroid and adrenal glands are grossly normal.

LOUNTY OF LOS ANDELES



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MUSCULOSKELETAL SYSTEM:

The bone marrow is red-brown and juicy. There are no traumatic or any other lesions noted throughout the muscles and bones.

OPINION:

John Belushi, a 33-year-old White male died of Acute Toxicity from cocaine and heroin.

DEPUTY MEDICAL EXAMINER

RNK: rs:s: 11a MARCH 12, 1982

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