

APPENDIX**Official Coroner's Report**

Case No. 96-03854

**REPORT OF INVESTIGATION
OFFICE OF THE CORONER MEDICAL EXAMINER, CLARK COUNTY, NEVADA
1704 Pinto Lane, Las Vegas, Nevada 89106**

DECEDENT SHAKUR, TUPAC A. AKA LESANE PARISH CROOKS Status S DOB 06/16/1971
Residence Address 8489 W. 3RD ST., STE. 1038, LOS ANGELES, CA 90048
Tel No. (213) 653-3515 Desc: Sex M Race N Age 25 SS # 546-47-8539 Height 72.00
Weight 215.00 Hair BROWN Eyes BROWN

Scars/Tattoos & Other identifying features

TATTOOS: SKULL - RIGHT SHOULDER, THUGLIFE - STOMACH, NUMEROUS OTHER TATTOOS ON BODY.
Rigor Mortis NONE Liver Mortis NONE Decomposed? No
Clothing NONE
Drugs & Medications
NONE NOTED

Occupation RAP SINGER Employed by EUPHANASIA
Agency Reporting UNIVERSITY MEDICAL CENTER Date & Time Reported 09/13/96 16:15
Location of body UMC TRAUMA ICU
Type of Death V At Work: N

| CIRCUMSTANCES | DATE | TIME |
|---|----------------------|-------|
| Reported to Agency by Name & Address | | |
| Last Seen Alive by Name & Address | | |
| Found Dead by Name & Address | | |
| Pronounced Dead by Name & Address | 09/13/96 | 16:03 |
| Body Viewed by Name & Address | 09/13/96 | 16:15 |
| Identified by How Identified | 09/13/96 | 17:00 |
| Name & Address Witnesses | AFENI SHAKUR, MOTHER | |

Law Enforcement Agency LVMPD Event # 960907-2063
Officers SGT. MANNING, SGT. ANDERSEN
OFC. DENSLEY P#3577, OFC. DEBECKER P#3917, CSA LEMASTER
Property Receipt # 50389
In Custody of NO PROPERTY TAKEN
CUSTODY OF BODY: Removed by DAVIS To CCCME
Driver SONNY THOMAS
Assisted by TROY FARRELL
Requested by FAMILY

DEATH NOTIFICATION

| | |
|---|--------------------------|
| N.O.K. AFENI SHAKUR | Relationship MOTHER |
| Address 883 RAYS ROAD, STONE MTN., GA 30083 | Tel No. (404) 508-8599 |
| Other #1 | Relationship |
| Address | Tel No. |
| Other #2 | Relationship |
| Address | Tel No. |
| Means PERSONAL CONTACT AT THE HOSPITAL | |
| Notification Made by ED BROWN, CCCME | Date 09/13/96 Time 17:00 |

VEHICULAR DEATHS: Deceased was

| | |
|----------------------------------|---------------|
| Vehicle | Seat Location |
| Accident location | Lic No |
| SAFETY EQUIPMENT USED: Seat belt | Date |
| point Air bag | State |
| Other | Time |