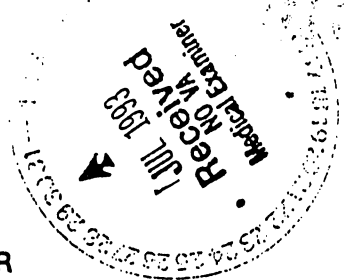


COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH
OFFICE OF THE CHIEF MEDICAL EXAMINER
NORTHERN VIRGINIA DISTRICT
9797 BRADDOCK ROAD
SUITE 100
FAIRFAX, VA 22032-1700
PHONE (703) 764-4640



Resident
Non-resident Washington D.C.
* Jan 15, 1945

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT Vincent Walker FOSTER Jr AGE: 48 RACE: Cauc SEX: mal
ADDRESS: 3027 Cambridge Place N.W. W S D OCCUPATION: Attorney
Washington D.C. 20007 SSN: 429-80-1132 EMPLOYER: Law
City or County Zip Code

TYPE OF DEATH: (Check one only)
Sudden in apparent health Suspicious Violent or Unnatural
Unattended by physician Unusual Means/Weapon x 38 caliber handgun
In prison, jail, or police custody

	Last Seen Alive	Injury or Illness	Death	Medical Examiner Notified	View of Body	Police Notified
DATE			JULY 20'93	JULY 20'93	JULY 20'93	
TIME			6:15pm	6:45 pm	7:15 pm	

If Motor Vehicle Accide Check One of the Follow:
 DRIVER
 PASSENGER
 PEDESTRIAN

NOTIFICATION BY: United States Park Police OFFICIAL TITLE Case # 30502
Address 202 619-7105

	LOCATION	CITY OR COUNTY	TYPE OF PREMISES (E.G., HIGHWAY, ETC.)
INJURY OR ONSET OF ILLNESS	<u>George Washington Parkway (Marcey Park)</u>	<u>Fairfax Co.</u>	<u>Park</u>
DEATH <u>DOA</u>	<u>Fairfax Hospital</u>	<u>Fairfax County</u>	<u>Morgue</u>
VIEWING OF BODY BY MEDICAL EXAMINER	<u>Marcey Park (GW Parkway)</u>	<u>Fairfax County</u>	<u>Park</u>

DESCRIPTION OF BODY	NOSE	MOUTH	EARS	RIGOR	LIVOR	NON FATAL WOUND
Clothed <input type="checkbox"/> Unclothed <input type="checkbox"/> Partly Clothed <input type="checkbox"/> Hair Color _____ Beard _____ Mustache _____ Pupils R _____ L _____ Eye Color _____ Body Heat _____ Scars, Tattoos, etc. _____	Blood _____ Froth _____ Other (Sand, dirt water, etc.) _____			<input type="checkbox"/> Jaw <input type="checkbox"/> Neck <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> Complete	Color _____ Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Lateral <input type="checkbox"/> Regional _____	<input type="checkbox"/> Abrasion <input type="checkbox"/> Bur <input type="checkbox"/> Contusion <input type="checkbox"/> Sta <input type="checkbox"/> Gunshot <input type="checkbox"/> Inc: <input type="checkbox"/> Laceration <input type="checkbox"/> Fra DISTRIBUTION: <input type="checkbox"/> Scalp <input type="checkbox"/> Chest <input type="checkbox"/> <input type="checkbox"/> Neck <input type="checkbox"/> Arms <input type="checkbox"/> <input type="checkbox"/> Abdomen <input type="checkbox"/>

FATAL WOUNDS (GUNSHOT, STAB, ETC.)	SIZE	SHAPE	LOCATION	PLANE, LINE OR DIRECTION

CAUSE OF DEATH: PERFORATING GUNSHOT WOUND MOUTH-HEAD
MANNER OF DEATH: (check one only)
 Accident Suicide Homicide
 Natural Undetermined Pending
AUTOPSY: Yes No
AUTHORIZED BY: ME
Pathologist Dr. Beyer
Autopsy No. 353-93 7-21

I hereby declare that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause and manner of death in accordance with the Code of Virginia as amended; and that the information contained herein regarding such death is correct to the best of my knowledge and belief.

July 20, 1993 Fairfax County
Date City or County of Appointment Signature of Medical Examiner

NOV 2 1994
Assistant Chief Medical Examiner
1 COPY TESTED

MEDICAL ATTENTION AND HOSPITAL OR INSTITUTIONAL CARE:

NAME OF PHYSICIAN OR INSTITUTION	ADDRESS	DIAGNOSIS	DATE

CIRCUMSTANCES OF DEATH:

	NAME	Official Title or Relationship to Decedent	ADDRESS
FOUND DEAD BY			
LAST SEEN ALIVE BY			
WITNESSES TO INJURY OR ILLNESS AND DEATH			

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH:

JULY 20, 1993 After anonymous call was received at 18:04 hours US Park Police officers found 48 yrs Caucasian male with self-inflicted gunshot wound mouth to neck on a foot path in Marcey Park .His car was parked in the parking lot but no note was found,
 MEDICAL HISTORY Unknown

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 CONTENTS NOT TO BE DUPLICATED

NOV 2 1994
 1 COPY DESTROYED
A. C. Bayer
 Assistant Chief Medical Examiner
 DECEDENT FOSTER, Vincent Walker, Jr.

Toxicology sent: Yes No
 Blood
 Urine
 Other _____