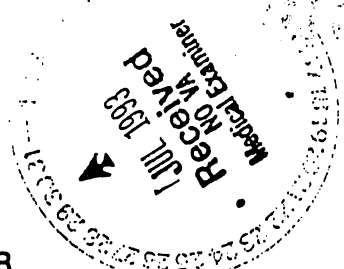


COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HEALTH  
**OFFICE OF THE CHIEF MEDICAL EXAMINER**  
NORTHERN VIRGINIA DISTRICT  
9797 BRADDOCK ROAD  
SUITE 100  
FAIRFAX, VA 22032-1700  
PHONE (703) 764-4640



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  
Date

Fairfax County  
City or County of Appointment

[Signature]  
Signature of Medical Examiner

1 COPY TESTED

NOV 2 1994

W036666

[Signature]  
Assistant Chief Medical Examiner

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 \_\_\_\_\_