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RADIOLOGY

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February 16, 1996

Dr. Sabow
909 St. Joe #555
Rapid City, SD 57701

Dear Dr. Sabow:

In summarizing the skull films that were sent to me by yourself, several factors are important to note.

1. There are a paucity of shotgun pellets around the area of the depressed skull fracture as identified on this film.
2. The number of pellets appears to be medium size.
3. The skull fracture is displaced inwardly and not outwardly which would be expected from a shotgun blast coming from the mouth to the posterior aspect of the skull, where the skull fracture is found.
4. The linear skull fractures seen within the calvarium are typical of the type of fractures seen caused by a gunshot wound to the head with secondary decompression of the calvarium by way of fracture formation. The compressed skull fracture is very atypical and certainly not expected to be seen in a gunshot wound.

IMPRESSION:

A posterior compressed skull fracture is present which has the bony fragment displaced inwardly. This is a rather large bony fragment displaced inwardly. This is not typical of a gunshot wound where the pellets from a gunshot wound into the mouth would cause the bones to be displaced outwardly or simply cause linear fracture lines which are seen near the apex of the skull. In addition there appears to be a paucity of medium-sized shotgun pellets about the occipital fracture which would again be consistent that the pellets were not the

Dr. Sabow
February 16, 1996
Page 2

cause of the skull fracture and as stated in prior dictations, the skull fracture appears to be overwhelmingly atypical for that caused by any type of shotgun blast or other bullet wound to the head and is much more typical, in fact very typical, of blunt trauma to the skull.

Sincerely,

Dennis E. Nesbit, M.D.

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