

Aug, 25th 2012

Dear Sir or Mrs.

My Name is Leland Colvin & I live at
57 Clemens Rd. Sp #1
Montesano, Wa. 98563-9601

I would like to request the Coroners reports -
Autopsy + Toxicology for my grandson Kurt Donald
Colvin who was found deceased in April 8/994

It has taken me 18 yrs to make up my mind on
what happened to him & I would like to read the
report for myself I am 88 yrs old & I'd like to
know the results before I die

Leland E. Colvin

Phone # (360) 249-8477

OK TO SEND

KCME# 94-0399

Autopsy & Toxicology Reports

Investigators Report

Paid 50- No Fee

By [Signature]

STATE OF WASHINGTON, COUNTY OF KING
DEPARTMENT OF PUBLIC HEALTH
MEDICAL EXAMINER DIVISION
850 ALDER STREET
SEATTLE, WASHINGTON 98104-2499
(206) 223-3232 FAX (206) 287-8555

NAME: Cobain, Kurt Donald
KCME Case #: 94-0399

MEDICAL EXAMINER DETERMINATION

AN INQUIRY into the death of Kurt Donald Cobain, age 27 years, was conducted by the King County Medical Examiner. This inquiry included investigation and documentation of circumstances surrounding death as well as postmortem examination of the decedent which did include autopsy.

It has been determined that death occurred at 7:18:00 hours, on Tuesday 5 April 1994, located at 171 Lake Washington Blvd E.

SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH:

Death was reported at 10:30 hours, 8 April 1994 by Seattle Police.

According to the investigation: a workman discovered Mr Cobain dead at home at approximately 0900h, 8 April 1994. The deceased had a shotgun wound to the head. A shotgun was found at the scene. A note indicating suicidal intent was found in the residence.

Seattle Police Department Case # 94-156500


David G. Delgado, Jr.
Medical Investigator

CAUSE OF DEATH:

Contact perforating shotgun wound to head (mouth).

OPINION:

This 27 year old male was found unresponsive at his place of residence. His death is attributed to a contact penetrating shotgun wound to the head. In view of the scene and circumstances surrounding his death, the manner of death is classified as suicide.

CERTIFICATION BY:


Nikolas J. Hartshorne, M.D.
Assistant Medical Examiner


Donald T. Reay, M.D.
Chief Medical Examiner

Date: 20 June 1994

SCENE NOTE: 94-0399

On April 8, 1994 we received a call at King County Medical Examiner's Office at approximately 1100 hours regarding the presence of a leath at 171 Lake Washington Blvd. E. I left the office at approximately 1105 hours and arrived at the scene at 1125 hours. I was in the company of Dr. Donald Reay, M.D. and at the scene we are met by members of Seattle Police Department, Don Cameron in charge. The scene is that of a house with detached two car garage with an atrium over the garage. We are directed to the back of the garage, up a set of stairs into the atrium. The victim is lying in the atrium supine in a west/east direction (head west, feet east). Garments on the front of the body are open and consist of a white, blue and yellow patterned long-sleeved button up shirt, a white cotton type T shirt with two black figures inscribed on the front, a pair of blue denim Levi button fly jeans which are appropriately fastened and a black leather type belt which is appropriately threaded through the belt loops and fastened. Unbuttoning the pants reveals an underlying pair of camouflage pants, underlying pair of grey sweat pants and underlying pair of white thermal underwear and an underlying pair of white "Y" front briefs. The feet are clad in a pair of white socks with a pair of black low top Converse suede lace up shoes, appropriately tied. The body is that of a Caucasian male and rigidity is easily broken. To the left side of the head there is a large amount of blood matter extruding from the left external auditory canal. The face in addition, is streaked with blood. There is considerable drying artifact around the eyes and the eyes sink into the orbits with opacification of the cornea. Clasped in the left hand is a 20 gauge semiautomatic shotgun with the left thumb and left index finger around the barrel. The barrel lies against the chest of the victim. Examination of the head reveals an apparent penetrating shotgun wound to the mouth (hard palate). Examination of the hands show considerable drying artifact over the palmar surfaces. Noted on the hands around the left wrist is a black banded wrist watch with a human face on the face and a white hospital identification band reading "Cobain, Kurt 002998014190". In addition, on the right hand are 3 rings, a white metal ring with a green stone, a white metal ring with black stone, and a yellow metal ring. On the left hand is a white metal ring and a yellow metal ring. Petechiae are noted in the conjunctivae. Rolling back the sleeves of the aforementioned shirt reveals an apparent recent needle puncture wound and needle tracks on the right forearm extending into the right antecubital fossae. A band-aid with cotton swab is located over the left antecubital fossa. The body is searched by myself and Investigator David Delgado. Present in the right front jeans pocket is 62 dollars in bills and one dollar in quarters. Present in the left jeans front pocket are miscellaneous papers, an address book and a lighter and \$1,86 in coinage and bills. Present in the right rear jeans pocket are Delta Airlines passenger receipts, flight tickets from Los Angeles to Seattle dated April 1st. Present in the left jeans pocket is an airline

ticket from Seattle to Los Angeles dated the 30th of March. Examination of the miscellaneous papers in the left front pocket reveals some writing in black ink reading "Remington 20 gauge 2-3/4 shells or shorter setup for light shot 10888925". An ambient temperature of 61 degrees is recorded at 11:30 hours and a core temperature of 61 degrees is recorded at 11:40 hours. Other observations at the scene include an expended 20 gauge yellow shotgun shell to the left of the body and lying adjacent to the right of the body is a cigar box with a hypodermic insulin type needle contained within. In addition a small glycine piece of plastic paper is located to the left of the body containing a small residual black foreign body tar like material. There are numerous shards of glass present across the floor of the atrium and these appear to have come from the pane of glass at the door where paramedics obtained entrance to this secured room. I depart the scene with Dr. Reay at 1200 hours.

NJH:bw

WASHINGTON STATE TOXICOLOGY LABORATORY
DEPARTMENT OF LABORATORY MEDICINE
UNIVERSITY OF WASHINGTON
2203 AIRPORT WAY S., SUITE 360
SEATTLE WA 98134

PHONE (206) 343 5435

FAX (206) 731 8564

Death Investigation Toxicology Report

ST 78104

agency case # 240398
attn.
agency King Co. Medical Examiner
ZA-37

date received 4-11-94
date completed 4-11-94

Last name	First name	middle initial
Cobain	Kurt Donald	

sample	blood	urine
container	yg	yg
labelled	Y	Y

BLOOD ETHANOL neg

BLOOD TEST RESULTS

morphine by RIA	1.52	mg/L
codeine	0.11	mg/L
diazepam	0.08	mg/L
nordiazepam	0.28	mg/L
monacetylmorphine	pos.	mg/L

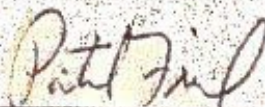
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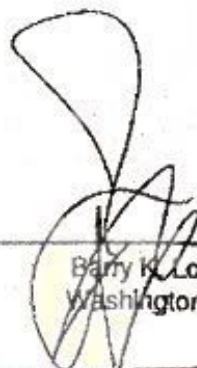
URINE TEST RESULTS

opiates
benzodiazepines

COMMENTS Note: samples have been returned to KCMEC.
Report printed 1/15/97



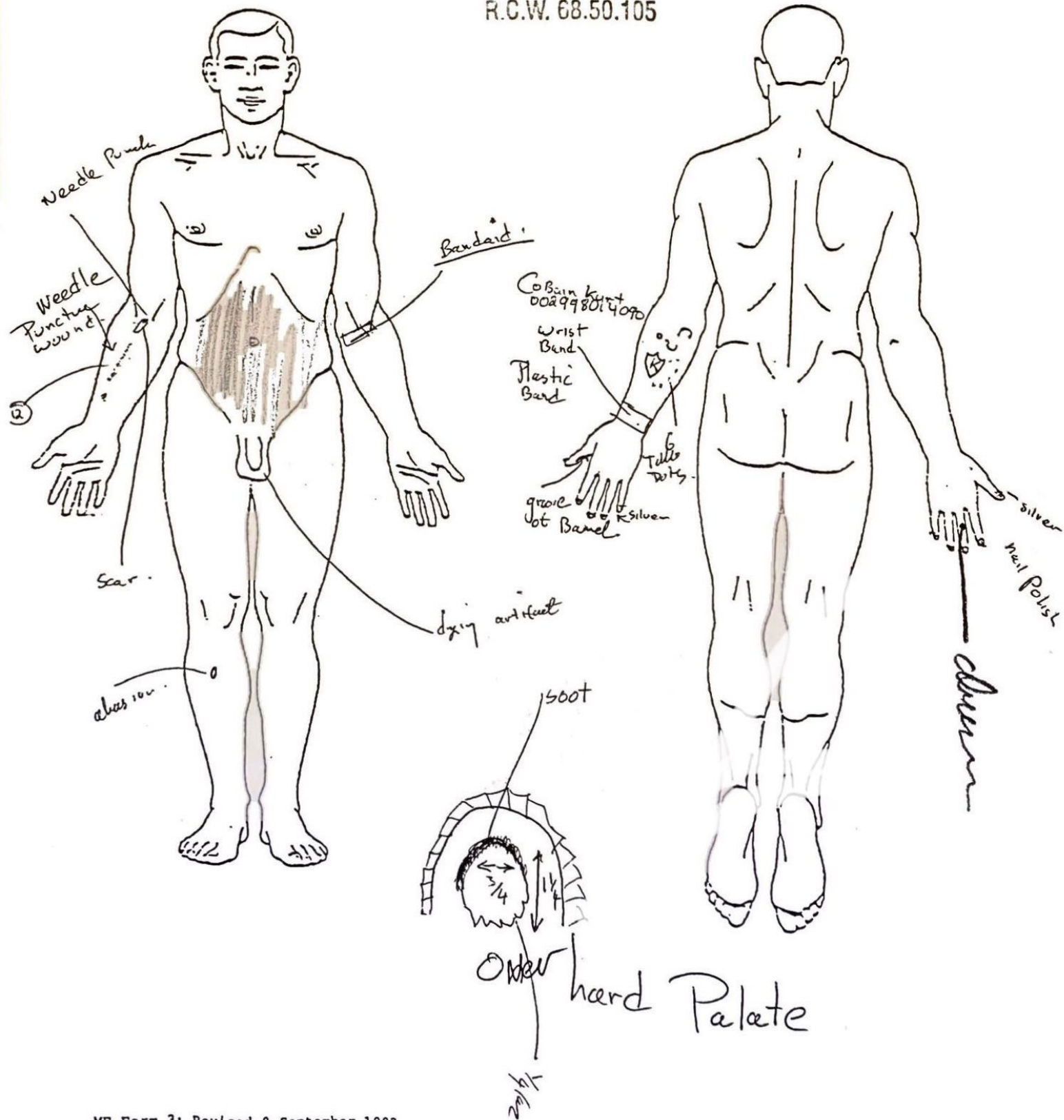
Pat Frie Analyst



Barry K. Logan Ph.D., DABFT
Washington State Toxicologist

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Needle tracks: 1) located in the right antecubital fossae an obliquely oriented 1/2 inch linear scar consistent with needle track. Directly superior to this needle track is a 1 inch region of dark blue ecchymoses with a center 1/4 inch darker region of purple-black ecchymoses. This apparent needle puncture site is firm and tense; 2) located over the palmar surface of the right forearm 5 inches inferior to the right antecubital fossa is a linear, vertically oriented 1-1/2 inch region of needle puncture wounds (approximately 10). This linear region of needle puncture wounds is surrounded by a 1/4 inch linear region of ecchymoses; 3) located 6-1/2 inches inferior to the right antecubital fossa over the palmar surface of the right forearm 2 apparent needle puncture wounds with surrounding 1/4 inch region of ecchymoses; 4) located over the dorsal surface of the right middle finger 1-1/2 inches distal to the knuckle of the right middle finger is a 1/4 inch crescent shaped region of abrasion with associated 1/4 inch dark brown eschar; 5) located across the left antecubital fossa is a band-aid with a small piece of blood stained cotton.

External body markings: 1) located over the dorsal surface of the left forearm 2 inches inferior to the left elbow a horizontally oriented 1/2 inch nonprofessional blue-black tattoo of a question mark; 2) located over the dorsal surface of the left forearm 5-1/2 inches superior to the level of the left wrist a blue-black 1/2 inch x 1/2 inch tattoo of a 3 pronged shield with a 1/4 inch letter "K" within the shield; 3) located over the dorsal surface of the left forearm 6 pinpoint blue-black tattoo marks contained within a region 2 inches x 3/4 inch; located over the dorsal surface of the left forearm 3 inches distal to the left elbow a 1/16 inch red-brown abrasion contained within an oval shaped 1/3 inch tan-brown puckered scar.

EXTERNAL EVIDENCE OF INJURY:

1. There is a contact penetrating shotgun wound to the head.

ENTRANCE WOUND: Located on the superior hard palate 1/2 inch posterior to the anterior incisors is a 3/4 inch x 1-1/4 inch oval shaped entrance shotgun wound defect. The distal posterior margins are remarkable for six 1/4 inch to 1/3 inch linear lacerations leaving 1/3 inch skin tags hanging from the posterior edge. The anterior edge of this entrance defect is remarkable for a 1/4 inch crescent shaped rim of fouling. No tattooing is identified around this defect.

PATH OF WOUND: After passing through the hard palate the shot passes superiorly posteriorly through the lesser wings of the sphenoid bone, sella turcica and frontal orbital plates creating a 1-1/2 inch gunshot wound entrance defect. Extending posteriorly and anteriorly from this irregular oval shaped defect are numerous stellate comminuted fractures that involve the frontal orbital bones, bilateral greater and lesser wings of the sphenoid bones, pass posteriorly across the sella turcica and out into the bilateral petrous bones. In addition, the left

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parietal bone and frontal bones are remarkable for stellate comminuted fractures with the largest portion of intact calvarium measuring 5 inches x 3 inches (right parietal bone). This stellate comminuted fracture has maximum dimensions of 7 inches x 5 inches. The shot then courses posteriorly macerating the entire right and left frontal lobes, midbrain, right and left parietal lobes partially sparing the occipital lobes. The cerebellum is intact. The midbrain is remarkable for hemorrhagic parenchymal disruption with complete transection. The shot then contact the left and right parietal bones leaving 1/16 inch circular shot wipe impressions.

DIRECTION OF WOUND: Front to back, slightly right to left in an upward inclination.

RETRIEVAL OF SHOT: Approximately 30 small BB lead type shot and a distorted white plastic shotgun shell wad are retrieved from the left and right cerebral hemispheres.

2. Located over the region of the right patella 2 oval shaped brown healing regions of abrasion.
3. Located directly over the left medial malleolus a 1/4 inch brown region of abrasion.
4. Located over the dorsal surface of the left foot a 1/16 inch brown healing abrasion.
5. Located 3-1/2 inches directly inferior to the right patella a patchy 1 inch brown region of abrasion.
6. Located over the left lateral cheek at the angle of the mandible two 1/4 inch orange-brown regions of abrasion.

INTERNAL EXAMINATION:

HEAD:

Reflection of the SCALP reveals marked diffuse bilateral subgaleal hemorrhage. The calvarium is remarkable for extensive stellate comminuted fractures involving the frontal, left and right parietal and base of skull previously described. The markedly hemorrhagic disrupted BRAIN weighs 1250 grams. The brain is remarkable for marked acute diffuse subarachnoid hemorrhage. The vessels at the base of the brain are lacerated and no anomalies are identified. Serial sections of the brain reveal marked hemorrhagic parenchymal disruption with the usual anatomical landmarks of the cerebrum and midbrain being unidentified. The cerebellum demonstrates no abnormalities. Removal of the DURA from the base of the SKULL reveals the above described evidence of injury. The foramen magnum demonstrates the normal orientation

and the first portion of the SPINAL CORD at the level of the transection viewed through the foramen magnum is unremarkable.

NECK:

A layered dissection of the SOFT TISSUES, MUSCULAR and BONY structures of the NECK demonstrates no significant abnormalities with the usual anatomical relationships preserved.

BODY CAVITIES:

The body cavities are opened in the usual manner. The PLEURAL and PERITONEAL SURFACES are smooth and glistening. The PERICARDIUM is unremarkable. The MEDIASTINUM and RETROPERITONEUM show the usual anatomical features. The leaves of the DIAPHRAGM are intact and the organs are anatomically disposed. There is no internal evidence of injury.

ORGAN SYSTEMS:

CARDIOVASCULAR SYSTEM:

The HEART weighs 275 grams. Examination of the epicardium shows it to be intact. The chambers demonstrate their usual shape and configuration with no gross hypertrophy. The CORONARY ARTERIES are normally disposed and there are only scattered atherosclerotic streaks present throughout the course of all vessels. Cut surfaces of the MYOCARDIUM show a normal color and mild thickening of the right ventricular wall is identified. The VALVES are intact with the usual anatomical relationships and the ATRIA are unremarkable. The AORTA follows its usual course and the origin of the MAJOR VESSELS are normally disposed and unremarkable. The GREAT VESSELS of the venous return are in their usual positions and unremarkable.

RESPIRATORY SYSTEM:

The LARYNX and TRACHEA show no abnormalities and are continuous in the usual manner with the primary BRONCHI. A small amount of frothy sanguinous fluid is present within the trachea. The RIGHT LUNG weighs 395 grams and the LEFT LUNG weighs 435 grams. The PLEURAL SURFACES are smooth and glistening. Cut surfaces show the crepitant, markedly congested deep red parenchyma with no evidence of natural disease or injury. There is no consolidation or enlargement of the air spaces. The PULMONARY VESSELS are normally disposed and unremarkable.

HEPATO-BILIARY SYSTEM:

The LIVER weighs 945 grams with a smooth, glistening surface. Cut surfaces show the usual anatomical landmarks with a deep red cut surface. The

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GALLBLADDER contains 15 ccs of bile and no abnormalities are demonstrated in the BILIARY TREE.

LYMPHO-RETICULAR SYSTEM:

The SPLEEN weighs 210 grams with a smooth, glistening capsule and an unremarkable parenchyma with the usual anatomical features. The THYMUS is involuted and replaced by fat. The LYMPH NODES where noted show no pathological change.

URINARY SYSTEM:

The RIGHT KIDNEY weighs 105 grams and the LEFT KIDNEY weighs 110 grams. The cortical surfaces are smooth and glistening with good preservation of the cortex and good cortico-medullary differentiation. The Pelves show the usual anatomical relationships and are continuous into normal appearing URETERS which insert into an unremarkable BLADDER containing 180 ccs of amber colored urine.

INTERNAL GENITALIA:

The PROSTATE, SEMINAL VESICLES, and TESTES are unremarkable.

GASTRO-INTESTINAL SYSTEM:

The PHARYNX and ESOPHAGUS are unremarkable and the STOMACH contains 600 ccs of brown partially digested meat and vegetable type matter. The mucosal lining of the stomach is intact and is continuous into a normal duodenum and small bowel. The SMALL and LARGE INTESTINE are unremarkable and the APPENDIX is present.

ENDOCRINE SYSTEM:

The PITUITARY, THYROID, ADRENALS, and PANCREAS are unremarkable.

MUSCULO-SKELETAL SYSTEM:

The musculature is normally developed and the bony structures demonstrate their usual relationships. The abdominal FAT measures 1/4 inch at the level of the umbilicus. No other abnormalities are noted.

MICROSCOPIC:

BRAIN: Parenchymal hemorrhage and necrosis.

LIVER: Necrosis.

HEART: No pathologic abnormality.