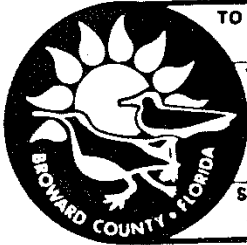


Volume IV- Case Incident File *f*
File 4
BSO Lab Sheets/Sword Blade
02/11/86-02/23/86



TO George Duncan, BSO Crime Lab
THRU
FROM D.P. Hughes, Chief of Operations
SUBJECT Sword blade submitted for examination

**INTEROFFICE
MEMORANDUM**

MEDICAL
EXAMINER

Feb. 11, 1987

M.E. Case # 81-1187
Hollywood P.D. Case #81-56073

Please accept the attached sword blade for examination for blood traces in relation to the Walsh case.

This blade was received from Ft. Pierce P.D., via Detective Hoffman of Hollywood P.D. We are informed that the blade was in the possession of an individual arrested by Ft. Pierce for drug paraphenalia & child pornography. You may recall that Walsh's head was found at the 130 mile marker of the Florida Turnpike.

I would appreciate any attention you might give this request. When your examination is complete, I will submit the blade to Bob Hart, of the Metro-Dade lab, who has tool mark impressions from the deceased's skull.

Please give me a call when this blade is ready for pick-up.
Thanks for your continuing cooperation.

xc: Det. Hoffman
Hollywood P.D.

COPY

005859

OFFICE OF THE DISTRICT MEDICAL EXAMINER

SEVENTEENTH DISTRICT IN AND FOR
BROWARD COUNTY, FLORIDA

5301 S.W. 31ST AVENUE
FORT LAUDERDALE, FLORIDA 33312
PHONE: 962-8300

February 23, 1987

Detective Jack Hoffman
Hollywood Police Department
3250 Hollywood Boulevard
Hollywood, FL

Re: Your Case #81-56073
My Case #81-1187
Adam Walsh

Dear Detective Hoffman:

Attached, please find an analysis report issued by the BSO Crime Lab on a sword blade submitted by this office. You will note that the results were negative for blood traces. The sword has been returned to my office.

At your convenience, you may retrieve the weapon and take it to Metro-Dade Police Department for toolmark comparison, should you desire to do so. I have already cleared such a consult through Chief Spurlock, who requested that transporting officers call Bob Hart directly, before responding to the lab. You will recall that Mr. Hart made the original comparisons from skull impressions in December, 1983.

Please let me know if we can be of further service to you.

Sincerely,



D.P. Hughes
Chief of Operations

DPH/bkm
attachment

005861

BROWARD COUNTY SHERIFF'S OFFICE
P.O. Box 9507
Ft. Lauderdale, FL 33310

Lab Number: 01732W

CRIME LABORATORY ANALYSIS REPORT

To: D.P. Hughes, M.E. Office
Medical Examiners Office
5301 SW 31 Avenue
Ft. Lauderdale, FL 33312

Date: 02/19/87
Agency Case# 81-1187

Victim: ADAM WALSH

The evidence listed below was submitted to this laboratory on: 02/12/87
by: D. Hoke, SAO

- 1) Sword blade.

An analysis on the above mentioned items revealed the following:

Item #1 failed to indicate the presence of blood.

Respectfully submitted,

Howard Seiden
Howard Seiden
Forensic Serologist
Crime Laboratory

19 Feb 77
Sally C. Cunningham,

Items NOT mentioned in the results section were not examined.

HGS/sc

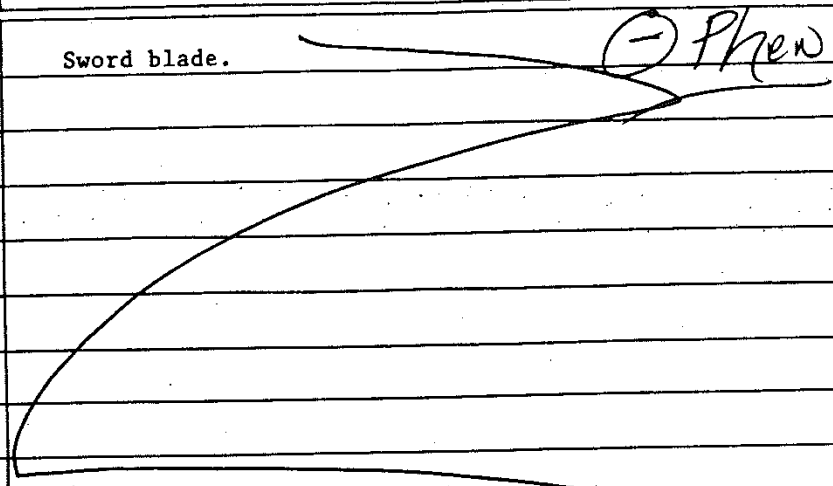
5301 S.W. 31st Ave
 Ft. Lauderdale, FL 33312
 962-8300 or 765-8590

GEORGE LUKAS

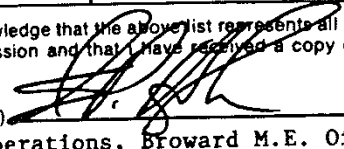
BROWARD COUNTY
 MEDICAL EXAMINER OFFICE

CASE # 81-1187
 1732h

PROPERTY RECEIPT

OTHER AGENCY Hollywood PD	OTHER AGENCY CASE NUMBER 81-56073	TYPE OF CASE Homicide
IF SPECIMEN IS SUBMITTED FOR ANALYSIS: MOTOR VEHICLE CASE _____ YES <u>XX</u> NO		
DATE & TIME INCIDENT OCCURRED July 27, 1981 (disappearance)	DATE & TIME SPECIMEN COLLECTED Feb. 10, 1986 @ 2:00 PM	LOCATION M.E. Office
ANALYSIS REQUESTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUG SCREEN <input checked="" type="checkbox"/> OTHER (DESCRIBE) Examination for blood traces on blade & handle		
SUSPECT INFORMATION: NAME: Unknown at this time RACE/SEX: DOB:		
VICTIM INFORMATION: NAME: Adam Walsh RACE/SEX: W/M DOB: 11/14/74		
OTHER INFORMATION		
ITEM NO.	QUANTITY	DESCRIPTION
	1	Sword blade. 


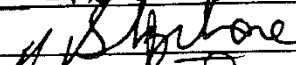


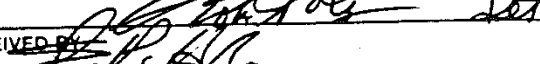
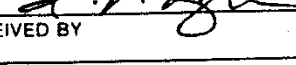
I hereby acknowledge that the above list represents all property taken from my possession and that I have received a copy of this receipt.

SIGNATURE (X) 
 Chief of Operations, Broward M.E. Office

I hereby acknowledge that the above list represents all property received by me in the official performance of my duty.

FOR THE MEDICAL EXAMINER

SIGN-
 PRINT-

RECEIVED BY  SAG W (H.D. HOVE)	REASON Transport to LAB	DATE AND TIME RECEIVED 12 FEB 87 1:00pm
RECEIVED BY 	REASON LAB	DATE AND TIME RECEIVED 2/12/87 1410
RECEIVED BY 	REASON 	DATE AND TIME RECEIVED 2/18/87
RECEIVED BY  Det	REASON Transport to ME.	DATE AND TIME RECEIVED 2/20/87 10:00
RECEIVED BY 	REASON Storage	DATE AND TIME RECEIVED 2/20/87 1032A
RECEIVED BY	REASON	DATE AND TIME RECEIVED
FINAL DISPOSITION	AUTHORITY	DATE AND TIME OF DISPOSITION