

450

REPORT OF INVESTIGATION

PROGRAM CODE		2. CROSS FILE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	RELATED FILES	3. FILE NO. [REDACTED]	4. G-DEP IDENTIFIER [REDACTED]
3. BY: Joseph Gonzales AT: Inspector HQS, OPR				6. FILE TITLE [REDACTED]	
7. <input type="checkbox"/> Closed <input type="checkbox"/> Requested Action Completed <input type="checkbox"/> Action Requested By:					
9. OTHER OFFICERS: RAC James Kuykendall					
10. REPORT RE: Interview of Dr. Alberto Rodriguez-Garcia					

MAY - 4 1988

Details:

1. On April 6, 1988, Dr. Alberto Rodriguez-Garcia was interviewed by Inspector Joseph Gonzales and RAC James Kuykendall at the Los Angeles, California, Federal Courthouse.

2. Dr. Rodriguez-Garcia stated that he personally knew Dr. Humberto MACHAIN in Guadalajara, Jalisco, Mexico. Dr. Rodriguez stated that Dr. MACHAIN frequently attends medical conventions for gynecologists. According to Dr. Rodriguez, the next convention is in May, 1988, in Chicago, Illinois. Dr. Rodriguez will contact DEA, Guadalajara with Dr. MACHAIN's travel plans should he decide to attend the medical convention.

3. Dr. Rodriguez stated that on March 6, 1985, at 8:00 p.m., he was at the Jalisco State Morgue in Guadalajara, Jalisco, Mexico, when the bodies of S/A Enrique Camarena and Alfredo Zavala arrived from Zamora, Michoacan, Mexico. Dr. Rodriguez stated that he was asked to assist in the construction of the fingerprints of the cadavers thus assisting in their identification. Dr. Rodriguez noticed the following:

- A. The bodies were contained in individual clear plastic bags.
- B. An autopsy had been performed on the bodies.
- C. The clothing and other items removed from the bodies were contained in separate bags and were the following:
 - 1) A sheet or shower curtain with floral print.
 - 2) Rope ties (curtain rope).
 - 3) Gag (consisted of gauze and soft paper similar to toilet paper).
 - 4) Blindfold (consisted of gauze and soft paper similar to toilet paper).

Dr. Rodriguez stated that there were no personal effects; i.e., wallet or identification with the bodies.

11. DISTRIBUTION: REGION [REDACTED] DISTRICT [REDACTED] OTHER [REDACTED]	12. SIGNATURE (Agent) Joseph Gonzales, Inspector	13. DATE 4-28-88
	14. APPROVED (Name and Title)	15. DATE

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(Continuation)

1. FILE NO.

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4. Dr. Rodriguez stated that an autopsy was performed in Guadalajara by Mexican Federal Pathologists and that the bodies of S/A Camarena and Zavala were positively identified by the following methods:

S/A Enrique Camarena:

- A. Fingerprints
- B. Dental Records

Alfredo Zavala:

- A. Dental Records
- B. Surgical scars on the lower back

5. Dr. Rodriguez stated that the MFJP video taped the entire autopsy of S/A Camarena and Zavala.

6. Dr. Rodriguez stated that on March 6, 1985, Mexican Federal Prosecuting Attorney Figueroa instructed him to destroy all the evidence; i.e., sheet, rope ties, blindfold, and gags. Dr. Rodriguez stated that he cut a large piece of the sheet, which he kept. Dr. Rodriguez stated that he also kept portions of the rope ties and gags. On March 7, 1985, Lic. Figueroa returned to the morgue and inquired whether the evidence had been destroyed. Dr. Rodriguez said that he advised Lic. Figueroa that he had maintained portions of the evidence and gave Lic. Figueroa the portions of sheet and rope ties. Dr. Rodriguez stated that he kept the gauze gags and placed them in a museum at the Jalisco State Morgue. Mr. Rodriguez stated that the museum is often used to store evidence in homicide cases. Dr. Rodriguez stated that the gags were maintained at the Jalisco State Museum until April, 1986, when they were turned over to a Guadalajara DEA confidential source.

7. Dr. Rodriguez stated that he personally performed the autopsies on the bodies of the Bravo family at the El Mareno Ranch. Dr. Rodriguez stated that he had pathologist reports and photographs for the Bravo family. Dr. Rodriguez also mentioned that he could obtain copies of a report on the soil samples obtained from S/A Camarena's body. Dr. Rodriguez represented that the report would reflect that the soil samples could have only come from "La Primavera Park" or a residence in the City of Guadalajara. Dr. Rodriguez stated that he would be able to obtain the address and would provide it to the DEA Guadalajara Resident Office along with a copy of the analysis of the soil sample. Dr. Rodriguez added that the Mexican Judicial Federal Police (MFJP) agent killed at the Bravo Ranch had in fact been shot by his own agents.

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8. Dr. Rodriguez also stated that he had attended a birthday party on February 4, 1985, for Jalisco State Police Agent LOPEZ-Razon in Guadalajara. Dr. Rodriguez stated that he arrived at the birthday party at approximately 1:00 p.m., and departed at 3:45 p.m., with Jalisco State Special Investigative Attorney LEVY-Gallardo. Dr. Rodriguez was later contacted by LEVY-Gallardo, who stated that he (Rodriguez) might be used as an alibi/witness for GALLARDO. GALLARDO explained that between 5:00 or 6:00 p.m., Ernesto FONSECA and Rafael CARO had arrived at the same party and had allegedly planned the kidnapping of S/A Camarena at the party.

Indexing Section:

1. FONSECA-Carrillo, Ernesto - NADDIS [REDACTED]
2. CARO-Quintero, Rafael - NADDIS [REDACTED]
3. MACHAIN, Humberto - NADDIS [REDACTED]
4. LEVY-Gallardo - NADDIS [REDACTED]
5. LOPEZ-Razon - NADDIS [REDACTED]

453

U.S. DEPARTMENT OF JUSTICE/DRUG ENFORCEMENT ADMINISTRATION

CONVENIO DE PERSONA QUE DESEA COOPERAR

La persona que firma este convenio, acepta lo siguiente:

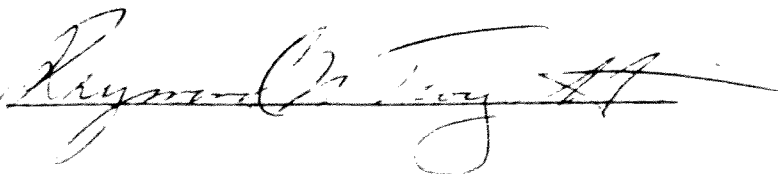
1. No violare ninguna de las leyes criminales cuando trato de obtener informacion o rindo servicios a DEA, y cualquier evidencia de tal violacion sera reportada por DEA a la agencia apropiada con jurisdiccion sobre esas leyes.
2. Entiendo que no tengo estado oficial, insinuado o de otra forma, como agente o empleado de DEA.
3. Que la informacion que yo de puede ser usada en un procedimiento criminal y puedo ser llamado a testiguar a tal informacion en una corte penal, y aunque DEA usara todos los medios permitidos para proteger mi confidencialidad, esto no puede ser garantizado.
4. Se me ha avisado que es ofensa federal que amenacen, intimiden o enganen a cualquiera que de informacion de un crimen federal a una agencia federal con jurisdiccion sobre leyes penales, y si yo me hallo en tal situacion por motivo de mi cooperacion con DEA, yo me comunicare inmediatamente con mi agente de control.

HE LEIDO Y ENTENDIDO LO ANTERIOR TOCANTE A MI CONDUCTA COMO UNA PERSONA QUE DESEA COOPERAR CON LA DEA.

Signature/Date

WITNESSED BY:





See Instructions on Reverse before completing.

VOUCHER FOR PAYMENT FOR INFORMATION AND PURCHASE OF EVIDENCE

Voucher No. _____
Schedule No. _____

1. Originating Office (Name and Office Designator)
EL PASO RESIDENT OFFICE-M7

2. Name of Claimant
RALPH VILLARRUEL

3. Claimant Social Security No.
[REDACTED]

4. This Voucher is being used for:

a. Payment to Informant

(1) for Information and Expenses \$ 500.00

(2) for Reward \$ _____

(3) for Security \$ _____

(4) for Payment of Moiety Claim \$ _____

b. Purchase of Evidence \$ _____

PAID BY
6/8/88
EP-428-88
454

5. EXPENDITURES

a. File Number(s)	b. Amount	c. G-DEP Identifier	d. Exhibit No.
[REDACTED]	\$ 500.00		
	\$ _____		
	\$ _____		

6a. Purchase of DRUG Evidence Drug Code (See Reverse) OR 6b. NON-DRUG Evidence (Describe Purchase)

Quantity (Same as DEA-7)

7. CERTIFICATION OF INFORMANT

I certify I received payment in the amount _____ dollars U.S. or the equivalent in another currency.

If funds received are for the purchase of evidence, any unused funds shall be returned to the Government upon demand and any misappropriation will render me liable for prosecution.

Informant Code No. [REDACTED] (Sign LAST COPY only) Date _____

8. REMARKS:

9. CERTIFICATION

a. PAYOR NAME: (Signature) Ralph Villarruel Date 6-8-88
(Type name) RALPH VILLARRUEL, S/A

b. WITNESS NAME: (Signature) Raymond W. Troy Date 6-8-88
(Type name) RAYMOND W. TROY, S/A

c. APPROVING SUPERVISOR NAME: (Signature) Reynaldo U. Sepulveda Date 6-8-88
(Type name) REYNALDO U. SEPULVEDA, SAC

10. Approving Headquarters Official When Required

11. ACCOUNTING CLASSIFICATION

Appropriation	Allowance Center	B/A	Incurring Center	Control No.	Program	Project	Benefitting Center	Object Class	Amount
88A	6 0 0 435	C	1 2 2 400	0 1 33	E NB 0 0			2 5 3 0	\$500.00

12. Signature of Authorized Certifying Officer _____ Date _____

13. Signature of Claimant Ralph Villarruel 14. Date 6-8-88

VOUCHER FOR PAYMENT FOR INFORMATION AND PURCHASE OF EVIDENCE

Voucher No. Schedule No.

1. Originating Office (Name and Office Designator) VI EL PASO R.O. (M7)
2. Name of Claimant VILLARRUEL, RALPH
3. Claimant Social Security No.

4. This Voucher is being used for:
a. Payment to Informant
(1) for Information and Expenses \$ 500.00
(2) for Reward
(3) for Security
(4) for Payment of Moiety Claim
b. Purchase of Evidence

PAID BY
6-16-88
EP-45188
455

5. EXPENDITURES
Table with columns: a. File Number(s), b. Amount (\$500.00), c. G-DEP Identifier, d. Exhibit No.

6a. Purchase of DRUG Evidence
Quantity (Same as DEA-7)
Drug Code (See Reverse)
OR
6b. NON-DRUG Evidence (Describe Purchase)

7. CERTIFICATION OF INFORMANT
I certify I received payment in the amount \$500.00 dollars U.S. or the equivalent in another currency.
If funds received are for the purchase of evidence, any unused funds shall be returned to the Government upon demand and any misappropriation will render me liable for prosecution.
Informant No. (Sign LAST COPY only) Date

8. REMARKS:

9. CERTIFICATION
a. PAYOR NAME: (Signature) RALPH VILLARRUEL, SA (Type name) RALPH VILLARRUEL, SA Date 6/16/88
b. WITNESS NAME: (Signature) Juan Briones (S/A I.N.S.) (Type name) Juan Briones (S/A I.N.S.) Date 6/16/88
c. APPROVING SUPERVISOR NAME: (Signature) THOMAS C. AHR, ACTING RAC (Type name) THOMAS C. AHR, ACTING RAC Date 6/16/88

10. Approving Headquarters Official When Required

11. ACCOUNTING CLASSIFICATION
Table with columns: Appropriation, Allowance Center, B/A, Incurring Center, Control No., Program, Project, Benefitting Center, Object Class, Amount

12. Signature of Authorized Certifying Officer Date
13. Signature of Claimant Date 6/16/88

VOUCHER FOR PAYMENT FOR INFORMATION AND PURCHASE OF EVIDENCE

Voucher No. Schedule No.

1. Originating Office (Name and Office Designator) EL PASO DEA R.O. (M7)
2. Name of Claimant VILLARRUEL, RALPH
3. Claimant Social Security No.

4. This Voucher is being used for:
a. [X] Payment to Informant
(1) [] for Information and Expenses \$ 700.00
(2) [] for Reward \$
(3) [] for Security \$
(4) [] for Payment of Moiety Claim \$
b. [] Purchase of Evidence \$

PAID BY
6/17/88
EP-460-88
456

5. EXPENDITURES
Table with 4 columns: a. File Number(s), b. Amount, c. G-DEP Identifier, d. Exhibit No.

6a. Purchase of DRUG Evidence
Quantity (Same as DEA-7)
6b. NON-DRUG Evidence (Describe Purchase)

7. CERTIFICATION OF INFORMANT
I certify I received payment in the amount \$700.00 dollars U.S. or the equivalent in another currency.
Informant Code No. (Sign LAST COPY only) Date

8. REMARKS:

9. CERTIFICATION
a. PAYOR NAME: (Signature) Ralph Villarruel, SA Date 6/11/88
b. WITNESS NAME: (Signature) Tom Ahr, S/A Date 6/17/88
c. APPROVING SUPERVISOR NAME: (Signature) Thomas C. Ahr, Jr., ACTG G/S Date 6/17/88

10. Approving Headquarters Official When Required

11. ACCOUNTING CLASSIFICATION
Table with columns: Appropriation, Allowance Center, B/A, Incurring Center, Control No., Program, Project, Benefitting Center, Object Class, Amount

12. Signature of Authorized Certifying Officer Date
13. Signature of Claimant Date 6/17/88