



Quality Division Use Only

Quality Tracking #:	2018-040	Classification:	Corrective Action
Non-Conformance Level:	Class II	Section:	Latent Print Section
Date of Discovery:	05/22/18	Date of Incident:	02/09/18

Forensic Case Number(s), if applicable:	Agency Case Number(s), if applicable:
2017-22929 2014-10787	155236217 050233714

Description of Non-conformance:

A latent print examiner searched a latent print associated with forensic case number (FCN) 2017-22929 using the AFIS MorphoTrak database on February 9, 2018. After completing the search, the examiner began a search for a different case, FCN 2014-10787, but failed to first clear the previous AFIS search information, including the FCN. FCN 2014-10787 was searched in AFIS under FCN 2017-22929. The AFIS search for FCN 2014-10787 involved seven (7) latent prints, one of which produced a hit. The hit was reported as a Preliminary AFIS Association (PAA) under FCN 2017-22929. The error was not noticed during the technical/administrative review process and was only discovered on May 22, 2018, when the examiner started a confirmatory comparison at the request of the investigating officer for the hit associated with the report issued for 2017-22929.

Actions Taken:

Upon discovery of this nonconformance, the Latent Print supervisor requested the latent evidence for 2014-10787 from the Property Room. Once received, the supervisor verified the physical evidence against the evidence scanned into Mideo. Mideo is a digital image and document storage database utilized by the Latent Print section for case documentation. Incorrect AFIS Candidate Comparison Sheets (ACCSs) for FCN 2017-22929 were removed from Mideo and correct ACCSs for FCN 2014-10787 were placed into Mideo. Amended worksheets were completed for both cases. An AFIS search of FCN 2014-10787 was conducted in MorphoTrak under the correct FCN. The case officer involved in FCN 2014-10787 was notified that additional information would be forthcoming. The case officer involved in FCN 2017-22929 was also notified that additional information would be forthcoming and that the original report contained an error. Amended reports were issued on July 3, 2018 for FCNs 2017-22929 and 2014-10787. Emails were sent to both case officers to inform them of this nonconformance. The Latent Print Evidence Handling and Documentation SOP was revised to require examiners to check the ACCS information against the latent lift cards to ensure the case numbers and images of the latent prints match the original evidence. The SOP directs them to document in the case record that this was completed. This nonconformance occurred while the latent print section was working to reduce a backlog. The backlog was the result of over 2400 cases containing latent prints that had not been examined being discovered in the Houston Police Department property room in



2016. Six additional examiners were added to the existing staff and, as a result, a bottleneck of technical and administrative reviews was noted by the section manager at the beginning of January 2018. Reviews were usually performed by section supervisors. To help address the technical review backlog a new supervisor position was created and, in the interim, authorized examiners were assigned to perform reviews. The new supervisor assumed her duties at the end of February 2018. To determine whether this nonconformance was a one-time error or a more systemic problem, an audit of case records where a PAA report was issued between January 1, 2018 and February 28, 2018 was conducted. The audit involved comparing the original latent print evidence to the case record. All case records (15) where a PAA report was issued by the examiner involved in the nonconformance were included in the audit. The audit also included up to five case records from other examiners who issued PAA reports during this time frame (51 additional cases from 11 other examiners, for a total of 66 cases. Some examiners issued less than five PAA reports during this time frame and one examiner did not issue any). The 66 audited case records included 14 case records that were reviewed by the same individual who performed the technical review of the case record involved in this nonconformance. Four additional case records reviewed by this same examiner were also audited, bringing the number of case records audited for this reviewer to 17. The audit included 100% of the case records issued by the examiner involved in this nonconformance. It also included 50% (17 of the 33) TR/AR reviews conducted by the reviewer involved in this nonconformance. A hypergeometric power calculation using a sample size of 17 with a population of 33 provides a 95% confidence level that there are no more than 7 potential defects. The case record audit found no additional instances of PAA reports issued under the wrong FCN.

Summary of Root Cause Analysis:

Note: Incidents are documented for tracking purposes and trend analysis. Root Cause Analysis is not required for incidents.

The root cause of this nonconformance was the examiner not checking that the information being searched in AFIS was entered under the correct FCN. Additionally, when the search produced a hit, the SOP did not require that the information listed on the ACCS be checked against the original latent print card. A contributing factor to this nonconformance was the failure to find the error during the technical review process. The technical reviewer involved in this nonconformance was one of the examiners assigned to do technical reviews during this timeframe. The examiner acknowledges that she did not review the relevant SOP prior to performing the review.

Additional Information/Follow-Up:

On July 3, 2018, during the technical/administrative review of the amended report for 2014-10787, a Latent Print supervisor realized that Items 1-09 and 1-10 were described incorrectly. The incorrect description for both Items was: "(Bottom) Samsung DVD Player (Removed)(Inside Res)." The correct description is: "(Bottom) Samsung DVD Player (Removed)(Inside)." The word "Res" was removed from both item descriptions prior to release of the amended report.

Section Manager: Tim Schmahl

Date: 09/26/18

Division Director: Amy Castillo, Peter Stout

Date: 09/26/18



Incidents or Corrective Actions that involve the Biology/DNA section are reviewed by the Technical Leader and CODIS Administrator.

Technical Leader: N/A

Date: N/A

CODIS Administrator: N/A

Date: N/A

Quality Director: Lori Wilson

Date Closed: 09/26/18