### Description of Non-conformance:

A crime scene investigator (CSI) did not document multiple bullet defects in a vehicle while processing it at the Vehicle Examination Building (VEB). He also did not attempt to recover projectiles from inside the passenger door.

### Additional Information/Follow-Up:

The vehicle had approximately 10 bullet defects in the hood, right front quarter panel and right front door. The defects were photographed and their presence was documented in the notes and report. However, none of the defects were labeled with a scale of measure or unique identifier, as required by the CSU SOP. Photographs of the interior right front door show no exit holes, making it likely that the projectiles were still located inside the door panel. Although door panels can usually be removed and replaced without causing damage to the panel or vehicle, the CSI did not attempt to remove them nor recover the projectiles. When interviewed, the CSI stated that he processed the vehicle for blood and cartridge cases as requested by the investigating officer. This nonconformance occurred on September 26, 2019 but was not discovered until October 17, 2019, when the case file was reviewed by a CSU supervisor. Once vehicle processing at the VEB is complete, vehicles are usually released within forty-eight hours. The vehicle in this case was no longer available for processing when this nonconformance was discovered. When interviewed, the CSI stated that he thought he was required to process the vehicle as requested by the investigating officer. He understood the requirements in the SOP, but thought they were only required if the officer had requested the vehicle be processed for bullet defects and for evidence related to projectiles (bullets) to be collected.
Actions Taken:
The CSI's supervisor met with him and together they reviewed and discussed the CSU SOP requirements regarding documenting bullet defects on vehicles processed at the VEB. They also discussed the need to recover projectiles from vehicles when possible. The supervisor feels confident that the CSI now understands the language and requirements of the SOP.

Summary of Root Cause Analysis:
Note: Incidents are documented for tracking purposes and trend analysis. Root Cause Analysis is not required for incidents.
N/A

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

Section Manager: Domingo Villarreal  Date: 12/27/19
Division Director: Jerry Pena  Date: 12/31/19

Quality Director: Erika Ziemak  Date Closed: 12/31/19