



## CLOSED CASE SUMMARY

ISSUED DATE: NOVEMBER 20, 2023

FROM: DEPUTY DIRECTOR BONNIE GLENN ON BEHALF OF DIRECTOR GINO BETTS JR.,  
OFFICE OF POLICE ACCOUNTABILITY

CASE NUMBER: 2023OPA-0230

### Allegations of Misconduct & Director's Findings

#### Named Employee #1

Allegation(s):	Director's Findings
# 1 5.001 - Standards and Duties 5.001-POL 11. Employees Will Be Truthful and Complete in All Communication	Sustained
# 2 5.001 - Standards and Duties POL-10. Employees Will Strive to be Professional	Sustained
# 3 5.001 - Standards and Duties. 2. Employees Must Adhere to Laws, City Policy, and Department Policy	Sustained
# 4 7.010 Submitting Evidence 3. Employees Follow Department Guidelines for Evidence Packaging and Submission	Sustained

#### Proposed Discipline

Termination

#### Imposed Discipline

Termination

***This Closed Case Summary (CCS) represents the opinion of the OPA Director regarding the misconduct alleged and therefore sections are written in the first person.***

#### ADMINISTRATIVE NOTE ON PROPOSED FINDINGS:

*When the OPA Director recommends a sustained finding for one or more allegations, a discipline committee, including the named employee's chain of command and the department's human resources representative, convenes and may propose a range of disciplinary to the Chief of Police. While OPA is part of the discipline committee, the Chief of Police decides the imposed discipline, if any. See OPA Internal Operations and Training Manual section 7.3 – Sustained Findings.*

#### EXECUTIVE SUMMARY:

Following a Seattle Police Department (SPD) Latent Print Unit audit, the Complainant—an SPD civilian manager—alleged that Named Employee #1 (NE#1)—a Latent Print Unit technician—failed to meet the department's evidence processing methodology control, and handling standards. Specifically, NE#1 allegedly mispackaged evidence, failed to document packages properly and used incorrect testing chemicals. It was further alleged that NE#1 falsified several reports by noting that he completed steps that were never completed.

#### ADMINISTRATIVE NOTE:

On October 5, 2023, the Office of Inspector General certified OPA's investigation as thorough, timely, and objective.



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**SUMMARY OF INVESTIGATION:**

OPA received the complaint and opened an investigation, reviewing the complaint, an event timeline, a “root cause” analysis email, an expectations agreement, proficiency testing documents, and NE#1’s training records. OPA also interviewed the Complainant, Witness Employee #1 (WE#1), Witness Employee #2 (WE#2), and NE#1.

**1. OPA Complaint & Timeline of Events**

On May 25, 2023, the Complainant filed an OPA complaint concerning NE#1.

The Complainant wrote that a recent Latent Print Unit audit showed that several items related to three of NE#1’s cases were stored in an evidence storage room over thirty days, which is inconsistent with policy. The Complainant noted that NE#1 recently went on medical leave unexpectedly, which may have explained the non-conformance. The Complainant wrote that the issue was documented, and the three cases were reassigned to a supervisor and WE#1 for processing. While working on those cases, WE#1 noted multiple issues.

- *“Case #1”*
  - *Visual examination indicated “[Cyanoacrylate] fuming and dye staining with R6G”<sup>1</sup> had been done, but this was not noted in [the] documentation for processing [the] Fuji Instax photographs.*
  - *Fuji Instax photographs were listed as being in [a] “paper bag” but were in a “manila envelope.”*
  - *Documentation for processing a Vaseline container and Sparkling Ice bottle indicated “black powder testing” had been performed on December 20, 2022, with a notation of “NO” for ridge detail, but visual examination did not support that black powder processing had been done.*
  - *[The Vaseline container and Sparkling Ice bottle] were in a tray with an incorrect barcode label.*
- *“Case #2”*
  - *Processing notes did not specify the number of pieces for a broken tequila bottle.*
  - *Processing notes did not include any details for sequential processing, but visual examination indicated that “CA fuming and dye staining with R6G” had been done.*
  - *Part of a broken liquor bottle was located in an unlabeled black photograph tray, while other pieces remained in packaging, and there were no indications as to why the pieces were separated.*
- *“Case #3”*
  - *An evidence item, [...] a cell phone, was found unopened inside the box for a different item.*
  - *There was no documentation of communication with the requestor concerning data recovery or limited processing.*
  - *No processing notes were started.*

The Complainant wrote that WE#1 documented his concerns and emailed NE#1 about it on February 14, 2023. The Complainant also documented a February 23, 2023 issue, when it was discovered that a case jacket (and associated evidence) assigned to NE#1 was not where it was listed in the Laboratory Information Management System (LIMS). WE#1 noted:

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<sup>1</sup> Cyanoacrylate fuming is a technique used to detect latent fingerprints.



- “Case #4”
  - Processing notes indicated [fingerprint] “lifts” were preserved, while the processing results for the item showed zero lifts.
  - Lift cards for two items were not properly itemized as specified in the LIMS workflow.
  - Processing notes for one item did not include a repackaging date.
  - Chain of custody dates for one item were inconsistent with noted processing, repackaging, and return to evidence warehouse dates.

The Complainant wrote that WE#1 documented these issues and took the following corrective action: (1) suspending NE#1’s processing duties; (2) auditing 10% of NE#1’s work from September 2022 through December 2022; (3) retraining; (4) competency testing; (5) processing observation and review for at least a month; and (6) random spot checking for a period thereafter.

The Complainant wrote that a “root cause” meeting was conducted on April 3, 2023, after NE#1 returned from medical leave. The Complainant wrote that NE#1 also entered into an expectations agreement, requiring the following:

- Review of NE#1’s evidence processing work.
- NE#1 must review the Latent Print Unit’s Expectations, Quality, and Lab Safety Manual.
- Pass procedures test.
- Pass proficiency testing.
- Undergo work observation for a month.
- Receive spot check oversight for another two months.

The Complainant wrote that, on April 11, 2023, NE#1 met all review requirements and completed his assigned quizzes. However, NE#1 failed a proficiency test on April 19, 2023. The Complainant wrote that WE#2 noted the following issues:

- NE#1 failed to use a “control” for R6G testing despite NE#1’s processing notes indicating that it was done. WE#2 called NE#1’s false reporting “dry labbing.”<sup>2</sup>
- NE#1 failed to “identify latent prints of value.”
- NE#1 did not identify prints on several documents that had prints “on almost every sheet of paper.”
- NE#1 failed to enter identifying numbers for items.
- NE#1 used a single tray for multiple chemicals, a “huge safety violation”

The Complainant noted that NE#1’s failed proficiency test was reported to the King County Prosecuting Attorney’s Office, SPD’s Legal Unit, and an accreditation board. The Complainant wrote, “[NE#1] will be added to a *Brady* list[,] and it is likely to bring scrutiny to other cases worked on by [NE#1] and possibly the Latent Print Unit as a whole.”

The Complainant wrote that supervisors audited NE#1’s cases. The Complainant wrote that the audit was ongoing but already revealed the following concerns:

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<sup>2</sup> “Dry Labbing” refers to documenting steps as completed when those steps have yet to be taken or never performed.



- “Case #5”
  - The auditor found issues concerning NE#1’s detailedness, thoroughness, and evidence processing.
- “Case #6”
  - NE#1 noted that the evidence was packaged in a “paper bag” when it was in a “cardboard box.”
- “Case #7”
  - NE#1 noted that no “ridge detail” was found, but ridge detail was there.
- “Case #8”
  - NE#1 failed to document and process all evidence.
  - NE#1 noted that “black powder processing” was conducted on the evidence and that no “ridge detail” was found. However, “visual examination did not support that black powder processing had been done.”
  - 11 items were marked “no ridge detail” when ridge detail was present but “insufficient.”
  - An item was marked as “no ridge detail” when a latent print of value was present.
  - The auditor identified 18 items that required black powder processing.
  - Out of 16 items processed, only four had accurate results, and two were not processed or itemized.

The Complainant wrote:

*Falsifying forensic examination documentation and reports, “dry labbing,” and cutting corners is equal to a sworn officer tampering with evidence, planting evidence, and falsifying reports.*

....

*In the auditing process, we have discovered multiple Latent Print SOP<sup>3</sup> violations, ethics violations, SPD Manual violations, Safety violations, Evidence handling practices, and overall negligence.*

OPA also reviewed a “Timeline of Events” prepared by WE#1 that documented concerns about NE#1’s work from December 2022 through June 7, 2023. The timeline was broadly consistent with the issues presented in the OPA complaint.

## **2. “Root Cause” Analysis Email**

WE#1 wrote a summary to document the “root cause” analysis meeting, including NE#1’s explanations for the issues he was confronted with. WE#1 offered NE#1 an opportunity to correct or add anything to the summary, but NE#1 declined. The summary was emailed to NE#1 on April 3, 2023.

WE#1 documented NE#1 describing his deficient performance as “clerical errors” caused by time constraints, NE#1’s workload, and NE#1 “accidentally selecting the incorrect item from drop-down menus.”

OPA also reviewed a “Notification of Expectations for Continuation of Evidence Processing Duties,” signed by WE#1 and NE#1 on April 4, 2023.

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<sup>3</sup> Standard of Procedures (SOP).



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### 3. Proficiency Testing

OPA reviewed NE#1's failed proficiency test and WE#1's documented review, outlining why NE#1 failed and NE#1's explanations:

- **Reason:** "A positive control test for R6G was documented in the processing notes, but the control was not done – a check of the control showed no dye stain/fluorescence."
  - o **Explanation:** *"Stated that it probably was not done; that it had likely been assumed based on the positive CA results."*
- **Reason:** "A positive control test was documented for 1,2-IND<sup>4</sup> but the initial observations of the evidence by the test taker were "no ridge detail". After the proctor located ridge detail and the test taker was questioned regarding the wavelength and filter used, ridge detail was located and marked by the test taker."
  - o **Explanation:** *"Stated that nerves likely contributed and that he probably thought there would be a visible result (that he was thinking it was Ninhydrin)."*
  - o **Explanation:** *"Didn't think he went in the ALS<sup>5</sup> room or used the ALS to view the results – Proctor confirmed that he did go in the ALS room and that he did set the humidity chamber appropriately for developing 1,2-IND."*
- **Reason:** "PR#'s were not added to the digital images in DEMS."<sup>6</sup>
  - o **Explanation:** *"Felt this was likely just forgotten"*
- **Reason:** "Only one tray was observed during the lab clean-up following sequential processing of evidence. There should have been 3, one for R6G, one for 1,2-IND, and one for Ninhydrin."
  - o **Explanation:** *"Confirmed that only one tray was used, since only one was washed."*
  - o **Explanation:** *"Stated that it was just forgotten, and the reason was unknown because in the past more than one tray has always been used"*
- **Reason:** "Not all ridge detail of potential value was marked (while not all ridge detail was required to be preserved with photos for the test, all ridge detail of potential value observed was expected to be marked)."
  - o **Explanation:** *"Stated there had been confusion over what and how to mark ridge detail even for the proctor – proctor confirmed there had been a discussion, but that it was understood that all ridge detail of value needed to be marked. The confusion had been over what would be preserved."*
  - o **Explanation:** *"Was interested to know what should have been marked that wasn't."*
- **Reason:** "Paper items were not photographed or copied prior to processing."
  - o **Explanation:** *"Was unsure why this was not done. Stated that it has been done in past cases."*
  - o **Explanation:** *"Stated that the fact that it was small torn up pieces may have contributed to the decision not to copy/photo, but that it should have been photographed."*
- **Reason:** "Similar items of evidence were distinguished by the test taker by marking them as A and B, which could be confused with alphabetical latent indicators used for marking potential ridge detail for preservation with digital images."

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<sup>4</sup> 1,2-IND (indandione) is a reagent for fingerprints found on paper.

<sup>5</sup> Alternate Light Source (ALS).

<sup>6</sup> Digital Evidence Management System (DEMS).



- **Explanation:** *“Discussed that this isn’t specified in the SOP, but that using numbers would reduce confusion with marked ridge detail.”*

WE#1 also documented that NE#1 wanted to retake the test, saying nervousness and medical leave contributed to his failure.

#### **4. Training Records**

OPA reviewed NE#1’s “competency form,” documenting that NE#1 completed the required training for his position and was cleared for laboratory processing on May 10, 2020. NE#1 also passed a mandatory proficiency test on November 22, 2022.

#### **5. OPA Interviews**

OPA interviewed five parties.

##### **a. Complainant**

OPA interviewed the Complainant on June 6, 2023. The Complainant stated she was the Automated Fingerprint Identification System (AFIS) manager, overseeing SPD’s fingerprint identification day-to-day operations. The Complainant stated she worked at SPD for about eight-and-a-half years and supervised NE#1’s unit. The Complainant stated NE#1 started in an administrative role but became a “tenprint examiner.” The Complainant said that evidence processing was within tenprint examiners’ scope of work.

The Complainant described NE#1’s latent print training, a rigorous one-year program. The training starts with policy, procedure, a safety manual, ethics, and standard operating procedures. Trainees then learn to process items in a lab, including using chemicals and safety protocols. The training emphasizes ethics, honesty, transparency, and integrity. The Complainant stated:

*You must be honest. You must be transparent. You must be ethical and have integrity at all times. Otherwise, you know, it gives the world a sense that our science is not a good science and shouldn’t be used in the criminal justice process.*

Trainees also learn to process crime scenes, compare fingerprints, log, chart, and upload items in LIMS. A trainee must pass each sequential section before advancing to the next phase.

The Complainant then detailed concerns discovered during the January 2023 audit of NE#1’s work. Those concerns generally mirrored what was outlined in the OPA complaint. The Complainant highlighted that NE#1 (1) documented that prints were preserved when no prints were lifted, and (2) evidence was not itemized properly or stored in the documented area, creating a chain of custody issue. The Complainant described NE#1’s documentation errors as an egregious ethical issue, and his “dry labbing” could result in the dismissal of a criminal case.



The Complainant said WE#1 aimed to audit 10% of NE#1's work from September 2022 through December 2022. NE#1's processing duties were suspended.

The Complainant indicated that NE#1's failure to pass the proficiency test sparked a deeper review of his work. The Complainant said minor and serious errors were discovered, including documenting that procedures, like black powder testing, were conducted when it was obviously not done. The Complainant emphasized that there is no way to conduct black powder testing without leaving residue on the box or items because it is messy.

The Complainant described the impact of NE#1's actions and failure on his cases, unit, and department. The failed proficiency test required notification to the King County Prosecuting Attorney's Office and the Seattle City Attorney's Office. The Complainant explained that since NE#1 is on the prosecutors' *Brady* list,<sup>7</sup> he is considered an unreliable witness. The Complainant stated it could call into question everyone in the lab, undermining SPD's forensic work.

The Complainant said NE#1's "root cause" analysis meeting was to document his non-conformance and take corrective action. The Complainant characterized NE#1's explanations as "excuses" and negligence:

*Your integrity and ethics [are] everything. You are handling evidence as part of a case that could have an effect on someone's life. We're handling that evidence. It is reasonable thing to do to document what you're doing to that evidence at every step of the way. That is part of our SOP [standard operating procedure] process. If you are documenting something that you're doing to the evidence that you're not doing or you're doing a process that you shouldn't be doing, which is destroying evidence. I consider that tampering. You are essentially providing a false result. It's lying. It's unethical. You are tampering with evidence when you're tampering with your processing notes, which are documentation that go into the case file and are you know, used in court in the court process. You are falsifying that report you're lying if your processes to process the evidence properly and you're missing identifications.*

**b. Witness Employee #1**

OPA interviewed WE#1 twice: June 7, 2023, and September 12, 2023.

**i. First Interview – June 7, 2023**

WE#1 stated she has been the Latent Print Unit's supervisor since 2017 and serves as the quality manager. WE#1 also indicated that she oversaw that the unit maintained national accreditation. WE#1 stated she had worked in the latent print field since 1998. WE#1 was one of NE#1's supervisors. WE#1 also described her role in scheduling and reviewing

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<sup>7</sup> "Brady" refers to *Brady v. Maryland*, 373 U.S. 83 (1963), which established the affirmative obligation of prosecutors to disclose exculpatory information known to law enforcement. A "Brady list" is a list of law enforcement officers that a prosecutor's office will not call to testify, or the prosecutor's office has information about those officers that must be disclosed to the defense concerning their credibility.





proficiency tests, which latent print processors take annually to maintain accreditation. WE#1 emphasized that mock evidence must be processed like real evidence during testing. WE#1 stated NE#1 passed proficiency tests in the past.

WE#1's account of the January 2023 audit was similar to the Complainant's. WE#1 described reviewing NE#1's cases and finding (1) inaccurate documentation, including claiming processes that were not done, (2) incomplete documentation, (3) incorrect packaging, (4) failing to label items, and (5) mislabeling items. WE#1 stated she notified the Complainant, and it was decided to remove NE#1 from processing duties and go through a root cause analysis and proficiency testing.

WE#1 also outlined issues she discovered in Cases #1 through #3, consistent with those raised in the OPA complaint. Additionally, WE#1 reported inconsistent chain of custody dates documented in one of NE#1's cases.

WE#1 also provided further insight into her root cause analysis meeting with NE#1. She expressed disappointment with NE#1's explanations for his errors and skepticism about him inadvertently selecting the wrong items in "drop-down menus." WE#1 said the incorrect selections that NE#1 made were not adjacent to the proper selection. WE#1 explained that the likelihood of "accidentally" selecting the wrong process was "not possible." WE#1 was asked if NE#1's actions amounted to dishonesty. WE#1 responded:

*Anytime you're ensuring you're not being accurate in what your results are for examinations, it's dishonest. If it was fully an accident, that might be one thing, but it's still not accurate [or] truthful. And our employee expectations and our quality manual are very specific because that's also something required for our accreditation as that people act always in an unbiased, impartial manner. We require everybody to take bias training and partiality training, and professional ethics training, and he redid all of those as part of his return to duties.*

WE#1 stated she created the proficiency test that NE#1 took, and WE#2 administered it. WE#1 said that additional nonconformities were noted during the test. Specifically, WE#1 said NE#1 documented using a control that he did not use, asked questions that indicated improper procedure and used a single tray for multiple chemicals.

WE#1 described notifying prosecutorial offices and their accreditation authority about NE#1's results. WE#1 also described a meeting with NE#1 about his failed test. WE#1 stated NE#1's explanations "weren't very helpful. It again kind of boils down to negligence." WE#1 stated other employees were on leave longer than NE#1 and had not encountered the issues NE#1 did. WE#1 stated NE#1's explanation attributing his failure to his leave was not a "credible argument."

WE#1 said she was not part of the larger audit of NE#1's cases. However, she indicated that further concerns were already found, including using the wrong chemicals to test items and documenting that black powder was used when there was no evidence to support that claim.

**ii. Second Interview – September 12, 2023**





OPA reinterviewed WE#1 for a LIMS demonstration, as it related to claims from her prior interview. WE#1 explained how, in the lab, each processing step is documented as it is performed. WE#1 specified that a print examiner would not add the step for black powder unless that step was performed right away. WE#1 suggested that adding a step before it is done was false reporting.

***c. Witness Employee #2***

OPA interviewed WE#2 on July 18, 2023. WE#2 stated she had worked at SPD since 2016 and was an acting senior latent print examiner. WE#2 stated she performed latent print examiner duties, assisted with audits, and oversaw the AFIS database.

WE#2 said she did not regularly work with NE#1 but assisted with his training.

WE#2 described her role in proctoring NE#1's proficiency test. WE#2 said the test aimed to create a realistic evidence-processing scenario. WE#2 stated NE#1 was asked to process two items: a Red Bull can and documents.

Concerning the Red Bull can, WE#2 stated NE#1 did not use a control for a process despite documenting that he did. WE#2 flagged prints that NE#1 did not identify. Moreover, WE#2 said NE#1 did not identify prints on the documents despite there being prints on each page. WE#2 stated NE#1 did not document the identification numbers for photographs he uploaded and appeared to use only one tray for multiple chemicals.

WE#2 stated she sent NE#1's results to WE#1.

WE#2 stated she participated in the ongoing auditing of NE#1's work. WE#2 said she observed other issues, like documenting "no ridge detail" when there was ridge detail, improperly sealed packages, and dry labbing.

***d. Named Employee #1***

OPA interviewed NE#1 on August 31, 2023. NE#1 stated he had worked at SPD since 2017, starting as an identification data technician. NE#1 applied to become an identification technician around 2018. NE#1 stated the training program was six months to a year and included techniques and policies.

NE#1 said he was emailed about concerns with his cases while on medical leave. NE#1 stated he was required to take a proficiency test.

OPA asked NE#1 about issues raised concerning his cases.

Concerning Case #1, NE#1 stated he could not recall processing it or explain why there were no processing notes. NE#1 attributed it to human error. NE#1 stated he may have documented the wrong package by picking the incorrect drop-down selection and forgot to double-check. NE#1 said he typically checked his cases upon completion. Concerning the documentation of black powder when none was used, NE#1 stated he likely clicked the box before the case was finished. Similarly, NE#1 could not explain why the wrong barcode numbers were documented.



Concerning Case #2, NE#1 stated he started processing the items but did not document his processing steps before going on medical leave. NE#1 acknowledged the Latent Print Manual stated items should be documented the same day but did not recall why he did not do it. NE#1 stated he did not recall why items would have been separated.

Concerning Case #3, NE#1 stated he did not remember why he did not request information from the requestor concerning the cell phone processing. NE#1 said he was probably waiting to email the requestor.

NE#1 acknowledged the importance of following evidence and safety policies. NE#1 stated it was important for accreditation and for criminal cases. When asked about the proficiency test, NE#1 consistently stated his issues were mistakes or human error. Concerning not marking prints, NE#1 stated he was unsure how many prints he was supposed to mark for the examination.

NE#1 denied dishonesty and unprofessionalism, insisting he made honest human errors. NE#1 acknowledged not adhering to unit policies but emphasized he made honest mistakes.

NE#1's union representative stated that NE#1 was on medical leave for about four months and NE#1 did not have the chance to finalize cases before taking leave.

#### **ANALYSIS AND CONCLUSIONS:**

##### **Named Employee #1 - Allegation #1**

##### ***5.001 - Standards and Duties 5.001-POL 11. Employees Will Be Truthful and Complete in All Communication***

It was alleged that NE#1 falsified reports by claiming to perform processes that were not performed.

Department employees must be truthful and complete in all communications. SPD Policy 5.001-POL-11.

A preponderance of the evidence established that NE#1 dishonestly documented completing processes that he did not perform. Specifically, in Case #1, NE#1 documented using black powder but there was no evidence it was done. In Case #2, visual examination showed CA fuming and dye staining occurred, but the processing notes did not reflect either. In Case #4, NE#1 documented that he preserved prints even though no prints were lifted. Finally, during his proficiency test, NE#1's notes reflected a positive control test for R6G, but the absence of dye stain/fluorescence suggested that the control was not done. Moreover, a broader audit of NE#1's work identified similar issues.

The Complainant and WE#1—experienced forensic professionals—characterized NE#1's errors as egregious ethical issues, "dry labbing," and report falsification. Both described how NE#1's actions undermined his own and the unit's credibility. WE#1 showed OPA how the LIMS system worked and said black powder testing should not be indicated without being done right away.

In his OPA interview, NE#1 could not explain his shortcomings yet characterized them as human errors. That explanation understates the magnitude of the issues created by NE#1's nonconformance with the Latent Print Unit's standards. Although NE#1 may genuinely believe his errors were "human errors" that were not willful or malicious, an audit of NE#1's cases unearthed a pattern of inaccurate documentation. This was corroborated by a similar



inaccuracy observed during NE#1's proficiency test after he was retrained. These issues go beyond a one-off error or a misunderstanding of processes. NE#1's inaccuracies create significant doubt concerning his care in processing and documenting cases that constitute serious misconduct.

Accordingly, OPA recommends this allegation be Sustained.

Recommended Finding: **Sustained**

**Named Employee #1 - Allegation #2**

***5.001 - Standards and Duties POL-10. Employees Will Strive to be Professional***

It was alleged that NE#1's actions undermined public trust in SPD, NE#1, and other employees.

SPD employees must "strive to be professional." SPD Policy 5.001-POL-10. Further, "employees may not engage in behavior that undermines public trust in the Department, the officer, or other officers," whether on or off duty. *Id.*

Overall, at minimum, a preponderance of the evidence established that the issues outlined in the OPA complaint occurred as alleged. The Complainant's allegations were detailed, clear, and corroborated by witness employees and contemporaneous documentation. They were also partially confirmed by NE#1's admissions.

NE#1's actions undermined public trust in the Department, NE#1, and other employees by calling into question NE#1's and the Latent Print Unit's capability and credibility. NE#1's significant nonconformities had to be reported to prosecuting authorities and the unit's accreditation authority. Adhering to policies and accurate documentation is paramount to the unit's reputation, as NE#1 told OPA, failing to do so can impact its accreditation and the integrity of criminal cases.

Even if NE#1's inaccurate reports did not rise to the level of dishonesty—which they do—the breadth of NE#1's repeated non-conformities calls the reliability of his cases into question. As the Complainant noted in forensic work, "your integrity and ethics is everything. You are handling evidence as part of a case that could have an affect on someone's life."

Accordingly, OPA recommends this allegation be Sustained.

Recommended Finding: **Sustained**

**Named Employee #1 - Allegation #3**

***5.001 - Standards and Duties. 2. Employees Must Adhere to Laws, City Policy, and Department Policy***

It is alleged that NE#1's evidence processing and proficiency test performances failed to adhere to the Latent Print Unit's policies.

Employees must adhere to laws, City policy, and Department policy. SPD Policy 5.001-POL-2.

The Latent Print Unit's work is governed by its unit manual. NE#1 failed to adhere to two published standard operating procedures: SOP 4.004 – Evidence Processing Methodology and SOP 4.010 – Control of Evidence.



SOP 4.004 states that processing notes must be recorded when evidence is processed and that observations and data shall be noted when made. That SOP also provides that processing techniques must be documented in the order used and that, before processing electronic devices—like cell phones—the processor should contact the requestor to determine whether a data extraction is needed.

As alleged in the complaint, NE#1 failed to update his processing notes or inaccurately noted processes. Even if NE#1 fully intended to go back and correct his errors, under this policy, NE#1 should not have entered information into LIMS before performing the indicated process. Moreover, in Case #3, the evidence showed NE#1 failed to contact the requestor to determine whether a cell phone data extraction was desired.

SOP 4.010 requires processors to document evidence with unique identifiers. It also requires evidence to be stored in the unit's storage room.

As alleged in the Complaint, NE#1 caused multiple nonconformities with the LPU Manual by failing to document evidence properly, at minimum, in Cases #1, #2, #3, #5, #6, and #8, and during his proficiency test. Evidence was also located in areas different than where NE#1 indicated.

Accordingly, OPA recommends this allegation be Sustained.

Recommended Finding: **Sustained**

#### **Named Employee #1 - Allegation #4**

##### **7.010 Submitting Evidence 3. Employees Follow Department Guidelines for Evidence Packaging and Submission**

It was alleged that NE#1 mispackaged evidence, failed to document the packaging properly, and used incorrect chemicals when testing items.

Employees must follow Department guidelines for evidence packaging and submission. See SPD Policy 7.010-POL-3. Those guidelines are set forth in the SPD Evidence Packaging and Submission Guide. See *id.*

In Case #1, NE#1 documented packaging photographs in a “paper bag,” but they were packaged in a manila envelope. Items were also found in a photo tray with a barcode label associated with a different case. In Case #2, parts of a broken liquor bottle were in an unlabeled photo tray while other pieces were in the packaging – there was no indication as to why these pieces were separated. NE#1 failed to secure those items in an authorized manner and packaged them with other evidence.

NE#1's explanations for these nonconformities were insufficient. NE#1 stated he likely mistakenly did not remove the barcodes from a previous case, resulting in inaccurate barcodes. As a one-time mistake, such an explanation might be plausible, but together with the other issues noted in this investigation, it is unconvincing. Moreover, NE#1's explanation that he may have hit the wrong button for the manilla envelope is also unconvincing. Although NE#1 explained he made human errors and then went on leave, the evidence showed NE#1 checked the items out for these cases on December 20, 2022, and then he worked a mixture of telework and regular workdays over seven days until December 29, 2022.



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Accordingly, OPA recommends this allegation be Sustained.

Recommended Finding: **Sustained**