



F29 Taking the Bite Out of Crime

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After attending this presentation, attendees will be advised to exercise caution and completeness in the evaluation of possible bite mark evidence or other patterned injuries.

This presentation will impact the forensic community and/or humanity by issuing a wakeup call to use care, caution, and completeness in the evaluation of patterned injuries, including bite marks.

When a forensic odontologist is consulted on a bite mark case, all too often the momentum is toward verifying that a human bite mark is indeed present and subsequently link it to the suspect at hand. In the interest of time, there is mounting pressure to "...at least give some rough idea so we can close this case, Doc!" However, in order to arrive at an unbiased conclusion, the thrust should be to first gather and then evaluate all related evidence in the case. Otherwise, the inherent danger is that we may proceed on a wild roller coaster ride based on incomplete preliminary conclusions, before one can fully appreciate the full scope of the evidence.

Two recent cases, in this presenter's experience, serve to amplify the wisdom of first locating, and then evaluating, the complete spectrum of evidence before issuing an opinion. Only then should that opinion contribute to the direction of the case.

Case 1: The body of a white female was found in the trunk of her car. Two suspects were initially felt to be persons of interest: her lover and a former lover. The manner of death was homicide and cause of death was manual strangulation. At autopsy, some faint marks were observed in the area of the right elbow which were examined by a local dentist under alternative light source and documented with photographs. The dentist, a consultant for the local police, identified the patterned injury as a bite mark and proceeded to compare the dental models of the two suspects with the injury. His conclusion was that the former lover's dentition "matched in most areas." Subsequently, this presenter was contacted by the defense to evaluate the patterned injury evidence and requested the full evidence file. On review, there appeared to be problems with calling the injury a bite mark. After viewing the scene photos of the car trunk floor, an object was found beneath the body. A review of the police property records showed the object to be a 7 inch piece of a woman's plastic hair band. Placing an overlay of the hair band on the like-sized photo of the patterned injury showed a point for point match. The "bite mark" evidence was withdrawn.

Case 2: A physician was accused of biting his heavily sedated critical care patient on the inside of the left thigh. Although the police photos showed a patterned injury which resembled a bite mark, there were some inconsistencies. Dental models of the suspect were compared with the injury, as were 52 other dental models of various hospital staff members. Prosecution's experts felt that in most aspects, only the suspect's models matched the "bite mark." I examined the hospital records of the "victim" and found that, previous to the discovery of the patterned injury, a urinary catheter had been taped to her leg in the same location. Film overlays of the catheter coincided with the patterned marks. The suspect was acquitted by the Court.

Bite mark conclusions should be offered only after a full evaluation of the evidence, and, only then, should contribute to the pathway the investigation may follow.

Bite Mark, Patterned Injury, Evidence Evaluation