



G14 The Kwok Bitemark Case Revisited

Duane E. Spencer, DDS, 1844 San Miguel Drive, Ste 112, Walnut Creek, CA 94596-5282*

After attending this presentation, attendees will better understand a criminal case that included bitemark evidence presented in court with a conclusion of “reasonable dental certainty.”

This presentation will impact the forensic science community by illustrating a case in which the defendant and the victim bit each other. The bitemark on the victim was considered of good evidentiary value in 1996, with the defendant eventually admitting in court that he inflicted the bite.

Bitemark evidence has been admitted into the courts of the United States for a number of decades. In recent years, numbers of criminal cases that involved bitemark evidence have shown that evidence to be faulty, misanalyzed, or perhaps wrongly presented.

This 1995 case involved a dental hygienist who later became a registered nurse. Upon completing her nursing curriculum, she became reacquainted with her pharmacology instructor at her graduation party. For some months, they saw each other frequently for dinner. He gave her gifts and told her he was separated from his wife (he was not). He had a romantic goal and she did not. She told him he needed to be more outgoing. Eventually, he hatched a plan to “play a joke” on her. Without her knowledge, he had a key made for her home. Later, when he knew she would be working late at the hospital, he entered her home, dressed all in black, wearing a ski mask and black leather gloves, and carrying a bag filled with numerous items.

Arriving home late from work, she went to bed. He then proceeded with his “joke,” which he said was patterned after the movie *True Lies*. On the way to her bedroom with his bag, he also picked up a knife from her kitchen. Asleep in her bed, she was awakened by someone on top of her, grabbing her throat, and heard, “Shut up, I’m going to kill you,” which was from a recording of Eddie Murphy in *Beverly Hills Cop II*.

Thinking she may die, she fought back, not knowing her assailant. Falling off the bed, he slammed her head against the floor. When he put his hand over her mouth, she bit down on his thumb and held on. She struck him with her bedside radio. He lost consciousness and she thought he was dead. Running next door, she called 911. The police found the assailant unconscious by her bed. She now learned his identity. They were both transported to the local hospital, where he spent two days in the Intensive Care Unit (ICU).

Ten months after the incident, the forensic odontologist was contacted by the district attorney to evaluate “bitemarks” on a leather glove. After examining the tooth marks on the glove, the odontologist reviewed a number of photographs taken in the Emergency Room (ER). Noting a photo with marks on the victim’s neck, the odontologist was told they were “finger marks.” They were not finger marks, but a bitemark, which included two arches and drag marks! This new evidence caused the trial to be rescheduled. The odontologist took evidence from both the defendant and the victim and had three board-certified odontologists independently review the evidence and submit reports. Bitemark evidence was presented at trial by the prosecution. No defense odontologist testified. The defendant did testify and stated that it was when he was being bitten on the thumb and struck with the radio that he “must have bitten her.” The distinct quality of the bite injury indicated that the bite was most likely inflicted when she was sleeping. She awoke to the bite, thinking she was being strangled.

A conviction was rendered in the case. The nurse went on with her life and the pharmacist went to prison. This case is being presented again after 20 years in the interest of the status of bitemark evidence today.

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Bitemark, Drag Marks, Leather Gloves

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