

I. SUMMARY OF THE COMMISSION’S STATUTORY AUTHORITY

A. Legislative Background and Jurisdiction

The Texas Legislature created the Texas Forensic Science Commission (“Commission”) during the 79th Legislative Session by passing House Bill 1068 (the “Act”). The Act amended the Texas Code of Criminal Procedure to add Article 38.01, which describes the composition and authority of the Commission.¹ During the 83rd and 84th Sessions, the Legislature further amended the Code of Criminal Procedure to clarify and expand the Commission’s jurisdictional authority.²

The Commission has nine members appointed by the Governor of Texas.³ Seven of the nine commissioners are scientists and two are attorneys (one prosecutor nominated by the Texas District and County Attorney’s Association, and one criminal defense attorney nominated by the Texas Criminal Defense Lawyer’s Association).⁴ The Commission’s Presiding Officer is Dr. Vincent J.M. Di Maio.⁵

1. Accreditation Jurisdiction

Texas law prohibits a forensic analysis from being admitted in a criminal case if the entity conducting the analysis is not accredited by the Commission:⁶

“...a forensic analysis of physical evidence under this article and expert testimony relating to the evidence are not admissible in a criminal action if, at the time of the analysis, the crime laboratory conducting the analysis was not accredited by the commission under Article 38.01.”⁷

¹ See Act of May 30, 2005, 79th Leg., R.S., ch. 1224, § 1, 2005.

² See Acts 2013, 83rd Leg., ch. 782 (S.B.1238), §§ 1 to 4, eff. June 14, 2013; Acts 2015, 84th Leg., ch. 1276 (S.B.1287), §§ 1 to 7, eff. September 1, 2015, (except TEX. CODE CRIM. PROC. art. 38.01 § 4-a(b) which takes effect January 1, 2019).

³ *Id.* at art. 38.01 § 3.

⁴ *Id.*

⁵ *Id.* at § 3(c).

⁶ Until the 84th Legislative Session, the accreditation program was under the authority of the Department of Public Safety (“DPS”).

⁷ TEX. CODE CRIM. PROC. § 38.35(a)(4).

The term “forensic analysis” is defined as follows:

“Forensic analysis” means a medical, chemical, toxicologic, ballistic, or other expert examination or test performed on physical evidence, including DNA evidence, for the purpose of determining the connection of the evidence to a criminal action, except that the term does not include the portion of an autopsy conducted by a medical examiner or other forensic pathologist who is a licensed physician.⁸

The term “crime laboratory” is broadly defined, as follows:

“Crime laboratory” includes a public or private laboratory or other entity that conducts a forensic analysis subject to this article.⁹

Texas law exempts certain forensic disciplines from the accreditation requirement—either by statute, administrative rule, or by determination of the Commission.¹⁰ A key threshold question is whether bitemark comparison¹¹ is subject to the accreditation requirement. Neither the statute nor the administrative rules (carried over from DPS) mention forensic odontology specifically. The term “forensic analysis” undoubtedly includes bitemark comparison, but no national accreditation body recognized under Texas law (e.g., ASCLD/LAB, ANAB, etc.) offers accreditation in bitemark comparison. Accreditation by one of these nationally recognized bodies is mandatory for entities seeking to be accredited under Texas law.¹²

Under a strict reading of the statute, bitemark comparison should not be admissible in Texas criminal courts because it does not meet the accreditation

⁸ *Id.* at § (a)(4).

⁹ *Id.* at § (d)(1).

¹⁰ *Id.* at 38.01 § 4-d(c).

¹¹ The Commission specifically uses the term “bitemark comparison” to refer to the act of analyzing a patterned injury for purposes of either associating or excluding a suspect or group of suspects based on the observable characteristics of the patterned injury. The Commission has no concerns regarding the components of bitemark analysis that include swabbing a patterned injury site for possible DNA analysis or to determine the presence or absence of salivary amylase.

¹² 37 Tex. Admin. Code § 651.4.

requirement set forth in the Code of Criminal Procedure and neither DPS nor the Commission has ever exempted forensic odontology by administrative rule. In an abundance of caution, the Commission has instructed staff to seek confirmation of this interpretation through a legal opinion request to the Attorney General's office. This report will be updated to reflect the Attorney General's opinion once it is received.

Most Texas judges are unlikely to be aware of the statutory requirement for accreditation outside of traditional forensic disciplines such as toxicology, drug chemistry, DNA, etc. This is especially true considering the small number of bitemark cases in Texas. Because bitemark comparison has been admitted in Texas courts since 1954 (with the *Doyle* case involving a bitemark in cheese), it continues to be admitted.¹³

2. Investigative Jurisdiction

Texas law requires the Commission to “investigate, in a timely manner, any allegation of professional negligence or professional misconduct that would substantially affect the integrity of the results of a forensic analysis conducted by an accredited laboratory, facility or entity.”¹⁴ The Act also requires the Commission to: (1) implement a reporting system through which accredited laboratories, facilities or entities may report professional negligence or professional misconduct; *and* (2) require all laboratories, facilities or entities that conduct forensic analyses to report professional negligence or misconduct to the Commission.¹⁵

The Commission is also expressly authorized to investigate allegations of professional negligence and misconduct for forensic disciplines that are *not currently*

¹³ See *Doyle v. State*, 159 TEX. CRIM. 310, 263 S.W.2D 779 (JAN. 20, 1954).

¹⁴ TEX. CODE CRIM. PROC. art. 38.01 § 4(a)(2).

¹⁵ *Id.* at § 4.

subject to accreditation, such as the forensic bite mark comparison at issue in this case.¹⁶

However for cases involving forensic disciplines not subject to accreditation, the Commission's reports are limited to the following:

- Observations regarding the integrity and reliability of the forensic analysis conducted;
- Best practices identified by the Commission during the course of the investigation; and
- Other recommendations deemed relevant by the Commission.¹⁷

II. INVESTIGATIVE PROCESS

A. Complaint Process

When the Commission receives a complaint, the Complaint Screening Committee conducts an initial review of the document at a publicly noticed meeting.¹⁸ After discussing the complaint, the Committee votes to recommend to the full Commission whether the complaint merits any further review.¹⁹

In this case, the Committee discussed the complaint (*See Exhibit I*) at a publicly noticed meeting of the Complaint and Disclosure Screening Committee in Austin, Texas on August 13, 2015. The Commission discussed the complaint again the following day, on August 14, 2015, at its quarterly meeting, also in Austin, Texas. After deliberation, the Commission voted unanimously to create a four-member investigative panel to review the complaint pursuant to Section 4.0(b)(1) of the Policies and Procedures. Members voted to elect Dr. Harvey Kessler, Dr. Vincent Di Maio, Dr. Ashraf Mozayani and Mr. Richard Alpert as members of the panel, with Dr. Harvey Kessler (Director of Pathology

¹⁶ *Id.* at § 4(b-1).

¹⁷ *Id.*

¹⁸ *See* Policies and Procedures at 3.0.

¹⁹ *Id.*

and Professor at the Texas A&M University Baylor College of Dentistry) serving as Chairman.

Once a panel is created, the Commission's investigations include: (1) relevant document review; (2) interviews with stakeholders as necessary to assess the facts and issues raised; (3) collaboration with affected agencies; (4) requests for follow-up information where necessary; (5) hiring of subject matter experts where necessary; and (6) any other steps needed to meet the Commission's statutory obligations.

B. Other Important Limitations on the Commission's Authority

In addition to the limitations described above regarding reports involving disciplines not subject to accreditation, the Commission's authority contains other important statutory limitations. For example, *no finding contained herein constitutes a comment upon the guilt or innocence of any individual.*²⁰ Additionally, the Commission's written reports are not admissible in a civil or criminal action.²¹

The Commission also does not have the authority to issue fines or other administrative penalties against any individual, laboratory or entity. The information the Commission receives during the course of any investigation is dependent upon the willingness of stakeholders to submit relevant documents and respond to questions posed. The information gathered has *not* been subjected to the standards for admission of evidence in a courtroom. For example, no individual testified under oath, was limited by either the Texas or Federal Rules of Evidence (*e.g.*, against the admission of hearsay) or was subjected to formal cross-examination under the supervision of a judge.

²⁰ TEX. CODE CRIM. PROC. 38.01 at § 4(g).

²¹ *Id.* at § 11.

The Commission has no jurisdiction in civil cases or administrative proceedings such as case falling within the jurisdiction of the Texas Department of Family and Protective Services. The recommendations in this report apply exclusively to bitemark analyses performed in the context of criminal actions. Moreover, the recommendations are specific to the bitemark comparison sub-discipline of forensic odontology, and do not apply to human identifications, age estimations or other areas of forensic odontology unrelated to the analysis of patterned injuries on skin. Finally, as previously noted the Commission is not concerned about the components of bitemark analysis that are limited to swabbing a patterned injury site for possible DNA analysis or to determine the presence or absence of salivary amylase.

III. Summary of Steven Mark Chaney Criminal Case

Steven Mark Chaney was convicted of the murder of John Sweek and sentenced to life in prison on December 14, 1987. John Sweek and his wife, Sally, sold cocaine from their East Dallas apartment and were found brutally murdered in June 1987, with autopsy reports indicating multiple stab wounds and slit throats. Despite suspicions pointing to the couple's Mexican drug supplier, Mr. Chaney became a suspect when another customer of the Sweeks informed police that Chaney had a motive because he owed the Sweeks \$500 for drugs he had purchased. Mr. Chaney offered nine alibi witnesses but was still found guilty.

At trial, two forensic odontologists, Drs. Jim Hales and Homer Campbell, testified the mark on John Sweek's forearm was a human bitemark that matched Chaney's dentition. Dr. Campbell testified that Chaney made the bitemark to a reasonable degree of dental certainty while Dr. Hales testified that there was a "one to a million" chance

someone other than Mr. Chaney could have left the bitemark. This testimony was compelling to the jury. As one juror stated after the verdict, “Do you want me to tell you what made my decision? [...] The bitemark.” Mr. Chaney unsuccessfully appealed his case and his conviction became final in December of 1989.

In 2015, Mr. Chaney’s lawyers filed a writ of habeas corpus challenging his conviction. On October 12, 2015, after Dr. Jim Hales recanted his testimony and the Dallas County District Attorney’s Office agreed the bitemark evidence was unsupportable, Mr. Chaney was released from prison. Mr. Chaney’s writ is pending with the Texas Court of Criminal Appeals where additional writ grounds are being litigated.

IV. BITE MARK PANEL: PROCESS

The Commission formed a Bite Mark Investigation Panel at the August 14, 2015 quarterly meeting. Since that time the Panel has met three times to conduct its inquiry. Under Dr. Kessler’s leadership, the Bite Mark Panel focused its efforts on collecting and reviewing the existing scientific literature and data underlying bitemark comparison and providing recommendations to the full Commission as a result of the review. Dr. Kessler sought input from the American Board of Forensic Odontology (“ABFO”) and its members, as well as other interested forensic odontologists and criminal justice stakeholders.

The first Panel meeting was held on September 16, 2015, in Dallas, Texas at the Dallas County District Attorney’s Office. The Panel discussed correspondence with the ABFO regarding Dr. Kessler’s request for scientific data along with the other materials that had been submitted prior to meeting. The Panel also heard from Chris Fabricant on behalf of Mr. Chaney. Mr. Fabricant provided a summary of the case facts and key

issues contained in the complaint. Following Mr. Fabricant was Dr. David Senn, DDS, Clinical Assistant Professor at the University of Texas Health Science Center at San Antonio. Dr. Senn gave a summary response to the complaint, provided information and answered questions concerning the ABFO's historical and current initiatives. Dr. Senn expressed his belief that the Chaney complaint contained some "truths, half-truths, and non-truths." Dr. Kessler requested that Dr. Senn delineate each of the categories in a written document. The Panel also discussed the best way to approach case identification and review with input from the ABFO and other stakeholders. In addition to Chris Fabricant and Dr. Senn, the Panel also received public comment from Dr. Roger Metcalf, DDS/JD, Patricia Cummings of the Dallas County Conviction Integrity Unit and Julie Lesser of the Dallas County Public Defender's Office, co-counsel for Mr. Chaney.

The Panel held its next meeting on November 16, 2015 at the Tarrant County District Attorney's Office in Fort Worth, Texas. The Panel sought and received numerous research studies, presentations and related information concerning the state of scientific research and data underlying bitemark comparison. Mr. Chaney, who had his conviction set aside and was released from prison on October 12, 2015, was present at the meeting. The Panel then heard from an impressive list of experts in the field of forensic odontology. To begin, Dr. David Senn presented a PowerPoint (*See Exhibit D*) in which he focused on agreements and disagreements with the original complaint as well as his observations regarding cadaver research conducted by Mr. Peter and Dr. Mary Bush and current research in his program at UTHSC San Antonio. The Panel next welcomed Dr. Frank Wright who gave a presentation on the appropriate use, role and limitations of

bitemark evidence and his perspective on needed research and next steps. (*See*

Exhibit E.)

Drs. Iain Pretty and Adam Freeman also presented their Construct Validity of Bitemark Assessments study using the ABFO Decision Tree that was originally presented at the American Academy of Forensic Sciences (“AAFS”) Annual Scientific Meeting in February 2015. (*See Exhibit B.*) The presentation included lessons learned and the scientific implications of the results. Participants further commented on the various action items from the study including their opinions on the next steps needed in research, scientific reporting and a possible moratorium recommendation. Finally, the Panel heard a presentation from Mr. Peter Bush regarding the current context of research and limitations in bitemark comparison, including numerous clinical studies he conducted at SUNY Buffalo with Dr. Mary Bush and colleagues.

Panel members, staff and stakeholders asked questions of the presenters and engaged in a spirited discussion regarding the implications of the research. Upon conclusion of the presentations, the Panel agreed that due to the volume and breadth of materials, members needed further time to thoroughly review the data before making any recommendations. Forensic odontologists in attendance, specifically Drs. Pretty, Freeman, Wright and Senn discussed a possible follow-up study to the Freeman/Pretty study that could help more clearly identify threshold criteria for determining human bitemarks.

The Panel also discussed the retroactive case identification and review process, including a list of 33 cases developed through stakeholder input and staff research. The Panel discussed obtaining further case information directly from the ABFO Diplomates

along with historical data from the National Museum of Health and Medicine archives. The Panel decided to wait to establish a case review subcommittee until further input was sought from the full Commission.

The Panel held its third meeting on February 11, 2016 in Austin, Texas. The Panel heard from Dr. Senn who gave a brief presentation on the ABFO's progress since the Panel's November 16, 2015 meeting in Fort Worth. Dr. Senn explained the research related to bitemark comparison is slow going but being developed. (*See Exhibit D.*) Dr. Senn also offered the assistance of all nine Texas ABFO-certified members in any multidisciplinary bitemark case review conducted by the Commission.

The Panel next heard from General Counsel Lynn Garcia regarding jurisdictional issues under Texas law and possible recommendations for the full Commission. Garcia summarized the actions taken, presentations given, and research provided to the Panel. The Panel discussed a number of recommendations to be made to the full Commission. Dr. Frank Wright addressed the Panel regarding his longstanding quest for meaningful proficiency testing in the discipline, as well as his agreement regarding the need for foundational research using agreed upon criteria to test proficiency and reliability.

The Panel unanimously voted to make several recommendations to the full Commission, all of which were accepted and are outlined in Section VI below.

V. COMMISSION OBSERVATIONS: INTEGRITY & RELIABILITY

A. Scientific Research

The Commission makes two threshold observations that should be universally accepted among forensic odontologists and stakeholders in the broader criminal justice community. First, there is no scientific basis for stating that a particular patterned injury

can be associated to an individual's dentition. Any testimony describing human dentition as "like a fingerprint" or incorporating similar analogies lacks scientific support. Second, there is no scientific basis for assigning probability or statistical weight to an association, regardless of whether such probability or weight is expressed numerically (*e.g.*, 1 in a million) or using some form of verbal scale (*e.g.*, highly likely/unlikely). Though these types of claims were once thought to be acceptable and have been admitted into evidence in criminal cases in and outside of Texas, it is now clear they have no place in our criminal justice system because they lack any credible supporting data.

After addressing these historical issues, the Commission turned its focus to the remaining questions facing the community. First, can forensic odontologists reliably and accurately identify whether a patterned injury is a human bitemark? Second, if they are able to determine that the patterned injury is a human bitemark, can they reliably and accurately distinguish between patterned injuries made by adults versus those made by children? Third, is there any support for the contention that where the forensic evidence is of high enough quality, a well-trained forensic odontologist can reliably and accurately *exclude an individual* from having been the source of the bitemark?

At the current time, the overwhelming majority of existing research does not support the contention that bitemark comparison can be performed reliably and accurately from examiner to examiner due to the subjective nature of the analysis. While the research is too extensive to repeat in the body of this report (*See Exhibits A-G*), one recent study by Drs. Iain Pretty and Adam Freeman was of tremendous concern to the Commission. (*See Exhibit B.*) Because the Bitemark Panel spent significant time reviewing the study and consulting with its authors and critics, it is summarized here.

The study, entitled *Construct Validity Bitemark Assessments Using the ABFO Bitemark Decision Tree* (“Freeman/Pretty Study”) asked ABFO board-certified Diplomates to review photographs of 100 patterned injuries. The Diplomates were asked to answer the following 3 questions: (1) Was there sufficient evidence to render an opinion on whether injury was a human bitemark? (2) Using the ABFO decision tree as a guide, was the injury a human bitemark? (3) If a human bitemark, did it have distinct, identifiable arches and individual tooth marks?

Thirty-eight ABFO Diplomates completed the whole study and an additional six partially completed the study. The study revealed an enormous spread of decisions among the Diplomates *on the basic question of whether the patterned injury was a human bitemark*. The Diplomates agreed unanimously in only four of the cases. They achieved 90% agreement in eight of the cases.

The inability of ABFO Diplomates to agree on the threshold question of whether a patterned injury constitutes a human bitemark was of great concern to the Commission. Also of significant concern (and discussed extensively at the November 2015 meeting in Fort Worth) is the fact that the Freeman/Pretty Study was not published in a timely manner due to various political and organizational pressures within the ABFO. For many Commissioners who have experience in other areas of forensic science, such a resistance to publish scientific data contradicts the ethical and professional obligations of the profession as a whole, and is especially disconcerting when one considers the life and liberty interests at stake in criminal cases.

B. Lack of Quality Control and Organizational Inflexibility

In addition to the foundational science and research issues described above (as well as in the Exhibits to this report) the Commission noted significant quality control and infrastructure differences between forensic odontology and other patterned and impression disciplines subject to the Commission’s jurisdiction. The following is a non-exhaustive list of those issues:

1. There is no ISO-accrediting body (like ASCLD/LAB or ANAB) that offers an accreditation program in bitemark comparison;
2. The criteria for identification published on the American Board of Forensic Odontology (ABFO) website, including the decision tree, was outdated until recently and included the use of terms like “The Biter” and “The Probable Biter.” Though the terms were recognized as unsupportable, they remained on the website until the 2016 AAFS meeting when the ABFO Diplomates voted to remove the decision tree and replace it with a new one.
3. There is significant disagreement among ABFO members about how to establish criteria for the identification of bitemarks, and how to test that criteria through research studies;
4. There is no system for outside auditing of the analytical criteria as applied in casework;
5. There is no systemic requirement for peer review or technical review;
6. There is no consistency in the way analytical results are reported;
7. There is no meaningful proficiency testing system; and
8. There is no system for identifying or providing notification of non-conformances, or a method for conducting retroactive case reviews when necessary to protect against miscarriages of justice.

While the ABFO is accredited by the Forensic Specialties Accreditation Board (“FSAB”),²² it is a voluntary process; certification bodies are invited to participate in

²² White House Subcommittee on Forensic Science, *Interagency Working Group on Accreditation and Certification, Observations Concerning Certification of Forensic Science Practitioners* at 3 (2013).

FSAB accreditation if they meet basic eligibility requirements.”²³ Programs accredited by FSAB vary greatly in certain key areas, such as: “eligibility, use of proficiency tests, practical exercises, training, continuing education, recertification requirements, etc.”²⁴ There are “vast differences in the certification examination processes and essential elements for forensic science disciplines which leads to fragmentation of the various certification programs accredited by the same entity.”²⁵

FSAB accreditation standards “are not recognized by a third party or accredited under ISO-17011.”²⁶ As the NAS report noted in Recommendation 7, certification should take into account established and recognized standards, such as those published by ISO.²⁷ ISO-17024 (Conformity assessment – General requirements for bodies operating certification of persons) describes the necessary standards for organizations that certify individuals. In recommending that all certification bodies achieve ISO-17024 accreditation within 10 years, the White House Interagency Working Group on Accreditation and Certification asserted that accreditation under ISO-17024, “ensures the validity, reliability, and quality of the certification programs.”²⁸ Given all current information available to the Commission, it is unlikely the ABFO would be able to achieve ISO-17024 accreditation for its certification program anytime in the near future.

VI. RECOMMENDATIONS

The Commission recommends that bitemark comparison not be admitted in criminal cases in Texas unless and until the following are established:

²³ Nat’s Res. Council, Nat’l Acad. of Scis., *Strengthening Forensic Science in the United States: A Path Forward*, (2009) at 209.

²⁴ <http://thefsab.org/accredited.htm>

²⁵ *Id.*

²⁶ White House Subcommittee on Forensic Science at 4.

²⁷ *Id.*

²⁸ Subcommittee on Forensic Science at 4.

1. *Criteria for identifying when a patterned injury constitutes a human bitemark.* This criteria should be expressed clearly and accompanied by empirical testing to demonstrate sufficient inter and intra-examiner reliability and validity when the criteria are applied.
2. *Criteria for identifying when a human bitemark was made by an adult versus a child.* This criteria should be expressed clearly and accompanied by empirical testing to demonstrate sufficient inter and intra-examiner reliability and validity when the criteria are applied.
3. Rigorous and appropriately validated proficiency testing using the above criteria.
4. A collaborative plan for case review including a multidisciplinary team of forensic odontologists and attorneys.

Assuming the first two research areas can be addressed sufficiently, the Commission believes follow-up research should focus on the criteria that form the basis for the “exclude” and “cannot exclude” categories contemplated by new decision trees making their way through the ABFO and the Organization for Scientific Area Committees (“OSAC”) processes. (*See Exhibit J.*) ABFO guidelines should also follow the example of other forensic disciplines by including peer/technical review of cases as well as the development of a model report that provides information to the trier of fact regarding the limitations of the forensic analysis.

The Commission understands these items are already high priorities for the ABFO leadership, and the organization will need to work with other stakeholders (academic institutions, etc.) in implementing the recommendations. To that end, the Commission encourages collaboration and participation between the ABFO, researchers and practitioners.

A. Special Word About Victims of Child Abuse

The Commission understands that victims in bitemark cases are often small children. There is no question that the health and safety of our most vulnerable

population must be protected. For this reason, the Commission reiterates that its recommendations do not apply to civil cases involving Child Protective Services, but are limited to those cases in which an individual is accused of a crime and faces the loss of liberty if convicted. The Commission's recommendations for foundational research are focused on what it understands to be the most important issues in child abuse cases. If subsequent published data supports the ability of forensic odontologists to identify human bitemarks reliably and accurately based on defined criteria and to distinguish between the bitemarks of adults and children reliably and accurately, the Commission will revise its recommendations to reflect these developments.

During one of the Bitemark Panel meetings, Commissioners were told that recommending a moratorium on bitemark comparison would "hurt children." The Commission disagrees. First, if anyone should take responsibility for the current state of bitemark comparison, it is the very organization of practitioners that, due to its glacial pace, reticence to publish critical data, and willingness to allow overstatements of science to go unchecked for decades, is facing a barrage of well-founded criticism. As many Texas prosecutors have indicated, no conviction for child abuse or other violent crime should rest solely on bitemark comparison evidence. While the Commission understands and appreciates the important and helpful role forensic science plays in providing justice to victims, we must be vigilant to ensure the science used in criminal cases stands on a solid foundation of research and data, both for the benefit of victims and the accused.

VII. DEVELOPMENTS SINCE FEBRUARY 12, 2016 MEETING

The ABFO held its annual meeting at the AAFS meeting in Las Vegas the week of February 22, 2106. During that meeting, Dr. Adam Freeman was elected President of

the organization, and he released a letter to the stakeholder community describing organizational progress shortly after the meeting. (See **Exhibit H.**) Some non-exhaustive highlights of developments since the Commission’s last meeting are:

1. The old decision tree including the terms “Biter” and “Probably Biter” has been removed from the ABFO website and guidelines. New guidelines were adopted which do not permit for biter identity, and additional guideline revisions are in progress.
2. A research team including Drs. Pretty, Freeman, Wright and Wood has begun working on the Commission’s first recommendation regarding foundational research set forth above. An update on that research is expected within six months.
3. Significant efforts are underway to improve the ABFO proficiency testing and should be adopted in February 2017.
4. An ABFO subcommittee has been established to assist with case reviews to guard against miscarriages of justice. Individual odontologists in and outside of Texas have expressed willingness to assist with these cases.
5. The Bitemark Committee has been charged with the task of developing a mandatory blinded second opinion methodology.
6. The ABFO has implemented a bylaws change to allow for changes of standards and guidelines as new information becomes available, and not only at the organization’s annual meeting. Dr. Freeman has publicly expressed his commitment to making the ABFO a more nimble and responsive organization. (See **Exhibit H.**)

The Commission looks forward to working with the ABFO, the Complainant and other interested stakeholders regarding these and other developments in the weeks and months ahead. This report may be updated to reflect the results of additional research and/or case reviews. Any questions regarding the contents of this report may be directed to the Commission’s General Counsel, Lynn Garcia at lynn.garcia@fsc.texas.gov.

TABLE OF EXHIBITS

EXHIBIT A	American Board of Forensic Odontologists Communications and Research Outline
EXHIBIT B	Drs. Iain Pretty and Adam Freeman Construct Validity Study Presentation
EXHIBIT C	Dr. Iain Pretty Submission to Investigative Panel Including Appendices
EXHIBIT D	Dr. David Senn Presentations and Documents
EXHIBIT E	Dr. Frank Wright Presentation
EXHIBIT F	Mr. Peter Bush & Dr. Mary Bush Presentation and Documents
EXHIBIT G	Dr. John Demas Submission
EXHIBIT H	Dr. Adam Freeman Presidential Message
EXHIBIT I	Chaney Complaint and Exhibits
EXHIBIT J	New Decision Tree