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2004 I.A.B.P.A. Officers

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President's Message:

Dear Friends,

It has been a busy summer here with work and family commitments as I'm sure it has been for all of you. The days are already getting shorter and the evenings are starting to cool off. I hate to say it, but summer is coming to a close. It is now September and the IABPA annual training conference is fast approaching. I would like to take this opportunity to recognize the Conference Committee (Norman Reeves) for his hard work and dedication to the IABPA and for taking on the task of organizing this event once again. By the way, it's not too late if you want to contact Norman and schedule an interesting case study or research project that you would like to share with the rest of us. This is *your* conference; let's make it one to remember.

In this issue of the NEWS you will find a survey developed by the Proficiency Testing Committee. For years the Board and the Committee have pondered over what more or less the committee could be doing for our membership. We're interested in your opinions. I would encourage all of you to complete the survey and return it to Pam Bordner as soon as you can. Jot down other ideas not covered by the questionnaire on the back of your survey. We're curious to know how you feel in relation to Proficiency Testing and/or casework assessment. Once the results have been finalized, the results will be published in an upcoming edition of the NEWS.

See you in Tucson!

Take care of yourselves and be good to one another.

William (Bill) Basso

CASE REPORT

Chronic Venous Insufficiency Syndrome

Rex T. Sparks

INTRODUCTION

In May of 2004, I was contacted by the Scott County Sheriff's Department in the City of Davenport, Iowa, to consult on a puzzling bloodstain scene involving an elderly couple, both in their mid 90's, awaking in the morning to find the interior of their home covered in what was later determined to be human blood. The investigation of this mystery would eventually determine this bloodshed to be a case of a medical condition known as chronic venous insufficiency syndrome involving varicose veins.

During efforts to successfully conclude this investigation, I spoke with several leading people in our discipline and the medical-legal field and learned two things of significance. The first is that the law enforcement field has very little information regarding chronic venous insufficiency syndrome involving a "potential crime scene" and secondly, the medical community, with few exceptions, experiences this syndrome primarily in a clinical setting where they are treating victims of this disease and its complications and not the bloodstains left at a "potential" scene. Based upon my limited research at this point in time, the medical profession is well aware of the condition of chronic venous insufficiency syndrome and the treatment of varicose veins. However, their contact with people afflicted with this condition is primarily clinical and does not relate to our interests in the study of bloodstains and patterns. During my many conversations with medical doctors while researching this article, I learned that many doctors had never actually seen bloodstain patterns produced by this condition at a home, scene, etc. However, deaths due to acute hemorrhage as a result of this condition have been documented in the medical literature. In 1973, the British medical journal, *Lancet* reported 23 cases of spontaneous fatal hemorrhage caused by varicose veins in Great Britain and Wales ¹.

Chronic venous insufficiency syndrome is a medical condition where blood pools in the veins of the lower legs and affects 2 to 5% of the population in western countries. It is often seen in women over sixty. The disease creates varicose veins and may cause the feet and lower legs to become swollen often accompanied by a dull ache that can worsen with prolonged standing and walking. As this disease progresses, the skin can darken in color, ulcers may occur including indurations of skin and even skin breakdown with overt ulceration.

Simply stated, veins return blood to the heart subsequent to the distribution of oxygenated blood to the body tissues and organs via the arterial system. To reach the heart, blood must travel upward through the leg veins. Contraction of the muscles in the feet, ankles and legs, forces blood upward towards the heart. Veins possess one-way valves that enable the blood to flow upward through the venous system and prevent the downward back flow. Varicosities develop when these valves become damaged allowing blood to flow backwards and pool creating abnormally high pressure in the veins. As the pressure increases, capillaries rupture creating a reddish brown discoloration of the skin. Veins deteriorate, become engorged with blood and the outer venous wall becomes thin and

protrudes just under the skin. The blood engorged vein is easily ruptured was the result of motion or slight contact such as a bump or scratch.^{2'3}

THE SCENE

This residence was occupied by a married couple in their mid 90's of average health for this age group. The wife suffered from documented varicose veins and had very limited sight. She generally used a metal walker to assist with her mobility, although she could walk throughout the home using furniture and walls to assist with her balance. On this particular morning she awoke and walked to the kitchen to make the morning coffee while her husband remained in bed. As she was making coffee, she observed what she thought was some kind of reddish substance throughout much of the kitchen floor but did not suspect that the substance was blood (Figure 1). She walked back to the bedroom to alert her husband and asked his assistance in cleaning up whatever substance had been spilled onto the kitchen floor. Reacting to this, the husband walked to an adjoining room and put on a pair of pajama bottoms which would later have some significance and then went to the kitchen. Suspecting that the substance on the kitchen floor and in other areas he was observing throughout the house was blood, the couple telephoned their son to come to the house. The Sheriff's Department was then notified and responded. The husband and wife were transported by ambulance to a local hospital for medical evaluation although neither complained of injury or illness.

At this point in time, misinformation would play a part in the direction of the investigation although to what degree was uncertain as investigators had no knowledge of this medical condition. The information provided by emergency room personnel was that neither person had "any injuries, wounds or holes" that would be consistent with the amount of blood found in this home. The investigators were also advised that a hemoglobin test determined that neither had any significant blood loss. Pre-existing hemoglobin levels of the husband and wife were unknown prior to this incident. At this point in the investigation the detectives and crime scene personnel had a mystery on their hands. Paul Bush at the Iowa State Crime Lab (DCI) had concluded that the blood was human. However, no DNA profile was yet available and to our knowledge neither resident had injuries or wounds or any blood loss to an extent that would relate to this scene. The scene investigation gave no indication of an outside intruder yet the limited medical information also seemed to point in a direction other than the residents. One hint to the conclusion of this incident was an emergency room doctor that suggested the symptoms of chronic venous insufficiency syndrome. However, the information was related to investigators regarding a medical condition in which an "artery" can rupture, spurt blood and then reseal without sign of injury or skin puncture.

EXAMINATION OF THE BLOODSTAINS

Bloodstains present at this scene were primarily limited to the kitchen, living room/ dining room area, hallway and the victim's bedroom. In addition, bloodstains were located in the bathroom, a spare bedroom and the office room although the bloodstains found in these rooms were considerably less in volume. The scene showed two distinct dispersal mechanisms which possibly related to the activities of the blood source. Throughout the kitchen were several large areas of passive pooled blood. This was the only room in the house where pooled blood was found. There was also projected or spurted blood on the cupboard doors in the area beneath the sink and on the door casing leading to the adjoining room. The volume of blood pooled in the kitchen could not be accurately

estimated as the scene was two days old upon my arrival and some cleanup had occurred. However, it can be stated for informational purposes that the passive bloodstains were considerable in volume and similar in size and distribution to many shooting scenes I have processed that have involved head wounds.



Figure 1. Pooled blood on the floor in front of the kitchen sink and along the right side cupboard. The void near the center of the room was produced by the removal of two blood stained rugs.

There were numerous projected bloodstain patterns throughout the dining room, living room, hallway and at least one bedroom. These projected bloodstains did have some resemblance to the mechanism of arterial spurting however it was obvious that this was not the cause of these bloodstains. Again, without the knowledge of chronic venous insufficiency syndrome it was suspected at this point in time that this was a fabricated scene involving some type of mechanical delivery of the blood under pressure. Nearly all of the impacted stains that formed the linear patterns were within the range of 1-3 millimeters in diameter. Another important observation was that all of the projected bloodstains found on furniture and walls impacted at 9 inches or less above the floor and the majority of these stains exhibited a distinct angle of impact making an estimated point of origin quite possible. In hindsight, that point of origin corresponded quite accurately with the area of varicose veins on the lower legs of the female (Figures 2 and 3).



Figure 2. Linear projected bloodstains with downward flow patterns on wall.

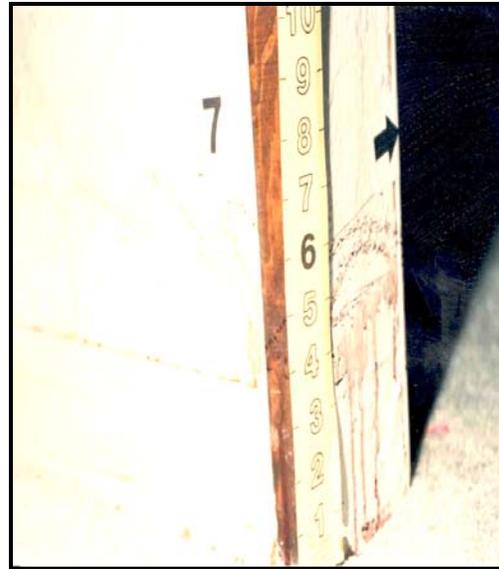


Figure 3. Additional linear projected bloodstains with downward flow patterns on wall and lower edge of door.

Some interesting observations were made regarding the projected bloodstains on the walls. In a number of locations the spurted blood impacted in parallel horizontal linear patterns. During my first observations, I believed that this possibly indicated some type of mechanical delivery system, such as a squirt gun or syringe. Adding to this confusion was that there was no “back and forth” direction of impact in these linear patterns but rather each line impacted in the same direction. Later, this was thought to likely relate to the design of the pinpoint wound on the leg of the wife (Figures 4 and 5). Another interesting observation was that an actual circular shaped impact site, giving the appearance of considerable velocity or pressure, could be seen in many of these patterns, again giving the appearance of a small pressurized stream of blood. I was able to reproduce very similar stains using my blood in an insulin syringe with an attached needle.

It was also observed that the vast majority of passive dripped blood related to the downward flow pattern of the volume of spurted blood after impacting on furniture and walls. No passive bloodstains throughout this scene could satisfactorily be associated with passive blood dripping from a source above and there was a complete absence of passive blood drops falling onto the floor in the areas between the projected source and the target surfaces (Figure 5).

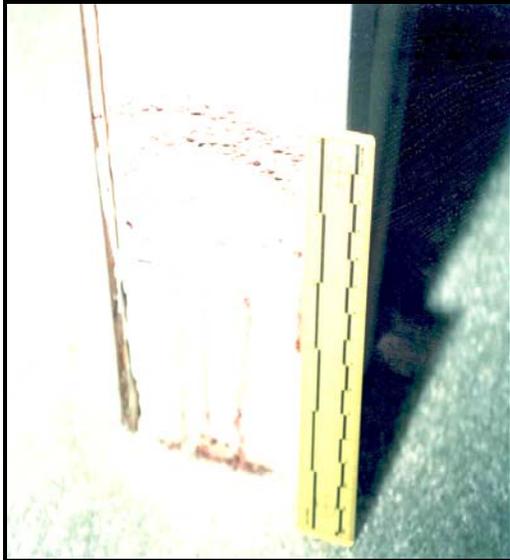


Figure 4. Additional linear projected bloodstains with downward flow pattern.



Figure 5. Projected bloodstain pattern on lower edge of cabinet door exhibiting pulsating effect.

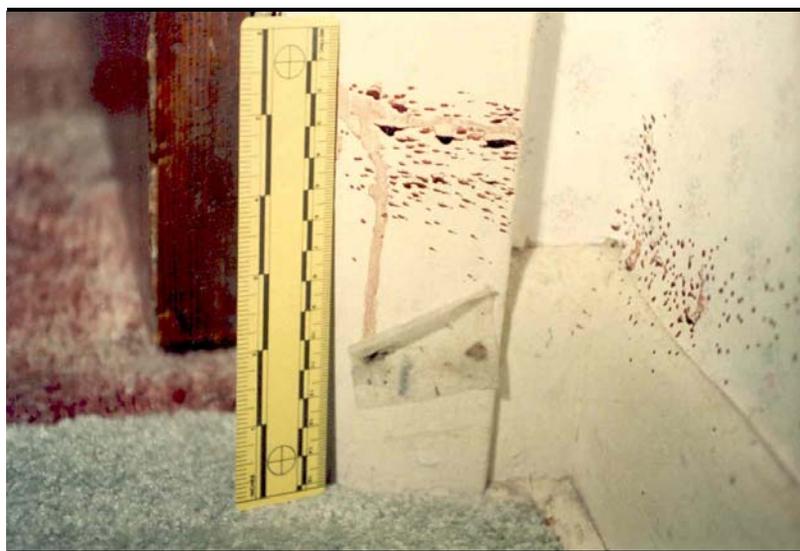


Figure 6. Projected bloodstain patterns on lower door and adjacent wall.

Another anomaly was the complete absence of any footwear impressions or wheel impressions from the walker formed in blood anywhere throughout the house. One of the most interesting stain patterns in the house was a series of fifteen linear stains projecting outward in a fan shape, located on the carpet covered floor in front of the living room couch. These stains were linear in design and all impacted in a direction away from the front of the couch. Of particular interest was the complete absence of any bloodstains for approximately eight feet at one end of this pattern. Leading to this pattern from the kitchen, projected bloodstains could be observed on walls and furniture but at the end of this pattern was a large void area before additional projected bloodstains appeared on walls. Several other similar void areas were found elsewhere in the house and since the victim was not

wearing restrictive clothing over the area of the varicose veins and she was unaware of herself being the blood source and restricting the flow, it appears that these wounds can open, seal tightly and open again, etc. (Figure 7).



Figure 7. Projected bloodstain patterns on carpet in front of couch.

It was not until several days after the scene had been released that the DNA profile revealed that the female resident was the source of the blood. The investigation had revealed nothing to suspect the couple of any wrongdoing or intent regarding the presence of her blood in the house. Capt. Michael Brown actually arrived at the chronic venous insufficiency syndrome determination based on information he pursued in relation to the vein/artery disease confusion during the initial stages of the investigation. Detective Jack Redsell had investigated the family and their background which upon the determination of the blood source made it an easy transition to look in the direction of a medical problem as opposed to a criminal act. Sgt. Jeff Swanson and Det. Bobby Aye did an outstanding job of processing the scene and the final analysis of the case. Correspondence regarding any similar cases especially any photographic documentation of bloodstains and wound photographs regarding this medical condition would be appreciated.

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REFERENCES

1. Evans, G.A., Evans, G.M., Seal, R.M., Craven, J.L., *Spontaneous Fatal Haemorrhage Caused by Varicose Veins*, Lancet, 2:1359-1361, 1973.
2. Podnos, Yale, D. and Williams, Russell, *Chronic Venous Insufficiency*.
www.emedicine.com/med/topic2760.htm
3. Personal Communications: Dr. J.A. Olivencia, MD, Iowa Vein Center, West Des Moines, IA and Dr. Francis Garrity, MD, Polk County Medical Examiner, Des Moines, IA

CONFERENCE FOR SCANDINAVIAN BLOODSTAIN PATTERN ANALYSTS HELD IN DENMARK

A conference was held for Scandinavian bloodstain pattern analysts in Copenhagen, Denmark from May 11th through May 13th 2004. The most experienced Scandinavian analysts have been working with BPA since 1995, where Herbert Leon MacDonell and Paul E. Kish taught a basic course in Stockholm, Sweden. It was decided that two to three analysts could participate from each country. The countries represented were Iceland, Norway, Sweden, Finland and Denmark. A total of 17 participants were in attendance. Every analyst at the conference provided at least 1 presentation so there were 20 presentations in those three days. The conference went really well and the feedback was positive. A mailing list was developed to provide contacts for peer review. Each country has a contact person and Leif S. Petersen from Denmark is the coordinating contact person. It was decided to have a similar conference every second year. In 2006 the conference will be held in Iceland.

Best regards,

Leif S. Petersen,
Detective Inspector
Denmark

RESEARCH PAPER

Another Confusing Bloodstain Pattern

Herbert Leon MacDonell

Statistics can be a useful adjunct to forensic science. However, statistics are based upon probabilities; probabilities which have been calculated from the results of previous experimental data. If we conduct 100 test firings and all have a penetration of between four to six 3/4" pine boards, it may be predicted that within a 95% confidence limit, the next shot will fall within this range.

However, if the next shot penetrates eight boards it only proves that statistics are not facts. And so it is with bloodstain patterns. When we see a bloodstain pattern that consists of many very small bloodstains having a diameter of 1 mm or less, we might very likely conclude that a shooting has occurred and the bloodstains are the result of either forward spatter, traveling with an exiting bullet, or backspatter projected back from the point of impact.

In a case where there is a gunshot victim, the conclusion that it was a shooting based solely upon bloodstain patterns is probably correct. However, there may be some other mechanism that could have produced the pattern in question. Let us consider some of these instances even though they may seem unlikely, they are all possibilities. Remembering the words of Thomas Huxley, "There is no sadder sight in the world than to see a beautiful theory killed by a brutal fact." In order to have a point of reference, Figure 1 shows a typical high velocity impact spatter pattern that was produced when a .22 caliber long rifle bullet struck a blood soaked polyurethane sponge.

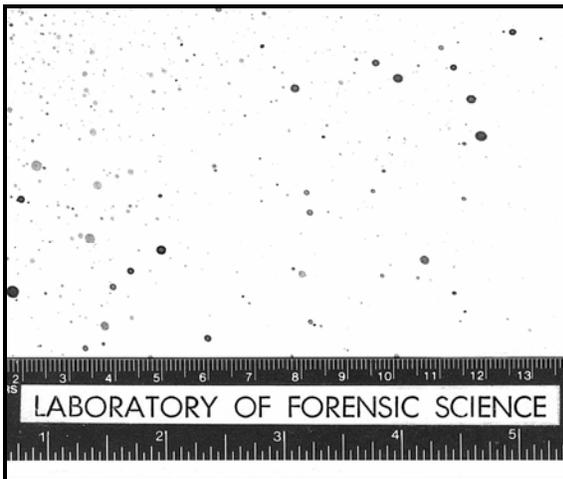


Figure 1. A typical high velocity impact bloodstain pattern.



Figure 2. Top of kitchen table with bloodstains produced by squeezing finger punctured with lancet.

Case 1

The other morning I was preparing to take my blood sugar as is my occasional practice. When I placed the Accura™ sampling strip against a drop of blood that had accumulated on the tip of my left index finger I read that dreaded LCD result, "ERROR". That means I had to put in another strip and "milk" another drop of blood out of my previously punctured finger. As has happened a few times in the past, my finger had apparently decided to heal itself with the result that when I pinched my finger there was a mini Old Faithful eruption and very small droplets of blood were projected upward and onto my breakfast room table. [This is an interesting experience as I had observed it when it happened before]. This time, however, it was almost as though I was watching it in slow motion and as the small droplets were landing on the table I could not but think of how similar that pattern was to, and could be mistaken for, high velocity impact spatter. Figure 2 shows a photograph of the top of my kitchen table where blood that erupted from the pinprick landed. Figure 3 is a lift made from the table and later scanned into my computer beside a ruler. The bloodstain pattern shown in Figure 3 could be easily confused with a high velocity impact spatter (HVIS) pattern.

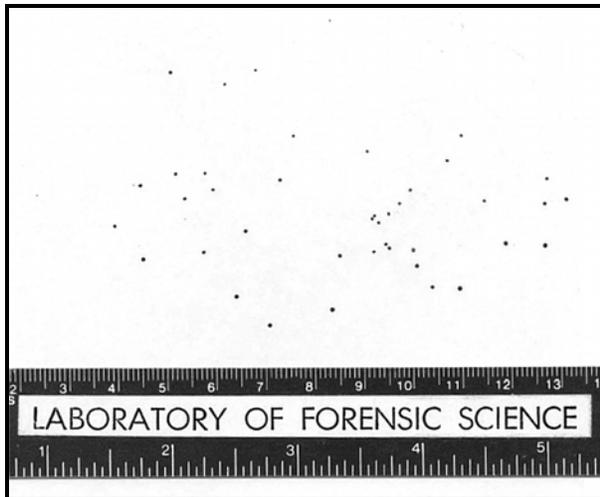


Figure 3. Lift of bloodstains on kitchen table shown in Figure 2.

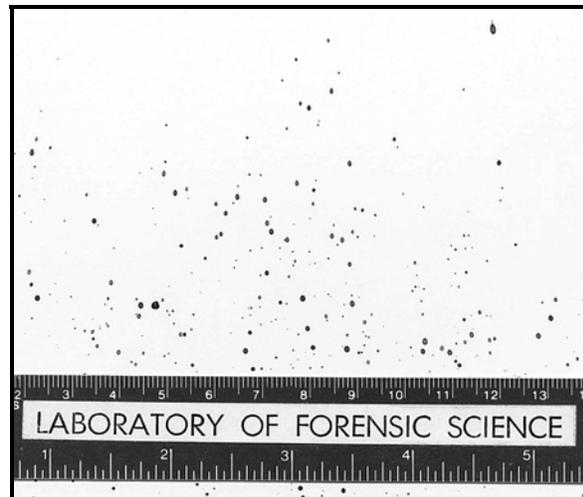


Figure 4. Satellite spatter resulting from 10 drops of blood that fell 48 inches onto glass.

Case 2

Blood that drips into blood can create impact spatter that is very limited in its horizontal projection. Nevertheless, if an article of footwear is near where blood is dripping it may become spattered with very small droplets of blood that are not unlike those resulting from high velocity impact spatter.

Figure 4 shows the pattern which resulted when 10 drops of blood were dropped 48 inches onto a piece of glass and recorded on a target which was four inches from the point of impact. The

bloodstain pattern shown in Figure 4 could also be confused with a high velocity impact spatter (HVIS) pattern.

Case 3

More often than generally realized, blood is expired from the mouth and/or the nose of an injured victim. Blood patterns resulting from such a mechanism are usually very finely divided and can be confused with blood spatter. The easiest way to disregard a bloodstain pattern as having been produced by expired blood is simply to have the pathologist examine the oral and nasal cavities to determine if they are free of blood. A typical expired blood-stain pattern is shown in Figure 5. This is one I did myself with blood drawn just prior to the experiment. Again, the bloodstain pattern shown in Figure 5 could also be confused with a high velocity impact spatter (HVIS) pattern.

Case 4

It is apparent that there are several possible mechanisms that could produce bloodstain patterns which could be confused with those resulting from high velocity impact spatter (HVIS), or from a gunshot wound. Nevertheless there is still at least one more we must consider because of its simplicity and how it is not beyond the scope of someone who has followed the many TV cop shows and decides to fake a crime scene; consider the basic toothbrush as a source of High velocity impact spatter! If blood is allowed to permeate the bristles of a toothbrush and are then "flicked" onto a target, or a lover's shirt who you wish to frame, the very small diameter of these blood spots could well suggest that the shooter was in close proximity to the victim when he or she was shot. An example of a bloodstain pattern that was produced by "flicking" blood from a toothbrush is shown in Figure 6. The bloodstain pattern shown in Figure 6 could be easily confused with a high velocity impact spatter (HVIS) pattern.

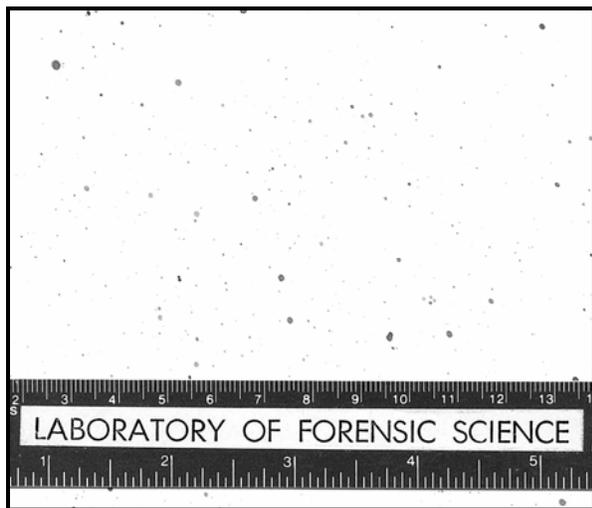


Figure 5. A typical expired bloodstain pattern.

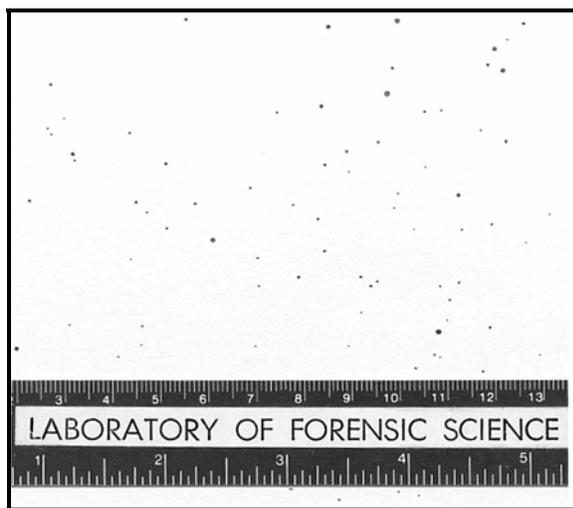


Figure 6. Bloodstain pattern produced by flicking blood with a toothbrush.

After writing the above I attempted to demonstrate how easily it is to produce what appears to be a bloodstain pattern that resulted from impact using my blood sugar lancing device and then squeezing my finger. This time blood was projected clear across a laboratory bench top and struck a soft drink

can. Directionality of the small droplets is very clear as shown in Figure 7. A second squeeze was made so the small droplets would be projected upward as had been the case when it happened in our kitchen. The trail of projected blood on the right of the ruler in Figure 8 was the result. The bloodstains from the first, more directional projection are on the left side of the ruler in this figure.



Figure 7. Projected bloodstain pattern produced by squeezing finger after puncture with lancet.

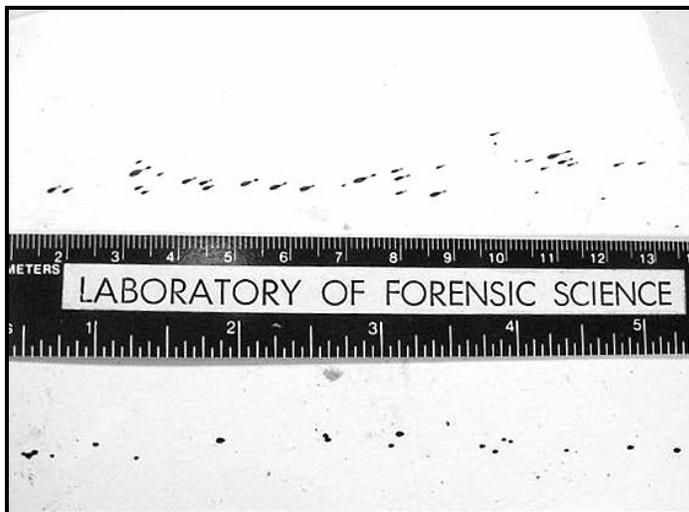


Figure 8. Closer view of trail of projected blood pattern shown in Figure 7.

I have recently been apprised of still another mechanism that can produce what appears to be a spatter pattern of blood albeit some-what larger blood spots than typical high velocity impact spatter. Rex T. Sparks¹ of the Des Moines, Iowa Police Department recently authored a very scholarly article which describes and illustrates how the physical condition known as chronic venous insufficiency syndrome can allow blood to be released from varicose veins in the feet of someone with this disease if they receive only a slight bump or scratch. Surprisingly, it is reported that it affects some 2 to 5% of the population in western countries and is often seen in women over sixty.

It should be pointed out that the size of most of the bloodstains used in the figures in this article are typical of blood that has been projected approximately eighteen inches or more away from a gunshot wound impact point. Blood that travels a shorter distance from an impact point will produce bloodstains that are much smaller in diameter in a classic atomized or mist-like manner. Patterns of this type suggest that greater energy was involved to have produced them. Explosive force or high speed machinery must be considered. Most often a gunshot wound will be the cause of such a pattern.

The bottom line is that there may be more than one explanation as to how a bloodstain pattern was produced. The most you can say is that it is consistent with a certain mechanism, but you can never be absolutely certain which one. Remember, there may always be an alternate explanation to a given set of circumstances that you did not expect to find. Whenever a reasonable possibility is proposed to you,

¹ Sparks, Rex T., Chronic Venous Insufficiency Syndrome, IABPA NEWS, v. 20, no.3 (September), 2004, pp. 4-10

you must be willing to concede that it may also be a possibility. You must never be an advocate; a forensic scientist must always be independent, the middle of the road.

From the appearance of a bloodstain pattern alone no one should ever state or testify that they know how it was produced to the exclusion of all other mechanisms. I can't do that and neither can anyone else. You can suggest a possible action by saying, "It is consistent with and could have been produced by...", but you can't be sure from the bloodstain alone. Remember, anyone can expirate blood from their mouth onto a wall that could also have a bullet hole in it!

If you are always truthful you will sleep much better. Write your reports and testify only on what you know and never speculate when someone's life or liberty is at stake.



2004 INTERNATIONAL ASSOCIATION OF BLOODSTAIN PATTERN
ANALYSTS ANNUAL TRAINING CONFERENCE
OCTOBER 6-7-8 2004
WEDNESDAY-THURSDAY-FRIDAY

*CONFERENCE CONTENT

UNRESOLVED CASES AND ISSUES
BLOODSTAIN PATTERN PHOTOGRAPHY
COURTROOM PRESENTATIONS
COURTROOM AND LEGAL ISSUES
FORENSIC NEUROPATHOLOGY
CASE PRESENTATIONS
SWIGSTAIN UPDATE
IABPA ISSUES
MEET WITH THE IABPA BOARD MEMBERS
ANNUAL MEMBERSHIP MEETING

This is a great opportunity for you to bring your open and closed cases to be reviewed and discussed by fellow and experienced members of the IABPA in a relaxed and semi-private setting - not formal presentations.

Add a presentation to your Curriculum Vitae!

Share your experiences with the other analysts!

TENTATIVE CONFERENCE SCHEDULE

TUESDAY - OCTOBER 5

3:00 PM

REGISTRATION - HOSPITALITY

WEDNESDAY - OCTOBER 6

8:30 AM

President Bill Basso

Conference Coordinator Norman Reeves - Opening Remarks

9:00 AM

Dr. Diane Karluk, MD - Traumatic Brain Injuries and Subsequent Effects of the Movement or Non-movement of the Victim

10:00 AM

Joe Slemko - Bloodstains on Fabrics

10:45 AM

BREAK

11:00 AM

Peter Lamb - The Use of BPA Modeling in Investigations

12:00 PM

LUNCH ON YOUR OWN

1:00 PM

Charlene Marie - Two Down – One Dead – 2005 Conference Presentation

2:00 PM

Silke Brodbeck - The Use of Postmortem CT-Scan in Shotgun Wounds

3:00 PM

BREAK

3:15 PM

Tom Brady - Male on Male Domestic Assault Using a Kitchen Knife

4:15 PM

HOSPITALITY

THURSDAY – OCTOBER 7

8:00 AM

Philippe Esperanca - A New Chemical Process to Detect Washed Bloodstains – BlueStar

9:00 AM

Rex Sparks - Chronic Venous Insufficiency Syndrome

9:45 AM

BREAK

10:00 AM

Dr. Herbert Leon MacDonell - Another Confusing Bloodstain Pattern

11:00 AM

Pam Bordner - TBA

12:00 PM

LUNCH ON YOUR OWN

1:00 PM

Scott Lamont - TBA

2:00 PM

BREAK

2:15 PM

Brian Yamashita – The Directional Analysis of a Bloodstain Pattern Located on a Sloped Ceiling

3:30 PM

Matt Noedel -TBA

6:00 PM – 10:00 PM (5:30 PM Departure from Hotel)

TANQUE VERDE RANCH BANQUET

FRIDAY - OCTOBER 8

8:30 AM

Lief Petersen – The Murder of Jesper Holstebro

9:00 AM

SWIGSTAIN Update

BREAK

10:30 AM

Business Meeting

SATURDAY – OCTOBER 2 AND SATURDAY 9 - OPEN HOUSE AT NORMS

PLEASE RSVP REGARDING THE OPEN HOUSE

NORMAN REEVES

520-760-6620

FAX 520-760-5590

norman@bloody1.com

*Known as of this publication date and subject to change prior to the conference in October 2004

BLOODSTAIN PATTERN ANALYSIS IN THE NEWS

Alexei Pace

Through this column in the IABPA News I will be providing a selection of recent news items gathered from the world wide web (www) which relate directly to bloodstain pattern analysis. Members with an e-mail address are invited to join the bloodstain pattern analysis mailing list. I circulate these news items including direct links to their web page as they arrive. If you would like to join the list just send me an e-mail at ap@onvol.net.

SELF-DEFENSE claim challenged

San Luis Obispo Tribune - San Luis Obispo, CA, USA.

<<http://www.sanluisobispo.com/mld/sanluisobispo/news/local/9097199.htm>>

During the murder trial of Clinton Crites, Sgt. Brian Kennedy testified that bloodstains found on Okashima's ceiling are indicative of someone bringing a knife above his head and repeatedly stabbing in a downward motion, rather than being produced during a struggle for the weapon.

JENKINS appeal decision on Friday

South London.co.uk - London, England, UK.

<http://icsouthlondon.icnetwork.co.uk/0100news/nationalnews/tm_objectid=14422679&method=full&siteid=50100&headline=jenkins-appeal-decision-on-friday-name_page.html> and
<<http://www.thisislondon.co.uk/news/articles/12006946?source=Evening%20Standard>>

Appeal case for Sion Jenkins, with the prosecution claiming that the blood stains were impact spatter created as Jenkins beat his foster-daughter to death. The defense claimed instead that they are due to expired blood forced out of her lungs as he leaned over in an attempt to help her. Jenkins won his appeal.

MURDER trial told of bloodstains

ic Wales - Wales, UK

<http://icwales.icnetwork.co.uk/0100news/0200wales/tm_objectid=14449694&method=full&siteid=50082&headline=murder-trial-told-of-bloodstains-name_page.html>

Trial of a teenager accused of murdering a 76-year-old woman. Claire Galbraith analyzed the bloodstain patterns present at the scene and described what she saw and her reconstruction of the events.

TRIAL Testimony Bolsters Self-Defense Theory

Winchester Star - Winchester, VA, USA

<http://www.winchesterstar.com/TheWinchesterStar/040730/Area_Trial.asp>

Murder trial for a 21-year-old who testified that he beat the victim and dragged his body across a street. Eric Hazelrigg, of the Virginia State Police, testified the victim was likely hit while he was on the ground, based on the bloodstain patterns beneath pieces of furniture throughout the house.

BALLARD witness points to lack of blood on clothing

Fayetteville Online

<<http://www.fayettevillenc.com/story.php?Template=local&Story=6495907>>

Interesting references to the absence of bloodstaining and gunshots associated with spatter events.

IABPA BLOODSTAIN PATTERN PROFICIENCY TESTING SURVEY

The following survey has been developed to solicit feedback from IABPA members regarding casework assessment and proficiency testing. Your input will assist the Proficiency Testing Subcommittee in making recommendations regarding these issues. Copy the survey from the NEWS and please take the time to answer the questions.

Return the survey to:

Pamela Bordner
OSP Forensic Laboratory
63319 Jamison Street
Bend, OR 97701

You may include your name and contact information if you wish; however, it is not required.

1. Do you currently participate in any method of continuing assessment of your bloodstain pattern analysis casework?

- Yes
 No

If yes, please indicate what type of assessment(s) that you use and how often:

- Internal proficiency tests Rate: annually other _____
 External proficiency tests Rate: annually other _____
Name of test provider (CTS, etc.): _____
 Technical peer review Rate: _____% of cases other _____
 Other, please describe: _____

If no, would you be interested in participating in some type of continuing assessment?

- Yes
 No

2. What method of assessment is most suitable for you?

- Standardized proficiency test
 Technical peer review
 Other, please describe: _____

3. Who should be responsible to administer the assessment?

- Private test provider (CTS – Collaborative Testing Services, etc.)
 IABPA
 Other, please describe: _____

4. What is your profession?
- Law Enforcement
 Forensic Laboratory : government private
 Consultant
 Other, please describe: _____
5. How many years of experience do you have performing bloodstain pattern analysis casework?
- 1-2 years
 3-5 years
 5-10 years
 more than 10 years
6. What concerns do you have with proficiency testing (please include any solutions you have that would alleviate your concerns)?

Organizational Notices

Moving Soon?

All changes of mailing address need to be supplied to our Secretary Norman Reeves. Each quarter Norman forwards completed address labels for those who are members. Do not send change of address information to the Newsletter Editor. Simply Email your new address to Norman Reeves at:

norman@bloody1.com

Norman Reeves

I.A.B.P.A.

12139 E. Makohoh Trail

Tucson, Arizona 85749-8179

Fax: 520-760-5590



Membership Applications / Request for Promotion

Applications for membership as well as for promotion are available on the IABPA website:

I.A.B.P.A. Website: <http://www.iabpa.org>

Training Opportunities

September 20-24, 2004

Bloodstain Evidence Institute
Professor Herbert Leon MacDonell
and T. Paulette Sutton
Corning, New York

◆
Professor Herbert Leon MacDonell
Bloodstain Evidence Institute
Post Office Box 1111
Corning, New York 14830
607-962-6581
Fax: 607-936-6936
E-mail: forensicl@stny.rr.com

October 5-8, 2004

IABPA Annual Conference
Tucson, Arizona

◆
Norman Reeves
Tel: 520-760-6620
Fax: 520-760-5590
E-mail: Norman@Bloody1.com

October 25-30, 2004

**Math and Physics as it Pertains to
Bloodstain Pattern Analysis**
Dr. Fred Carter and Dr. Brian Yamashita
Edmonton, Alberta

◆
Bruce MacLean
780-451-7472
Fax: 780-495-4505
E-mail: bruce.maclea@rcmp-grc.gc.ca

November 1-5, 2004

Basic Bloodstain Pattern Analysis
Tom Bevel
Norman, Oklahoma

◆
Tom Bevel
2115 Westwood Dr.
Norman, OK 73069
405-447-4469
Fax: 405-447-4481
E-mail: tbevel1@cox.net

November 15-19, 2004

**Shooting Incident Reconstruction/Officer-
Involved Shootings**

Ed Hueske and Max Courtney
Mansfield Police Department, Mansfield, Texas
(Dallas-Fort Worth Metro)

◆
Ed Hueske (972) 304-8668
E-mail: xpirtwit@aol.com
On-line registration: www.forensic-xprt.com

This is an intensive 5-day class designed for investigators, criminalists, firearms examiners and others with limited or no experience in the analysis and reconstruction of shooting incidents. Particular emphasis is placed on officer-involved shootings in this hands-on course that will include firearms range work, practical exercises and mock shooting scene investigations. Participants will learn the basic techniques for documenting shooting scenes and how to go about reconstructing shootings from instructors who have over 60 years combined experience in the field. Numerous case histories from the instructors' files will be presented to further develop lecture topics. Attendees will be provided with a comprehensive training manual. For additional information and on-line registration, go to www.forensic-xprt.com

November 29-December 3, 2004

Bloodstain Pattern Analysis Workshop
Toby Wolson
Miami, Florida

◆
Toby L. Wolson, M.S.
Miami-Dade Police Department
Crime Laboratory Bureau
9105 NW 25th Street
Miami, FL 33172
Voice: 305-471-3041
Fax: 305-471-3350
E-mail: Twolson@mdpd.com

*Training Announcements for the
September 2004 Newsletter must be
received before August 15, 2004.*

Editor's Corner

This issue of the IABPA NEWS features a new column entitled **Bloodstain Pattern Analysis in the News**. I plan to continue this column in future issues. It has been developed by provisional member Alexei Pace from Malta. Alexei is an architect and is appointed by the Courts in Malta to develop scaled drawings of crime scenes to assist with their investigations. He has successfully completed both the basic and advanced Bloodstain Pattern Analysis courses held in June 2004 at Suffolk University in Boston, MA. I had the pleasure of meeting Alexei while instructing the advanced course with Paul Kish. He expressed a great interest in bloodstain pattern analysis and presented an excellent research paper on directional analysis with the computer. He hopes to work on some bloodstain cases in Malta and become a full IABPA member. I would appreciate comments about this column from the membership and encourage members to join the mailing list to keep abreast of bloodstain pattern analysis issues in the media.

I am averaging about 5 returns with addresses unknown from issues of the NEWS mailed to members. Please send Norman your address changes to insure that the mailing list is up to date. If you don't receive your current issue of the NEWS please let me know and I will provide one to you. Extra copies are printed for that purpose as well as for the IABPA archives.

Quality research papers and case studies are always welcome for publication in the NEWS. If you have interesting research projects or cases please submit them for editorial review. Additionally, if any member has thoughts or ideas for additional regular columns please contact me.

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Past Presidents of the IABPA

V. Thomas Bevel	1983-1984
Charles Edel	1985-1987
Warren R. Darby	1988
Rod D. Englert	1989-1990
Edward Podworny	1991-1992
Tom J. Griffin	1993-1994
Toby L. Wolson, M.S.	1995-1996
Daniel V. Christman	1997-1998
Phyllis T. Rollan	1999-2000
Daniel Rahn	2001-2002

Associate Editors of the IABPA News

Fons Chafe
L. Allyn DiMeo
Barton P. Epstein
Paul E. Kish
Jon J. Nordby
Joseph Slemko
Robert P. Spalding
T. Paulette Sutton

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