

cpmr



WESTERN SYDNEY AREA HEALTH SERVICE

Institute of Clinical Pathology and Medical Research

Director Professor C. J. Eastman AM MD (Syd) FRACP, FRCPA

Deputy Director Dr R. Vining PhD, MBA, FRACI, FAIM

REF: FS 02/710

Division of Analytical Laboratories

Joseph Street, Lidcombe (Weeroona Rd Entrance) PO Box 162 Lidcombe NSW 2141 Australia DX 28412 Parramatta Tel: 02 9646 0222

Tel: 02 9646 0222 Fax: 02 9646 0333

RE: Alleged Break, Enter and	Steal
at 6 Crookson Place, Glenwo	ood

I, Rob	ert John GOETZ,
hereby	certify as follows:
(1)	My scientific qualifications are Bachelor of Science (Honours) of the University of New South Wales and I have specialised knowledge based on my training, study and experience.
(2)	The following items in connection with this matter were received on the thirteenth
	day of February 2002, from Plain Clothes Constable E. SIMOS of the Quakers Hill
	Police.
	1. Reference buccal sample – NP252
	2. Swab
	3. Swab
(3)	These items have been examined with the following results:
	Human blood was detected on the swab (item 3).
	DNA testing was conducted on the blood (from item 3) and on the reference buccal
	sample from NP252 (item 1).



REF: FS 02/710

NP252 has the same DNA profile (in the Profiler Plus system) as the DNA recovered from the blood (from item 3). This partial profile is expected to occur in fewer than 1 in 1 billion* individuals in the general population.

- (4) Item 2 was not examined.
- (5) See the attached appendix for technical and statistical information.
- (6) Other scientific staff may have assisted with the processing and analysis of items from this case.

*A billion is defined as 1000 million.

Biologist's Signature:

Date: 16/10/02

3/18

P. 377

New South Wales Police Service Specimen/Exhibit Examination Form

* .	Date required by	
Four copies of this form to be submitted - three will be sent, with the to the Forensic Services Group, Sydney.	exhibits, to the Laboratory con	cerned and one copy
OFFICER IN CHARGE OF CASE A CONT. SIMOS CORONER COMPLAINANT DECEASED	District Sex Faynale Sex Sex Sex	Age

LIST OF SPECIMENS/EXHIBITS SUBMITTED

(Ensure that all items are correctly packaged and labelled)

ITEM No.	DESCRIPTION	ITEM No.	DESCRIPTION
\	Lioute second sampling		
2	(Etem 1) DNA Swals in scale crime scare		
3	(Franz) DNA Swals in sealed crime scene		
	baco,		
			Continue on separate sheet if necessary

IMPORTANT. For the examinations listed below, the following additional forms should be attached:

Suspected poisons & drugs. (Division of Analytical Laboratories, Lidcombe)

Police form P. 79A - "Report of death to Coroner."

Department of Health form - "Specimens for toxicological analysis."

Suspected disease (Division of Forensic Medicine, Glebe)

Police form P. 79A - "Report of death to Coroner." Copy of Doctor's post-mortem report.

Sexual assault cases.

(Division of Analytical Laboratories, Lidcombe)

4/18 FS 02/710	
(REPORT SHOULD CONTAIN BRIEF DETAILS ONLY SUSPICIONS WHICH MAY ASSIST THE SCIENTIST IN	Y OF OFFENCE OR OCCURRENCE - ANY INFORMATION R
The Commander,	
Quakes this bleck	
Hout 8-45 pm on Sunday	10th Februar 2002 the detendant enwood and Stole 2 Video cossette
volve into 6 Crookson Mace, Cil	encood and Stole 2 Video cassette as he
ecords. The defendat	•
ear leaving The premises, Moo	ed coas left on the glass condows
the video records which wo	w later located). As a woult the
fendent was arrested and charge	ged and aDNA examinate was conducted
Signature	COURT DATE: 6th March 200 Z
Name SiteS Rank & No. P. C. St Station Qualers ## !!	(if not known, laboratory to be notified by telephone)
Date 13th/2/2007	
The Director,	
FORENSIC SERVICES GROUP.	
Specimens/exhibits herewith in custody of Sgt/Const	t
of	
*	OR
Forwarded for information. The specimens/exhibits li	
* of	
Signature	;
Officer in Charge Police Station	
Date	
Complete appropriate minute	
*	
Forwarded for favour of examination of the specime	ens/exhibits listed overleaf
Towarded for larear of skallingaren of the opening	TO SAME TO THE STATE OF STATE
The Director,	
FORENSIC SERVICES GROUP.	
Date	
CONVEYED TO LABORATORY BY	
Name ESIMES Rank	1 CC=+ Station Quales Hill
RECEIVED BY:	
	Station
	Signature
•	
•	Signature
Time am/pm Date	•
CERTIFICATE SENT TO	
SETTI TOTAL SERVICE	VII /

NOTE: When examination is complete and Certificate is received at Station, all exhibits other than blood and viscera must be removed from the Laboratory concerned as soon as possible. If the exhibit is not required the examining Laboratory should be advised IMMEDIATELY that the exhibit may be destroyed.