

1 them at approximately 2:42 after identifying him, and  
2 then they were submitted to the M.E.'s office at  
3 4:00 p.m. on August 13th, 2012.

4 Q. And what did you do to make sure that those  
5 swabs were sealed up and presentable for testing at the  
6 medical examiner's office?

7 A. They remained in my care, custody, and control  
8 for the entire time. Then they are placed into evidence  
9 envelope and sealed and then taken to the M.E.'s office.

10 Q. And did you do that in this case?

11 A. Yes, ma'am.

12 Q. Have you had any contact with those swabs or  
13 with this investigation since then?

14 A. No, ma'am.

15 MS. COLLINS: Pass the witness, Your Honor.

16 MR. OLIVER: No questions, Judge.

17 THE COURT: All right. You may step down.

18 Thank you.

19 MS. COLLINS: Your Honor, at this time,  
20 State would call Michal Pierce to the stand.

21 (Witness sworn)

22 **MICHAL PIERCE,**

23 having been first duly sworn, testified as follows:

24 **DIRECT EXAMINATION**

25 **BY MS. COLLINS:**

1 Q. Please state your name for the Court spelling  
2 your first and last?

3 A. Michal Pierce. M-i-c-h-a-l. P-i-e-r-c-e.

4 Q. Ms. Pierce, what do you do for a living?

5 A. I'm a DNA analyst.

6 Q. Who do you work for?

7 A. I work for the Harris County Institute of  
8 Forensic Sciences, Forensic Genetics Laboratory.

9 Q. Is there a shorter name that we call where you  
10 work?

11 A. The Harris County lab.

12 Q. Okay. Is it sometimes also referred to as the  
13 M.E.'s office?

14 A. Yes.

15 Q. How long have you worked there at the lab?

16 A. About almost six years.

17 Q. Can you tell me what exactly it means to be a  
18 DNA analyst there?

19 A. We receive items of evidence that possibly have  
20 biological material and we screen those items of  
21 evidence. And after we screen them, we will test them  
22 for the presence of DNA material. After this testing, I  
23 interpret the data and write a report. I also review  
24 the work of my peers and testify in court, if need be.

25 Q. Ms. Pierce, can you tell me about the education

1 and training you've had to be able to hold the position  
2 you currently do?

3 A. Sure. I have a bachelor of science in  
4 microbiology from the University of Illinois. I have a  
5 master's of science in forensic science from Sam Houston  
6 State University. And I'm also certified by the  
7 American Board of Criminalists as a fellow in molecular  
8 biology.

9 Q. How many cases would you say -- or pieces of  
10 evidence would you say you have examined or analyzed in  
11 your time there at the lab?

12 A. I can't give a number. It's a lot. We get  
13 hundreds of cases a year.

14 Q. Is the lab an accredited facility?

15 A. It is.

16 Q. What does that mean, to be accredited?

17 A. For forensic labs specifically today, in Texas  
18 a lab needs to be accredited by a recognized agency.  
19 And if they are not, then they cannot present evidence  
20 in court. So, it's important in that respect, but,  
21 really, accreditation is ensuring that your lab performs  
22 work of a good quality. And so, you're ensuring -- it's  
23 a quality assurance measure to show that you're  
24 following certain standards.

25 Q. What's done by the accrediting agency to make

1 sure that you are living by those standards?

2 A. Yes. Usually a group comes in and they just  
3 look at everything in your facility. They look at the  
4 actual building, make sure it's secure. They look at  
5 your personnel extensively, the training of the  
6 personnel, the education. They look at all of your  
7 analysis methods that are SOPs, which is standard  
8 operating procedures. And they even interview staff  
9 members and make sure that we're following these  
10 standards.

11 Q. How often does that review take place?

12 A. The cycle is five years. So, every five years  
13 we will apply for re-accreditation, but during those  
14 five years, you also need to maintain this  
15 accreditation. You have to show that you're following  
16 these rules.

17 Q. And how do you do that?

18 A. We update the agency yearly and our own quality  
19 assurance program, which is quite extensive, the  
20 institute ensures that we follow these guidelines.

21 Q. Along with the facility being accredited -- and  
22 how long has the lab been an accredited facility?

23 A. I would say probably since the late '90s.

24 Q. Along with the lab being accredited, are you  
25 certified?

1           A.    I am.

2           Q.    And what does certification really mean?

3           A.    Well, so accreditation is really for the  
4 agency.  You accredit a place or an institute.  And then  
5 you have personal certification, which is for an  
6 individual.  And so, they're different because I can  
7 work at an accredited agency, but I don't have to be  
8 certified in anything.  So, for our field there's  
9 really, that I know of, one agency that accredits in  
10 terms of forensics for what I do and that's called the  
11 American Board of Criminalists.  And they will accredit  
12 individuals if they show that they can be in all the  
13 sections of forensic science.  And for my section, that  
14 would be molecular biology for DNA.

15          Q.    What do you have to do to prove that you should  
16 and can be accredited by the American Board of  
17 Criminalists?

18          A.    For certification, you need to be working in  
19 the field for a certain amount of time.  You need  
20 letters of people that can account for the fact that  
21 you're an ethical analyst.  And then you take a test to  
22 demonstrate your knowledge in the subject.

23          Q.    And how long have you been certified in the  
24 field?

25          A.    I would say for about four years, possibly.

1 Four years.

2 Q. Okay. And if you don't have to be certified,  
3 why did you go ahead and do that?

4 A. Well, it's good to have. I see it as -- like I  
5 said, the difference between certification and  
6 accreditation is if you, for example, worked at a  
7 swimming pool, at the YMCA, the pool building can be  
8 accredited and they could say it's a safe place to swim,  
9 but you want your lifeguards to have CPR certification.  
10 You don't want them to show up and get hired and be  
11 trained minimally. So, it's really for the person, to  
12 show that they are keeping up certain standards  
13 themselves and they're going that extra mile to be a  
14 good analyst.

15 Q. Since you originally received your  
16 certification, have you had to do any kind of ongoing  
17 training or testing to maintain that?

18 A. Yes. As an analyst, I need to have at least  
19 eight hours of continuing education a year. That's also  
20 a rule in general for our agency, but for my  
21 certification, I do have to -- they have a point system.  
22 You need a certain amount of points to be re-certified  
23 every year. So, I do have to maintain a lot of activity  
24 in the field. I have to go to professional meetings and  
25 be current in methods and go to trainings.

1 Q. Okay. You mentioned that you now have some  
2 supervisory responsibilities at the lab. How long have  
3 you been in a position to be supervising other people?

4 A. I would say for almost two years I've been the  
5 quality assurance compliance manager of my section. And  
6 that's basically having a really big role in the quality  
7 assurance program of our lab.

8 Q. And what does that mean on a day-to-day basis  
9 for what you're doing?

10 A. Well, it means I do less case work and more of  
11 monitoring others. I am responsible for making sure our  
12 training program is going well for the analysts. I will  
13 run their proficiency test program, which is really  
14 important for accreditation. Every analyst needs to be  
15 proficiency-tested twice a year. And I basically also  
16 am in charge of the equipment, make sure it's maintained  
17 properly. And I also need to keep track of problems in  
18 the lab. Any variances or deviations from protocol,  
19 that would be a really significant thing to happen. So,  
20 I have to monitor things like that. I'm a  
21 troubleshooter and also probably considered somebody who  
22 you have talk to if you're in trouble.

23 Q. Okay. Because you are in charge of quality  
24 control there, is it important that you be on the  
25 up-and-up with the rules that have to be followed to

1 analyze and the general day-to-day findings and  
2 up-to-date research in your field?

3 A. Yes, absolutely. I need to be current on  
4 what's going on in the field to make sure we are  
5 current.

6 Q. Okay. Now, you mentioned that you do less of  
7 the actual analyzing these days, but are you still an  
8 analyst working with your hands on criminal evidence?

9 A. Yes, I am.

10 Q. Can you tell us, when you first began to work  
11 there at the lab with evidence like you do, is there a  
12 training or some way that you know how to properly  
13 handle the evidence?

14 A. Yes. There is an extensive training program  
15 for analysts that usually -- I know I trained for about  
16 six months to become a DNA analyst.

17 Q. Can you take us through that training and what  
18 you have to go through to make sure you're doing it  
19 right?

20 A. Sure. When you're training to be an analyst,  
21 you first have to just observe what's going on. You  
22 shadow the analyst. And then you have to read a certain  
23 amount of literature. You take practice tests and  
24 quizzes and practice test on samples that you practice  
25 with. Basically, you're not allowed to touch any

1 evidence or anything with DNA until you are passing your  
2 practice samples. You take tests and quizzes. And then  
3 finally you take what's called a competency test or a  
4 qualifying test to show that you can do the work. And  
5 even after that, you are supervised by an analyst. You  
6 can't work on your own until our technical leader allows  
7 you to. They issue you a memo saying that you've  
8 completed the training program and you're ready to work  
9 with evidence.

10 Q. After you pass those tests and are allowed to  
11 handle the evidence and do analysis on your own, do you  
12 continue to have something -- a check on each other  
13 there at the lab to make sure that everybody is doing  
14 things right?

15 A. Well, day-to-day everybody is pretty aware.  
16 It's hard to get away with anything because everybody is  
17 very -- they do take it seriously, the quality assurance  
18 program. So, if anything ever looks out of the  
19 ordinary, somebody is going to let somebody else know;  
20 but if you are alluding to maybe proficiency testing,  
21 everybody needs to take a proficiency test -- for DNA  
22 analysts, it's twice a year at least. And we definitely  
23 follow those rules. So, if you're having a problem with  
24 case work, it should come out in the proficiency test.

25 Q. Let me back up just a little bit and talk to

1 you about DNA generally. Have you brought or given me  
2 some resources to use to help aid you in talking about  
3 DNA?

4 A. I did.

5 MS. COLLINS: Your Honor, at this time, I  
6 would ask to be able to make use of the DOAR system and  
7 the computer system to display some images that  
8 Ms. Pierce has brought to help aid her in her testimony.

9 THE COURT: All right.

10 MS. COLLINS: I'll tender those to defense  
11 counsel for his review.

12 MR. OLIVER: Can we approach briefly?

13 THE COURT: You may.

14 (At the Bench, on the record)

15 MR. OLIVER: Your Honor, I've reviewed the  
16 State's slides and I want to make sure for purposes of  
17 the record that these slides are just for demonstrative  
18 purposes and don't relate to actual figures in the  
19 documents that this lab has provided.

20 MS. COLLINS: Of course. And, obviously,  
21 we'll go into the specifics of this case. This is just  
22 for purposes of talking --

23 THE COURT: These are for demonstrative  
24 purposes only; is that correct?

25 MR. OLIVER: I was trying to verify that.

1                   THE COURT: All right. Admitted for  
2 demonstrative purposes only.

3                   MR. OLIVER: Thank you, Your Honor.

4                   (Open court, defendant and jury present)

5           Q. (By Ms. Collins) Okay. Ms. Pierce, I guess  
6 let's start with: What is DNA?

7           A. So, DNA is our genetic material. And it is --  
8 am I supposed to be moving forward and backward on the  
9 slides myself? Or how do I move --

10          Q. Oh, yes, you can. Or she can.

11          A. Okay. It might be easier if I could. That's  
12 why I was just -- is that all right?

13          Q. Yes, of course.

14          A. So come down there?

15                   THE COURT: It's your witness.

16                   MS. COLLINS: If you don't mind, Judge.

17                   THE COURT: I don't mind.

18          Q. (By Ms. Collins) Make sure you keep your voice  
19 up. And if you want to have a seat there, you can.

20          A. So, this presentation is really just to  
21 illustrate about DNA and testing because I find that it  
22 is sometimes hard to understand without a visual and it  
23 can be quite boring also, so...

24                   THE COURT: Thank you.

25          A. I will just go over what we normally do in our

1 lab with items that have potential biological evidence.

2           First of all, sources of biological  
3 evidence are -- I'm talking about tissues or fluids in  
4 your body. And these are examples: Blood, semen,  
5 saliva, urine, hair, teeth, bone tissue, perspiration,  
6 vaginal secretions. Those are all examples of things  
7 that will contain cells that will contain DNA.

8           Q. (By Ms. Collins) Let me stop you for just a  
9 moment, Ms. Pierce. Are there other possible ways to  
10 gain DNA evidence? In other words, is this an  
11 exhaustive list?

12           A. This is not an entire list. They are the main  
13 examples of what we see in case work.

14           And the first thing that happens when we  
15 get evidence in our lab is it goes through what's called  
16 serology analysis, which is a screening. We are  
17 basically analyzing for the presence of bodily fluids.  
18 Examples are: Blood, semen, and saliva. Because all of  
19 those fluids could contain cells that have DNA.

20           Q. Let me stop you again. Before we even get to  
21 the point where any testing is being done, what do you  
22 do when you first get the evidence to make sure that it  
23 hasn't been tampered with or changed in any way when you  
24 received it?

25           A. Yes. When we receive packaging of evidence, we

1 examine it for what's called a proper seal. Maybe the  
2 officer or law enforcement personnel has taped the  
3 evidence closed and the initials are signing over and a  
4 date is possible, but, basically, we are inspecting to  
5 make sure that nothing has been broken or ripped.

6 Q. If something had been broken or ripped or  
7 unsealed when you received it, is that something you  
8 would document to make sure it was clear in your  
9 records?

10 A. Yes. We have to note that.

11 Q. Once you make sure it doesn't have anything  
12 like that, what's the next step when you're actually  
13 beginning the test to make sure that it doesn't get  
14 mixed in with other evidence or with your own hair or  
15 DNA?

16 A. Yes. We only examine one item of evidence at a  
17 time. And we always wear the proper -- it's called PPE,  
18 personal protective equipment. As you see in these  
19 pictures here, we have a lab coat, we have gloves, we  
20 have a mask, even a hair net, and even shoe covers so  
21 that we are minimizing any contact of our body with the  
22 evidence.

23 Q. Once you've gone through that process and you  
24 go into serology, how do you know what to look for or  
25 what to try to look for?

1           A.    Well, we -- it depends on the type of crime.  
2   Usually, we will look for blood if it's a violent crime.  
3   We will look for semen if it's a sexual assault noted.  
4   We also -- it just depends on the case.  We try not to  
5   get too many details of the case because we are always  
6   objective.  So, sometimes we don't even know what the  
7   case details are.  We are just really looking for bodily  
8   fluids.

9           Q.    If you were to have details, where would you  
10   get that information from?

11          A.    There is an offense report sometimes submitted.  
12   Not all the time.  And sometimes in the case of -- if a  
13   sexual assault kit was collected, there is a hospital --  
14   well, a medical report.  There's hospital papers that we  
15   will read, but, again, this does not always happen.  
16   Sometimes we have nothing to help us.

17          Q.    Once you start looking for this serology from  
18   blood, semen, saliva, what is the process to go through  
19   and do that?

20          A.    Well, we do have different levels of testing.  
21   We have -- as I stated here, we have what's called  
22   presumptive and confirmatory testing.  And, basically, a  
23   presumptive test is to -- it's a general test for a  
24   certain body fluid that we're looking for.  It's very  
25   sensitive, but it's not specific.  It doesn't mean

1 that's the only thing it could be. And then we have  
2 what's called a confirmatory test, which does confirm  
3 the substance we think it is. So, those are the two  
4 groups.

5           And usually the presumptive tests are  
6 chemical test. They're a color-change test. For  
7 examples of presumptive tests for semen, there is  
8 something called acid phosphatase. Testing for enzyme,  
9 phenolphthalein is a common presumptive test to indicate  
10 blood. And, again, these are just color-change tests.  
11 They are very fast, they are very sensitive, which is  
12 why they're presumptive.

13       Q.    You mentioned presumptive tests for semen and  
14 blood. Are there presumptive tests for specific things  
15 like saliva or like skin cells, things of that nature?

16       A.    Currently there is not a presumptive test for  
17 skin cells that I'm aware that labs are using. There  
18 are tests for saliva, especially presumptive tests. Our  
19 lab currently does not use those tests.

20       Q.    Is there a reason that your lab doesn't use the  
21 presumptive test for saliva?

22       A.    There is a reason. Actually, our lab used to  
23 use a presumptive test for saliva and we discontinued  
24 that practice because we found that the test was not --  
25 besides not being as sensitive as a test should be in

1 our lab, it wasn't very specific. You have what's  
2 called false-positives, meaning if you're testing for  
3 saliva in the presumptive test you would hope that it  
4 would only give a positive test for saliva, but in the  
5 test that we had accessible to us it was reacting with  
6 things like blood and semen. And it is commonly known  
7 in the field right now that even certain confirmatory  
8 tests for saliva will react with fecal matter, urine,  
9 and breast milk.

10 So, you can imagine that in a sexual  
11 assault if you're trying to test for saliva, but  
12 something that had a urine stains on it was also present  
13 and it would be positive, it's misleading. So, for  
14 those reasons, we don't test for saliva currently.

15 Q. These presumptive and confirmatory tests -- I'm  
16 sorry I keep interrupting you, but these tests, when you  
17 use a portion of whatever evidence you have for this  
18 test, does that take away from the total amount of DNA  
19 you have in further testing?

20 A. Yes. We do have to consume a little bit of  
21 sample when we do each test. The more tests you do, the  
22 more sample you're using.

23 Q. So, as you do more presumptive or confirmatory  
24 tests, the less DNA you have left?

25 A. Possibly, yes.

1           Q.    Okay.  You mentioned the presumptive test.  
2  What are the confirmatory tests?

3           A.    So, then the confirmatory tests that we use for  
4  blood, there is a test called hematrace.  And for semen,  
5  we have a PSA test or a sperm search.  I can show you an  
6  example.

7                         Here is a picture.  We're actually looking  
8  under the microscope for sperm cells.  Sperm is only  
9  found in semen.  The blue circle-ish, those are actually  
10 skin cells.  They are very large.  And then as you see  
11 the red, those are actually the heads of the sperm.  And  
12 green -- you can't really see them in this slide, but  
13 the tails are usually seen green.  We call it a  
14 Christmas tree stain.  And that is what forensic  
15 analysts will visualize under the microscope.  So, this  
16 is a positive slide for sperm.

17                         And then another example of a test for  
18 semen is what's known as a PSA test.  This is a picture  
19 of the device we use for PSA.  PSA is a component found  
20 in semen, a protein.  And you see this card is similar  
21 to maybe what you would imagine a pregnancy test would  
22 look like.  If a woman wants -- puts her urine on the  
23 circle and then you see lines whether it's positive or  
24 negative.  Although here we're not testing for  
25 pregnancy, but this card, you would put the sample from

1 the evidence on the circle and it would travel upward.  
2 And if there is a positive result, you would see the  
3 three lines. If there was a negative result, you would  
4 only see two lines. So, that's basically things we do  
5 in serology.

6 Q. Once you determine if a piece of evidence -- if  
7 you find blood or semen, are there any other things that  
8 you can really test for positively, presumptively or  
9 confirmatorily -- I don't know if that's a word -- other  
10 than blood and semen?

11 A. We don't test with chemicals or any -- we don't  
12 have any testing that we do for any bodily fluids other  
13 than blood and semen. However, when these items go  
14 through serology, the analysts are determining what  
15 possibly could have other fluids such as saliva or what  
16 I call touch DNA, which I can explain in a little bit;  
17 but if something is expected to still have those fluids,  
18 we don't test them, but we will cut a sample for DNA.

19 Q. Literally cut it out?

20 A. We will take a sampling, whether cutting or  
21 scraping or swabbing to test it for DNA.

22 Q. Once you get past these presumptive and  
23 confirmatory tests, what happens next?

24 A. So, then if there's something that is positive  
25 for one of these fluids or suspected to have another

1 fluid, we will cut the DNA and move onto DNA analysis.

2 Q. And what does a DNA analysis consist of?

3 A. It consists of several steps, which I have  
4 outlined here. There is several steps that -- so, it  
5 takes weeks, usually, for our lab to take what they call  
6 all the way through, due to sheer numbers we have. I  
7 can outline it here.

8 Q. What's the first thing that you're going to do  
9 in DNA testing? Better yet, what exactly is DNA?

10 A. I'll explain what DNA is. It stands for  
11 deoxyribonucleic acid, which is why we call it DNA. And  
12 what that is, is our genetic material. You have it in  
13 almost every cell of your body. And it's what we call  
14 instructions for life. Because it instructs your body  
15 how to grow, perform the daily functions. And it makes  
16 you human because human DNA is 99.9 percent the same.  
17 Only .1 percent is unique between individuals and that  
18 is what makes it useful.

19 So, unless you have an identical twin,  
20 nobody else will have your same DNA. So, that is the  
21 only caveat, identical twins are the exception. That's  
22 why it's important in forensics because it's something  
23 that individualizes you. Nobody else should have your  
24 DNA. And the idea in our analysis is if some DNA is  
25 deposited in a place or a person and a crime happened

1 and then we have persons of interest and we will take  
2 their DNA and identify it and then we will develop DNA  
3 from the evidence at the scene and then we will compare  
4 them and see if they're consistent. Because that can  
5 indicate that this person contributed the DNA. And it's  
6 because of this .1 percent that is different from person  
7 to person.

8                   And it's also your heredity. So, it's  
9 passed down from your parents. You have one set of  
10 genes from your mother, one set from your father.  
11 Therefore, relatives, that's why they have similar DNA.  
12 Not the exact same, but they're similar because it's  
13 your heredity.

14                   And this is just a pictorial  
15 representation. It's two strands wound around each  
16 other. We have something called basis, which we notate  
17 with the letters ATGC. Those are the different basis in  
18 the sequences. And the two strands are held together by  
19 the bonding between these basis, but that's all just a  
20 very brief pictorial representation.

21           Q.    When we're talking about the two strands, is  
22 that again just talking about one set from mom, one set  
23 from dad?

24           A.    Well, this is actually just the actual -- what  
25 the DNA looks like. This is the whole what they call

1 nucleic acid. This is the sample of DNA. This is one.  
2 So, this is -- the two strands are not necessarily  
3 meaning what I was talking about, but you do have two  
4 pairs of each chromosome to make a full set.

5                   And as I said before, it's in your cells.  
6 I say almost every cell because not every cell has a  
7 nucleus, but if the cell has a nucleus, which is a  
8 smaller circular organelle -- that is pictured like  
9 this -- it will contain your DNA.

10                   So, now I can get into how we analyze. The  
11 first step of DNA analysis is always called extraction.  
12 And it's where-- it's the transfer of my actual -- what  
13 we call substrain, meaning the item of evidence,  
14 whatever the cutting is. I need to now only find the  
15 DNA. So, I want to -- basically, I'll cut -- say, we  
16 cut a portion of, say, clothing or take a cutting of a  
17 swab. We put it in a little tube. I will then try to  
18 remove all the extraneous material and only have DNA.

19           Q. Let me go ahead and stop you right there.

20           Okay? With regard to this case, did you have evidence  
21 in this case?

22           A. Yes.

23           Q. Okay. And are you the one who tested the  
24 evidence or is it kind of like a group project kind of  
25 thing?

1           A.    In our labs, we have 90 people who are -- have  
2 a hand in the whole process.  So, it is like an assembly  
3 line.  So, somebody will do serology, somebody else will  
4 do extraction, somebody else will do the recording.  So,  
5 I did not do everything lab-wise in this case, but I did  
6 the analysis of the DNA, which is the most important  
7 part.

8           Q.    Okay.  And when a -- what evidence, if at all,  
9 was submitted in this case?

10          A.    I need to look at my folder for the complete  
11 list, but we did get items from a sexual assault case --  
12 kit.  And we also received clothing.  And we also  
13 received saliva samples called reference samples from  
14 persons of interest.

15          Q.    Okay.  When you went through the evidence in  
16 this case, did you find -- during the serology section,  
17 did you find any presumptive or confirmatory testing on  
18 any of the items that you received for blood or semen?

19          A.    We did do those tests.  May I grab my folder?

20          Q.    Yes, please.

21          A.    I'm sorry.  Can you repeat the question?  I  
22 want to make sure I'm answering the question.

23          Q.    Of course.  To start off with, how many pieces  
24 of evidence were submitted to the lab in this case?

25          A.    We received 14 -- well, initially we received

1 13 items. We received, like I said, sexual assault kit  
2 items, which consists of swabs. And then we also  
3 received a pair of panties, a purple shirt, black pants,  
4 in addition to a known saliva sample of the complainant.

5 Do you want me to go through the items in  
6 the kit?

7 Q. No.

8 Did you test for blood and semen on every  
9 item that was in the kit and every item that was turned  
10 into you; so all the clothing and everything in the kit?

11 A. We didn't test every single items. Sometimes  
12 there's slides that are submitted by a nurse and we  
13 don't test those, but the swabs from the kit and the  
14 clothing, we did do either a presumptive or both a  
15 presumptive and a confirmatory test for semen.

16 Q. Okay. Was there any blood or semen on any of  
17 the items that you found?

18 A. We did not detect any blood or semen.

19 Q. Okay. When -- you mentioned that when you  
20 don't find blood or semen, the next thing is just to  
21 kind of commonsensically look at the evidence and see  
22 where you think there might be something found. Is that  
23 right?

24 A. Yes. And this is where sometimes it would  
25 depend on if we have hospital paperwork to explain what

1 had possibly happened.

2 Q. In this case, did you have an idea of what kind  
3 of evidence you might be looking for?

4 A. Well, we did get what I call a medical report  
5 from the hospital. However, as it usually happens it  
6 was very hard to read. It wasn't a good copy. The only  
7 thing that jumped out was the fact that it was a child  
8 and we tend to treat child cases with -- basically,  
9 we -- even if the story was given, we take the story  
10 with a grain of salt and we will do certain things with  
11 children cases. We'll actually cut more items for DNA  
12 just to make sure that -- just to see if anything  
13 possibly could be deposited there.

14 Q. Okay. In this case, was there anything that  
15 when you looked at the medical reports you thought:  
16 Hey, this might be an area that we need to test?

17 A. Yes. So, we just wanted to test for DNA in any  
18 area that could be considered an intimate sample,  
19 meaning from the genital area.

20 Q. In this case -- I'm going to show you what's  
21 been entered in as State's Exhibit No. 12. Do you  
22 recognize this picture (indicating)?

23 A. Yes.

24 Q. Okay. What is this?

25 A. This is a photograph of a pair of underwear

1 that was tested and it has my initials on the page.

2 Q. Okay. I want to get a little off right now.  
3 Looking at State's Exhibit No. 12, was there a  
4 portion -- you said that you were looking for anything  
5 in the anogenital area?

6 A. The genital region.

7 Q. When you saw this pair of panties that had been  
8 submitted, was there a place on those panties that stood  
9 out to you as being a good place to test?

10 A. Yes.

11 Q. And what portion did you test in this case?

12 A. So, we always call attention to the crotch area  
13 of underwear or panties.

14 Q. Now, you mentioned before -- and I see some  
15 marking right here. Is that a marker or is that just  
16 the size of the panties (indicating)?

17 A. That is actually -- it is marking. It's a  
18 marker.

19 Q. Okay. Is this marking the area that you  
20 thought could be of interest?

21 A. Yes. You see the outline where we have the  
22 letters "AP" and then the circle with the line. That  
23 marking shows we tested presumptively for semen, which  
24 was negative. And then you see another outline of the  
25 crotch area, which is labeled "Area A," and that area is

1 where we scraped the material to put in a tube for DNA.

2 Q. Okay. Now, you mentioned earlier that  
3 sometimes you'll literally just cut sections out of  
4 evidence. Did you do that in that case?

5 A. We didn't cut from these panties. We scraped  
6 from the material.

7 Q. Okay. And when you scrape, is that literally  
8 like it sounds, you just scrape any material off of the  
9 crotch of the panties?

10 A. Yes. We take like a razor blade and scrape the  
11 cotton, or whatever the material is, and collect it onto  
12 some clean what is like butcher paper. It's white paper  
13 that is totally clean. And then we will collect these  
14 scrapings and put them all in a tube.

15 Q. Okay. So, for purposes of this case, is that  
16 what you're putting through this process we're talking  
17 about that begins with extraction?

18 A. With this item, yes.

19 Q. Okay. Were there any other items other than  
20 the panties in this case that were put through the DNA  
21 process?

22 A. Yes.

23 Q. Okay. What were the other items?

24 A. There was some swabbings from -- there are some  
25 swabbings, Item 2, which was labia majora swabs, and

1 then Item 3, labia minora swabs; and then Item 5, which  
2 were oral swabs, and then Item 7, which were anal swabs.  
3 All of those swabs we did cut for DNA. And then in  
4 addition to the panties that we just talked about, we  
5 also sent Item 13, the black pants, for DNA.

6 Q. And did you take the entire -- I'm assuming you  
7 didn't take the entire black pants and stuff them in a  
8 tube?

9 A. No.

10 Q. Okay. How did you go about determining what  
11 portion of those you were going to test?

12 A. So, for the black pants, we did not -- the test  
13 that we -- the confirmatory tests for semen were  
14 negative. However, there was one area of the -- that  
15 was the outside back of the pants that did have a little  
16 bit of reaction with our presumptive test, so we did  
17 decide to just cut that. Again, because of the child,  
18 just in case. And we took a small cutting of that for  
19 DNA.

20 Q. Once you have all of that, is that when you  
21 start the extraction process?

22 A. Yes.

23 Q. Okay. Kind of take us back to that. What  
24 starts off the extraction process with these items?

25 A. Okay. So, in extraction you're basically

1 adding chemicals and heat. We want to break open the  
2 cells and get the DNA out and then remove all of the  
3 extraneous materials so you're really only left with  
4 just pure DNA. That is your goal of extraction.

5           After extraction, you want to quantify how  
6 much DNA you have, if any. So, you -- it's -- you're  
7 counting on DNA that you have. And this is important  
8 because you need to know how much you have to do the  
9 next step, which is called DNA amplification. We call  
10 the technique we use PCR, polymerase chain reaction.  
11 Basically, what we're doing is we are selecting short  
12 areas of DNA and we are making a lot of copies of those  
13 areas. It's the area that we want -- because you don't  
14 want all 100 percent of your DNA. As we just said,  
15 everybody -- sorry. We're not just in the areas that  
16 are the same, that will not distinguish. We only want  
17 that .1 percent, something within there that will help  
18 distinguish. So, we are selecting the areas that we  
19 believe are variable from individual to individual.

20           And, like I said, we're making copies of  
21 them. Think about like taking one page of a book and  
22 making copies of only that one page and the rest of the  
23 book you don't care about. So, that is the next step.  
24 That's the most important step.

25           What we are amplifying is called short

1 tandem repeats, STRs for short. And those are what we  
2 call those areas that are variable from person to  
3 person. So, basically, STRs are what we are amplifying.

4           And to show you an example, you have a  
5 simple unit of -- if you look in the corner where I have  
6 AGTC, that is called a tetra nucleus type repeat.  
7 Basically means there's bases. AGTC, four different  
8 letters. So, you have that sequence in one area. And  
9 everybody has that sequence in the same location, but  
10 what is different is how many times that sequence is  
11 repeated. So, you will see we may have AGTC repeated  
12 anywhere maybe from 5 to 50 times, depending on what  
13 location we're looking at.

14           So, person one -- and here's where the  
15 mother-father factor comes in. Your mother might have  
16 given you a gene where that particular location is only  
17 three repeating units, but your father gave you that  
18 particular area with a repeating sequence of four. So,  
19 we will assign this gene type as 3, 4 for repeat. We're  
20 talking about the number of repeats. On here you see  
21 person two has a repeat of 2 and the other -- on the  
22 other gene, they will have 5 times repeating. So, it's  
23 really the repeat we're looking at, basically. It's not  
24 the sequence themselves.

25           And then the reason we want to amplify the

1 amount we have is because that will make it easier to  
2 see what it is. So, the last part is detection, which  
3 is -- here's a picture of our instrument that helps us.  
4 It's called a genetic analyzer. Once we amplify that  
5 DNA, it's tabbed fluorescently so it can be detected by  
6 the instrument. And it's run through the instrument,  
7 and, basically, the gene types are detected.

8           And what you have is the result. This is  
9 what's called an electropherogram. This is an  
10 electropherogram. It shows data. And what it is, is,  
11 basically, you see the flips, what we call peaks, those  
12 represent alleles DNA and it represents the types that  
13 we've detected. And I know you can't see, but, for  
14 example, if you see on the blue, the upper line -- okay.  
15 Thank you.

16           You probably can't see, but there's two  
17 peaks. One called 14, one called 15. And that's  
18 representing two different peaks, one from your mother  
19 and one from your father. Your gene type at that  
20 location is 14, 15. There's 14 repeats on one of the  
21 chains -- on one of the chromosomes, 15 on the other.  
22 So, we have all these locations we test. In our  
23 instance, there's 13 locations in this case. And,  
24 basically, we're taking the types at all 13 locations.

25           And so, once you have these

1 electropherograms, the analyst will look at the evidence  
2 profiles and they will look at the reference profiles  
3 from the people and see if the electropherograms show  
4 the same or consistent profiles. And this is where in  
5 forensics you will hear the words cannot be excluded or  
6 excluded. I basically look at data from an evidence  
7 profile and I will say: Person A is excluded, meaning  
8 they do not match this profile, it wasn't deposited by  
9 this person. Sometimes person B cannot be excluded or  
10 is included, meaning there is consistency, they could  
11 have contributed this DNA.

12                   When that happens, I need to develop  
13 statistics to show the weight of that inclusion. And  
14 that's the last part of regular DNA analysis, you will  
15 develop a statistic for your inclusion. This is just an  
16 example. This is not data from the case we're talking  
17 about today, but I wanted to show an example of what a  
18 statistic would look on an STR -- autosomal STR profile,  
19 meaning that there was one DNA profile detected from one  
20 person. I calculate a statistic of how rare or common  
21 that profile is to be found in the population. In this  
22 case -- not in this case, but in this slide, if I said  
23 this profile would only appear 1 in 895 trillion  
24 Caucasians, that will give you an estimate of how rare  
25 it is, which is very rare because there's not 895

1 trillion people in the world. So, it just shows you  
2 that you shouldn't have the same DNA profile unless you  
3 have an identical twin. So, that is what we call  
4 autosomal STR. That is basic DNA testing.

5           And then my other two slides have to do  
6 with another type of testing. I don't know if you want  
7 me to go on with that.

8           Q. Okay. Well, let's stop there and take us back  
9 to the case we're here for.

10          A. Sure.

11          Q. The way you did -- and to be fair, how many  
12 times did you go back -- let me back up a little bit.

13                 When you took the items that we talked  
14 about, the swabs, the scrapings from the panties, and  
15 the portions of the black pants, were you able to have a  
16 complete DNA profile for any of those items?

17          A. Yes.

18          Q. Okay. Of those items that you found -- well,  
19 to be fair, did all the swabs that were taken come back  
20 with Ryleigh Launer's DNA?

21          A. Our DNA testing showed that the swabs that I  
22 mentioned from the kit, those showed profiles consistent  
23 with Miss Launer's DNA.

24          Q. Okay. Is it surprising to find -- the swabs  
25 taken from Ryleigh Launer, to have her full DNA profile

1 on them?

2 A. No.

3 Q. Okay. When we're talking about DNA being left  
4 behind, you mentioned the sources. Things like blood,  
5 semen, saliva, hair, teeth, all these things that can be  
6 left behind that have DNA in them, a DNA profile. Is  
7 there any way to determine -- for instance, when we're  
8 talking about like skin cells, is there any way to  
9 determine how much DNA a person would leave behind by  
10 touching any given object?

11 A. Is there any way to determine in general or for  
12 our test?

13 Q. In general.

14 A. Yes. It will vary how much DNA is left behind  
15 by somebody. There's several factors that would affect  
16 that. There's no one set amount.

17 Q. Okay. Can you tell us about the factors that  
18 will determine how much DNA is left behind?

19 A. Well, it depends on what surface we're talking  
20 about. If you're talking about touch -- say, I touch  
21 this surface and I am depositing small amounts, trace  
22 amounts of DNA. It depends on the environment I'm in  
23 right now. If it starts to rain on this table, that  
24 will affect my ability to recover any DNA. Or if it's  
25 very hot, the DNA can start to degrade. DNA will break

1 down in extreme heat. Or if somebody throws a chemical  
2 on it, like an acid, that will always break it down.  
3 Then you also have mechanical factors. If somebody  
4 wipes the table, that will wipe the DNA off, or some of  
5 it. So, things like that, just the activity that  
6 happens on that item is affecting it.

7                   And also me as a person, depending on what  
8 I am doing. If I'm somebody that sweats profusely, I'm  
9 probably going to leave more DNA behind than somebody  
10 who doesn't sweat a lot. Or, if I took a shower  
11 recently and am very clean, I might leave less DNA than  
12 somebody who is dirty or has hygiene issues.

13                   So, things like that, those are examples of  
14 what can affect just recovery at all.

15           Q.    In shows we see, CSI, NCIS, we have DNA that  
16 can be found decades later in almost any type of place.  
17 Is that real life?

18           A.    Depending on the conditions it was stored in.  
19 We do have the ability to -- say, for example, a  
20 bloodstain was dried onto a cotton -- piece of cotton,  
21 that could be preserved for years. You could detect DNA  
22 years after if it was dried and kept in a nice, cool  
23 environment. But in the body, DNA will start breaking  
24 down. And on the outside of your body or the inside,  
25 DNA will not be around forever, unless you're deceased

1 and stored.

2 Q. What do you mean by DNA will start breaking  
3 down? Let me ask this. Ryleigh Launer, obviously, we  
4 had a full profile from her on her oral, anal, and  
5 vaginal swabs. Are you saying that her DNA is breaking  
6 down in her body?

7 A. No. And when I said it wasn't surprising that  
8 her profile matched, it was her DNA. We had swabbed  
9 areas of her body. So, of course, it makes sense that  
10 her own DNA is on her body. But when foreign things  
11 enter a body, substances, the body will start breaking  
12 that down because it doesn't belong there. And so,  
13 that's what I was referring to.

14 Q. Okay. You mentioned mechanical things, wiping  
15 away, things like that. Is it important, when  
16 determining whether you're going to find DNA, whether or  
17 not, for instance in this instance, Ryleigh had brushed  
18 her teeth?

19 A. Yes. And we're talking now about foreign DNA,  
20 not her own?

21 Q. Yes.

22 A. So, if there was foreign DNA in her oral cavity  
23 and she brushed her teeth, yes, that would remove some  
24 of the DNA, if not all.

25 Q. What about using the restroom, wiping?

1           A.    If you used the restroom and there's DNA in the  
2 genital area, yeah, the act of urinating would remove  
3 some of that.  And also wiping after could also remove  
4 some DNA.

5           Q.    When we're talking about the type of DNA that's  
6 left behind, you mentioned the idea that things like  
7 blood, semen, saliva -- for lack of better term --  
8 sticky substances that can dry.  Would it be easier to  
9 preserve that kind of evidence as opposed to like touch  
10 DNA?

11          A.    If we're talking on the body, I don't know if  
12 it's really a matter of stickiness.  It's just there's  
13 more -- when you touch something, you're leaving less  
14 DNA behind than, say, if you bled heavily on it.  
15 There's just less cells left.  And it also depends on  
16 the amount, but it does help that -- semen, for example,  
17 is very sticky and designed to stick to the area; but  
18 it's not -- I don't think it's really a matter of that.

19          Q.    Fair enough.

20                        You mentioned that the swabs all came back  
21 to Ryleigh Launer, her DNA profile.  Was there the  
22 presence of anybody else's DNA profile in those  
23 swabbings?

24          A.    No.  With the autosomal testing that we did,  
25 the STR testing I was describing, that was all a single

1 person contributor, which was Ryleigh Launer.

2 Q. Were there any items that came back with a  
3 possibility that a foreign DNA substance was there?

4 A. Yes.

5 Q. Can you tell me about that?

6 A. With the panties, Item 11 -- and this goes back  
7 to one of the steps in DNA where I talked about  
8 quantification. When we're quantifying the DNA, our lab  
9 actually tests -- we have two numbers that come out for  
10 value of DNA. We have a number that shows a total of  
11 human DNA and a number shows male DNA. And this is  
12 important in sexual assaults because sometimes there's  
13 an overwhelming amount of female DNA if those things  
14 come from her body. And if there was male DNA, the  
15 female DNA can mask it. So, we have in the field this  
16 quantification system where we will show the two  
17 different numbers.

18 And in this instance with the panties, when  
19 I looked at the quantity value for male, there was a  
20 value. It wasn't undetected like the other items.  
21 Undetected meaning there is none. So, the items such as  
22 labia majora swab, there was no male DNA; but for Item  
23 11, the panties, there was a value there. And that  
24 showed to me that there is male DNA present.

25 Q. Okay. And to be clear, despite the fact that

1 Ryleigh is getting half of her DNA from her dad, will  
2 she herself have any male DNA in her DNA profile?

3 A. No. She is a female, so she has no male DNA.  
4 We are looking -- we are talking about an X and a Y  
5 chromosome. She's female, so she has two X's. So, she  
6 does not have a value for male DNA.

7 Q. Okay. Once you find that there is the presence  
8 of male DNA on the scratches from the panties, is there  
9 anything that you can do with that to determine what  
10 male it is?

11 A. Yes. Once I saw that, I knew that I could do  
12 another type of test, which is called a Y-STR test.

13 Q. What's different about regular DNA testing  
14 versus Y-STR testing that would make it -- make you able  
15 to find out that male DNA presence?

16 A. So, Y-STR testing allows me to ignore the  
17 female DNA, which is overwhelming in this case, or any  
18 case of a sexual assault where they took swabbings of a  
19 female and there is possibly a little bit of male DNA.  
20 So, I can ignore the female DNA and pull up the very low  
21 level of male DNA. I'm only looking at areas of the Y  
22 chromosome of this foreign DNA. And as you said,  
23 Ryleigh does not have a Y chromosome. She has two X's.  
24 So, if there's a Y chromosome, it's from a foreign male.  
25 So, my Y-STR testing allows me to look at areas of the Y

1 chromosome only of this foreign male. And I can develop  
2 a different kind of profile for the Y-STR.

3 Q. When you are looking at just the Y male  
4 chromosome DNA that we're bringing up to help us for  
5 testing, are we going to have those two different  
6 numbers like we were seeing on the graph earlier?

7 A. No. We will see one peak or one representation  
8 because we are now no longer looking at a mother-father  
9 contribution. This is just a father. Every male's Y  
10 information -- and in what I'm testing, the Y is given  
11 down directly from that male's father. And so,  
12 therefore, there is only one allele present, what we  
13 call a haplotype. So, that is the -- there's only one  
14 representation for this location.

15 Q. Now, when you do this Y-STR testing, does it go  
16 through the same process that we just talked about  
17 before with extraction, amplification, and the other two  
18 parts?

19 A. Yes. What we're doing is we are just now  
20 amplifying the Y-STR instead of regular STR. We do a  
21 re-amplification and we do this detection that we talked  
22 about.

23 Q. Okay. In this case, were you able to  
24 successfully use that Y-STR testing to get that kind of  
25 half profile, if you will, of the male presence?

1           A.    Yes.  We detected a partial Y-STR profile for  
2 the scrapings from the panties.

3           Q.    Now, you mentioned that in like a full DNA  
4 testing there are certain amount of points that -- or  
5 places that you are looking for where everybody is  
6 different.  Are those the same kind of points or places  
7 that you look at in Y-STR testing?

8           A.    Well, we are looking at repeating sequences  
9 like I showed you before, but this time only on the Y  
10 chromosome.  And there is a difference though in terms  
11 of only individual -- Y-STRs are not individualized.  It  
12 is passed down from your father, if you are a male, and  
13 which is passed down from his father.  So, every male on  
14 his father's side will share the same Y-STR profile.  
15 So, that is the main difference between autosomal STRs  
16 and Y-STRs.

17          Q.    So, this isn't like the regular DNA where I can  
18 say:  It's that person.  I can just say:  It's somebody  
19 in that guy's family?

20          A.    Right.  On his father's side, that is correct.

21          Q.    Okay.  Once you developed that Y-STR profile in  
22 this case, were you able to use it to, like you talked  
23 about earlier, compare and contrast with other persons  
24 that you are given?

25          A.    Yes.

1 Q. Okay. And I'm going to have you step back up  
2 there for a little bit.

3 A. (Witness complies).

4 Q. In this case how many male persons were you  
5 given -- back that up.

6 How many persons -- male persons' buccal  
7 swabs were you given in this case for purposes of  
8 comparison?

9 A. I was given two.

10 Q. And who were those two people?

11 A. I first received the buccal swab from Mr. Bobby  
12 Peyronel and then I received a buccal swab from the  
13 complainant's father, Mr. Christopher Launer.

14 Q. Okay. And did you take those swabs that you  
15 were given from each of those persons and put those  
16 through the same DNA process we talked about a few  
17 moments ago?

18 A. Yes.

19 Q. Okay. When you did that, were you able to, as  
20 you put it earlier, include or exclude those two people  
21 from what you found in Ryleigh Launer's panties?

22 A. Yes, I did my comparisons to those two  
23 individuals.

24 Q. Okay. Now, with regard to Christopher Launer,  
25 were you able to include or exclude him from the DNA

1 profile in Ryleigh's panties?

2 A. Mr. Launer was excluded from the Y-STR profile  
3 I obtained.

4 Q. Okay. Now, based on that and what you've told  
5 us, would that also exclude any biological male children  
6 that he had?

7 A. If he had biological sons, they should have the  
8 same Y-STR profile he does.

9 Q. You said they should. Has there been any  
10 instances out there where the biological sons have had  
11 different DNA profiles?

12 A. It would be very rare because there is always  
13 the possibility of a mutation, but, again, it's very  
14 rare. The rate is very low. So, again, I don't want to  
15 say for sure because I didn't get any son's saliva swabs  
16 to test, but in the absence of mutation, they will have  
17 the same Y-STR profile.

18 Q. Okay. With regard to Bobby Joe Peyronel, were  
19 you able to exclude or include his Y-STR profile from  
20 what was found in Ryleigh's panties?

21 A. Mr. Peyronel cannot be excluded from the  
22 profile found on the panties.

23 Q. Now, to be fair, same question here. Would  
24 that also mean that you would expect that any male sons  
25 or his father would also have that same DNA profile?

1           A.    Yes.  As I said before, if there was no  
2 mutations, which that would be really rare, they would  
3 have the same profile as he would, if they're  
4 biologically related.

5           Q.    Okay.  When you found his DNA profile, you said  
6 the next thing you do is to quantify or give a  
7 statistical analysis to that finding.  Were you able to  
8 do that in this case?

9           A.    Yes.

10          Q.    And in this case, what was the statistical  
11 number that you reached?

12          A.    I have a statistic of 1 in 79 Caucasians; 1 in  
13 154 African-Americans; and 1 in 100 Hispanics.

14          Q.    Okay.  Now, when we saw the statistic a little  
15 awhile ago, it had like these really big numbers, 895  
16 million in that number.  What creates these lower  
17 numbers with regard to Y-STR testing?

18          A.    Yes.  Y-STR testing, you will not have these  
19 numbers in the trillions.  The statistics are calculated  
20 differently.  And these are -- as I said before, Y-STRs  
21 are different from autosomals STRs because it's not  
22 individualizing.  There are other people in the world on  
23 your father's side that will have your same Y-STR  
24 profile for males only.  So, that's a very different  
25 calculation.  So, you will always get lower numbers if

1 you're comparing to a single source of autosomal  
2 statistics that is in the trillions or more possibly.

3 Q. Showing you what's been pre-marked as State's  
4 Exhibit No. 13. Can you tell me what we're looking at  
5 here (indicating)?

6 A. Yes. That is a page from my DNA report.

7 Q. Okay. And does it fairly and accurately show  
8 the results and the tables we've just been talking  
9 about, about the profiles of Christopher Launer, the  
10 profile from the panties, and the profile of Bobby  
11 Peyronel?

12 A. Yes.

13 MS. COLLINS: At this time, I would offer  
14 into evidence State's Exhibit No. 13 and tender to  
15 opposing counsel for objection.

16 **(State's Exhibit No. 13 Offered)**

17 MR. OLIVER: No objections, Your Honor.

18 THE COURT: Admitted without objection.

19 **(State's Exhibit No. 13 Admitted)**

20 MS. COLLINS: Permission to publish as we  
21 go along.

22 THE COURT: You may.

23 Q. (By Ms. Collins) Okay. Ms. Pierce, in looking  
24 at the DNA profile collected from what we have seen here  
25 in State's Exhibit No. 12, can you tell me, in each of

1 the points that had a profile in Ryleigh Launer's  
2 panties, did Bobby Peyronel have the same profile in  
3 each of these points? I don't know if that was a good  
4 question, but...

5 A. Yes. At the locations we tested -- and each  
6 box represents a location on the Y chromosome we tested.  
7 And the number, as I talked about, is the number of  
8 repeats, repeating units counted for that particular  
9 person's -- from that person's profile. You do have  
10 Mr. Peyronel consistent with each area we detected on  
11 the profile from the panties. And then Mr. Launer,  
12 there were areas that it was not consistent at all. So,  
13 from what's detected, Mr. Peyronel, as I said, his DNA  
14 was consistent with that profile.

15 Q. Were there any points along here with regards  
16 to the profile found in Ryleigh's panties that were not  
17 consistent with the profile of Bobby Peyronel?

18 A. No, from what we detected. There was one  
19 location that we did not get any DNA at all. And you  
20 can see that DYS19. That ND stands for not detected.  
21 And that's why I said it was a partial profile.  
22 Sometimes you don't get DNA at every loci or every  
23 location. So, that one we didn't get at all. I don't  
24 know what type that would have been, but every place we  
25 got DNA was consistent with Mr. Peyronel. It was not

1 different.

2 Q. Ms. Pierce, is there any way for you to tell us  
3 what kind of DNA that is? In other words, if the DNA  
4 profile we're seeing there is from semen, blood, saliva,  
5 finger, scrapings, things of that nature?

6 A. From my testing, I cannot say what kind of  
7 fluid or cells that came from.

8 Q. Okay. Are you here today to tell us that this  
9 means an aggravated sexual assault of a child took  
10 place?

11 A. I do not have an opinion on whether a crime  
12 took place or not. I'm only detecting DNA and  
13 interpreting that.

14 Q. Is there any way to tell strictly from what you  
15 see here, from the DNA that you gathered and tested,  
16 whether or not a rape has occurred?

17 A. No. When we detect DNA, we cannot tell how  
18 that DNA came to be deposited or in what manner, whether  
19 it was forced or consensual in cases of assault or  
20 sexual assault. We can only say: Was there DNA, how  
21 much, and who could have possibly contributed, and who  
22 could not have. I cannot talk about the manner it came  
23 about.

24 Q. Does the amount of DNA the you find -- let's  
25 say, for instance, we have a whole lot of DNA, that

1 would be consistent with an aggravated sexual assault of  
2 a child; versus if it's just a little DNA left behind,  
3 then it must have been consensual or some other form of  
4 contact?

5 A. If you're asking about the amount of DNA left  
6 behind, like a numerical value, that -- there's no rules  
7 or anything to say that that -- about how that came  
8 about. Again, the amount of DNA left behind, it could  
9 be a lot or a little and it is not about was it a crime  
10 or aggravated or not. That is not anywhere in our  
11 testing.

12 Q. Can you tell us whether or not the presence of  
13 male DNA was found in Ryleigh Launer's panties?

14 A. Yes. I can say that there was foreign DNA  
15 detected, foreign male DNA detected in the crotch area  
16 of her panties.

17 Q. Can you tell us whether or not that male DNA  
18 presence was consistent with the DNA profile of Bobby  
19 Peyronel?

20 A. That foreign male DNA profile was consistent  
21 with the Y-STR profile of Bobby Peyronel. Also, I do  
22 have to say that Y-STR profile will also be found in  
23 anybody in his paternal lineage.

24 Q. I'm showing you what has been pre-marked  
25 State's Exhibits 9, 19, 16, and 17. Can you tell me

1 what each of these items are (indicating)?

2 A. Yes. This is the sexual assault evidence  
3 collection kit that was submitted to us. And then --

4 Q. And that's with regard to State's Exhibit  
5 No. 9?

6 A. Yes. And then there was some clothing items  
7 submitted.

8 Q. You're referring to State's Exhibit No. 15?

9 A. And this was another clothing item submitted.

10 Q. And State's Exhibit No. 17?

11 A. And these were some reference samples submitted  
12 from the defendant.

13 Q. Okay. And according to your records, when you  
14 received each of these items did they have any markings,  
15 tears, anything showing that they had been tampered with  
16 or altered in any way?

17 A. We did not see any kind of indication of  
18 tampering.

19 Q. When these items came to you, were they sealed  
20 up?

21 A. Yes.

22 Q. Okay. When you received these items after  
23 going through the process we just talked about, what  
24 happens to them?

25 A. After we finish testing?

1 Q. Yes, ma'am.

2 A. When everything is finished testing, the report  
3 is done and ended, then we will put this in the -- our  
4 evidence vault for return to the agency that submitted  
5 it.

6 Q. Is that what you did in this case?

7 A. Yes.

8 Q. And do you seal everything up properly to make  
9 sure that it's again not tampered with when you do that?

10 A. Yes. We have our own seals and that shows we  
11 sealed the evidence and that is where we opened or  
12 closed the package.

13 Q. Okay. And from what you see, have any of these  
14 items been changed or altered since last handled by the  
15 lab?

16 A. No, it has not been. It does not look any  
17 different from when we seal it up.

18 MS. COLLINS: Your Honor, at this time, I  
19 offer into evidence State's Exhibits 9, 15, 16, and 17,  
20 tendering to opposing counsel.

21 **(State's Exhibit No. 9 and 15 through 17**  
22 **Offered)**

23 MR. OLIVER: No objection.

24 THE COURT: Admitted without objection.

25 **(State's Exhibit No. 9 and 15 through 17**

1                   **Admitted)**

2                   MS. COLLINS: Pass the witness, Your Honor.  
3                   May we approach, Your Honor?

4                   THE COURT: You may.

5                   (At the Bench, on the record)

6                   MS. COLLINS: Judge, I don't mean to halt  
7 things, but I do anticipate this to be probably a  
8 lengthy cross-examination and I do know that Ms. Pierce  
9 has a child in childcare that she needs to pick up. Is  
10 there any way we might be able to rest for the day and  
11 pick up in the morning?

12                   THE COURT: She's coming back tomorrow?

13                   MS. COLLINS: Yes, sir.

14                   THE COURT: Let's do it tomorrow then and  
15 we'll break for the day and we'll start at -- let's  
16 start at 9:30 tomorrow. I've got some things to do in  
17 the morning.

18                   MS. COLLINS: Yes, sir. Thank you.

19                   MR. OLIVER: Thank you, Your Honor.

20                   (Open court, defendant and jury present)

21                   THE COURT: How old is your child?

22                   THE WITNESS: Seven.

23                   THE COURT: Seven. Boy or girl?

24                   THE WITNESS: Boy. He goes to daycare  
25 after school.