STATE OF CONNECTICUT, DEPARTMENT OF PUBLIC SAFETY-INVESTIGATION REPORT (DPS-302-E) (REVISED 2/3/06)

Page 1 of 1 Report Type: Report #: 1200704559 - 00084749 Initial Report:

Prosecutors Report:

Supplement:

Re-open:

Assist:

Closing: Attachments: Statements: ☐ Teletype: ☐ Photos: ☐ Sketchmap: ☐ Evidence: ☐ Other: ☐ PRIMARY OFFICER **BADGE NO** CFS NO INCIDENT DATE TIME INCIDENT DATE TIME 1200704559 12/14/2012 12/14/2012 0336 09:41 JEWISS, DANIEL E. INVESTIGATING OFFICER TYPE OF EXCEPTIONAL CLEARANCE CASE STATUS BADGE NO X-Cleared JEWISS, DANIELE. 0336 Death of Offender INCIDENT ADDRESS APARTMENT NO TOWN CD 00012 Dickinson Dr/ Newtown 06482 CLOSING REPORT **ACTION TAKEN:** This case was originally closed on 12/03/2013. It was then re-opened on 01/10/2014 for follow-up only. That follow-up has been completed. Therefore, this investigation will again be closed. If new leads are ever developed, then this case will be re-opened and those leads will be investigated.

---- CASE CLOSED -

THE UNDERSIGNED, AN INVESTIGATOR HAVING BEEN DULY SWORN DEPOSES AND SAYS THAT: IAM THE WRITER OF THE ATTACHED POLICE REPORT PERTAININGTO THIS INCIDENT NUMBER.

THAT THE INFORMATION CONTAINED THEREIN WAS SECURED AS A RESULT OF (1)MY PERSONAL OBSERVATION AND KNOWLEDGE: OR (2)INFORMATION RELAYED TO ME BY OTHER MEMBERS OF MY POLICE DEPARTMENT OR OP ANOTHER POLICE DEPARTMENT: OR OP ANOTHER MEMBER OF A POLICE DEPARTMENT FROM THE PERSON OR PERSONS NAMED OR IDENTIFIED THEREIN, AS INDICATED IN THE ATTACHED REPORT. THAT THE REPORT IS AN ACCURATE STATEMENT OF THE INFORMATION SO RECEIVED BY ME.

INVESTIGATOR SIGNATURE:

INVESTIGATOR I.D.#:

SUPERVISOR SIGNATURE:

SUPERVISOR I.D.#: