

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

Report #: 120070455	9 - 00206061										
Report Type:	Initial Report:	□ P	rosecutors Re	eport:	□ Sup	plement: 🛛	Re-open:	☐ Assist	t: 🗌 Closing: 🗎	•	
Attachments:	Statements:	□ Те	letype: 🗆 Ph	otos:	☐ Sk	etchmap: 🗆 E	vidence:	☐ Other:			
CFS NO 1200704559	INCIDENT DATE 12/14/2012	TIME 09:41	12/14/2012	TIME	1	RY OFFICER S, DANIEL E.		BADGE NO 0336			BADGE NO 0824
INCIDENT ADDRES	NCIDENT ADDRESS 10012 Dickinson Dr/ Newtown 06482				APARTMENT NO	TOWN CD	TYPE OF EXCEPTIONAL CLEARANCE CASE S Not Applicable Active		CASE STATUS Active		
SUPPLEMENT	AL REPORT: 0	ONFI	DENTIAL INFO	RMAN	TREPO	ORT					
ACTION TAKE	N:										
In January 201 Troop A Detect		inform	ant (CI) was re	gistere	d unde	r #5866 with the	e State Po	lice under t	he direction of West	tern District N	lajor Crime –

THE UNDERSIGNED, AN INVESTIGATOR HAVING BEEN DULY SWORN DEPOSES AND SAYS THAT; I AM 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 OF ANOTHER POLICE DEPARTMENT: OR (3)INFORMATION SECURED BY MYSELF OR 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.#:	REPORT DATE:	SUPERVISOR SIGNATURE	SUPERVISOR I.D.#:
/TFC MICHAEL K MUDRY/	0824	10/08/2013 11:12 am 01322	Sat Wall	130
12/1/1//			7. /	