



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

Report #: 1200704559 - -1

Report Type: Initial Report:  Prosecutors Report:  Supplement:  Re-open:  Assist:  Closing:

Attachments: Statements:  Teletype:  Photos:  Sketchmap:  Evidence:  Other:

CFS NO 1200704559	INCIDENT DATE 12/14/2012	TIME 09:41	INCIDENT DATE 12/14/2012	TIME	PRIMARY OFFICER JEWISS, DANIEL E.	BADGE NO 0336	INVESTIGATING OFFICER PETERS, ALISON A.	BADGE NO 0816
INCIDENT ADDRESS 00012 Dickinson Dr/ Newtown 06482					APARTMENT NO	TOWN CD	TYPE OF EXCEPTIONAL CLEARANCE Not Applicable	CASE STATUS Active

1=NONE 2=BURNED 3=COUNTERFEIT/FORGED 4=DAMAGED/DEST 5=RECOVERED 6=SEIZED 7=STOLEN 8=UNKNOWN 9=IMPOUNDED/FOUND T=TOWED E=EVIDENCE A=ABANDONED

CODE	QTY	DESCRIPTION	BRAND	MODEL	YEAR	STATE	REG	MAKE	MODEL	COLOR	VIN/SERIAL NO.	EST.VALUE
E	1	04 [REDACTED] medical records from Bri										

EXHIBIT REPORT

ACTION TAKEN:

On 03/06/13, at 1300 hours, Detective Downs # 502 and I met with [REDACTED] 04 at Chalk Hill Elementary School, Monroe for the purpose of having her sign the health record disclosure forms for the treatment of her gunshot wound on 12-14-12 at Bridgeport Hospital/ Yale New Haven Health. [REDACTED] 04 signed both the DPS-198-C Authorization to Disclose Health Information (State Police) and the BPT0191 Authorization for Access/Release of Information (Bridgeport Hospital, Yale New Haven Health). See attachments

On 03/06/13, I faxed the forms to Bridgeport Hospital. See attached receipt.

On 03/27/13 at 0900 hours, I seized the following medical records for treatment of a gunshot wound that was sustained to [REDACTED] 04 on 12-14-12 during the shooting at Sandy Hook Elementary School, 12 Dickinson Drive, Sandy Hook, CT. The records indicated that [REDACTED] 04 sustained a gunshot injury (large laceration) to the instep of her left foot. The document was scanned into the major crime tab of Nexgen and assigned document # 00067508. Refer to document # 00067508 in the Major Crime Tab.

THE UNDERSIGNED, AN INVESTIGATOR HAVING BEEN DULY SWORN DEPOSES AND SAYS THAT: I AM THE WRITER OF THE ATTACHED POLICE REPORT PERTAINING TO 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: <i>[Signature]</i> /TFC ALISON A PETERS/ #816	INVESTIGATOR I.D.#: 0816	REPORT DATE: 05/29/2013 09:32 am 01956	SUPERVISOR SIGNATURE: <i>[Signature]</i>	SUPERVISOR I.D.#: 130



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

Exhibit # 359

Description: **04** medical records.

Location Seized: Bridgeport Hospital, Yale New Haven Health, 267 Grant Street, Bridgeport, CT.

Seized by: Detective Peters # 816.

Date and Time: 03/27/13 at 0900 hours.

This item was seized by written consent.

The aforementioned item was transported to Troop A in Southbury, where it was inventoried on an Inventory of Property Seized Without a Warrant (JD-CR-18) and entered into evidence.

CASE STATUS: This case will remain active pending further investigation.

THE UNDERSIGNED, AN INVESTIGATOR HAVING BEEN DULY SWORN DEPOSES AND SAYS THAT: I AM THE WRITER OF THE ATTACHED POLICE REPORT PERTAINING TO 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: <i>TFC ALISON A PETERS/ Det Peters #816</i>	INVESTIGATOR I.D.#: 0816	REPORT DATE: 05/29/2013 09:32 am 01957	SUPERVISOR SIGNATURE: <i>Sgt. [Signature]</i>	SUPERVISOR I.D.#: 130

INVENTORY OF PROPERTY SEIZED

WITHOUT A SEARCH WARRANT

JD-CR-18 Rev. 9/10

C.G.S. §§ 21a-262, 26-85, 26-90, 42-472a, 46b-121, 54-36a,g,h,o, and P.A. 10-112 § 1

Police case/receipt number  
19-00704559

To Court  
 Destroy - No Value  
 Case Pending  
 Return to Owner  
 Prisoner's  
 Juvenile

FOR P.D. USE ONLY  
 WARRANT APPLIED FOR  
 TO COURT

Part A  
 Court Docket Number

Part B  
 Court Docket Number

Juvenile  
 Court Docket Number

Instructions

1. Do not use this form if a search warrant is used.
2. Original must be filed with the Clerk of Court.
3. In the case of an arrest or referral, file with a uniform arrest report or Juvenile Summons/Complaint.
4. Last copy for Police Department use.

Asset Forfeiture  
 Court Docket Number

To the Superior Court at (Address of court)  
 Juvenile Matters  Geographical Area Number 3 146 white St. Danbury, CT  
 Court Appearance Date:  Made  Pending  
 Arrest/Referral:  Made  Pending  
 Police case/receipt number: 12-00704559  
 Uniform Arrest Report/Juvenile Summons Number: 12-00704597  
 Companion case number: 12-00704597

Name, address and telephone number of defendant(s)/subject(s)	Name, address and telephone number of complainant(s)/owner(s)
1. Adam Lanza	1. Western District Major Orme Troop A
2. 36 Yogananda St Newtown, CT	2. 90 Lakeside Drive Southbury, CT
3.	3.

Type of incident: Homicide  
 Town of seizure: Bridgeport Date of seizure: 3/27/13  
 Type of property:  Stolen  Evidence  Lost/found  Investigation

The following property was seized, in connection with a criminal/delinquency case: (Describe quantity, type, color, serial number, etc.)

EXB59 Medical records from Bridgeport Hospital/Yale New Haven  
 Health for the treatment of [REDACTED] 04  
 from 12-14-12 to 12-16-12

Property Seized

4.  
5.  
6.  
7.  
8.  
9.  
10.  
11.  
12.

*Nothing Follows*

If cash money was seized, enter total amount here (List each denomination separately on the numbered lines above.)  
 Total amount of cash: \$ 0-  
 Signed (Police officer): DET. 816 (Title)  
 Badge number: 816 Date: 3/27/13 Department: WDMGA  
 Sgt. [Signature] 130

Property Room Use Only

Evidence photographed	Date	Remarks
<input type="checkbox"/> No <input type="checkbox"/> Yes		

Date out	Reason	By	Date returned



04

PATIENT NAME:

DATE OF BIRTH:

04, 03

MO DAY YR

MEDICAL RECORD #:

ADDRESS:

DAY PHONE:

04, 03

I hereby authorize Bridgeport Hospital and related entities to:

release information from my medical record to:

obtain information from:

NAME: Detective Alison Peters

PHONE/FAX: 203-267-2221

ADDRESS: TROOP A - 90 Lakeside Dr. CITY: Southbury STATE: CT ZIP: 06488

WDMC - State Police  
Please attach a separate sheet for additional recipients.

Send any obtained information to:

NAME: N/A

PHONE/FAX: N/A

ADDRESS: N/A

CITY: N/A

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

INFORMATION TO BE RELEASED OR OBTAINED (IN EITHER VERBAL OR WRITTEN FORM) as follows:

Dates of Service:

Inspection Only

Images Only (Please specify): \_\_\_\_\_

Copy of Standard Report (includes, as appropriate, discharge summaries, operative notes, results of X-ray and lab tests and history and physical.)

12/14-16 / 2012

Copy of other Medical or Billing Information as specified:

photographs

PURPOSE OF DISCLOSURE:

Changing physicians

Consultation/second opinion

Social Security

School

Insurance (other than payment)

Continuing Care

Other (please specify):

Legal (please specify)

At Patient's Request

Criminal investigation

1. I understand that this authorization will expire one year after I have signed the form, or other time frame as specified:

2. I understand that I may revoke this authorization at any time by notifying the providing organization in writing, and it will be effective on the date notified except to the extent action has already been taken in reliance upon it.

3. I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by privacy regulations.

4. I understand that I am not required to sign this form in order to receive treatment or payment for my care.

5. I understand that there may be a fee for a copy of my medical record.

6. I understand that information to be released or obtained may include mental health information in accordance with CGS 52-149(d), substance abuse treatment information in accordance with 42 CFR 2.1-2.67, and/or HIV/AIDS-related information, except as indicated below:

No Mental Health

No Substance Abuse treatment information

No HIV/AIDS

04

FOR OFFICE USE ONLY

Parent/Legal Guardian/Authorized Person

Date

Self

Relationship to patient



State of Connecticut  
Department of Public Safety  
Division of State Police



Authorization 04 to Disclose Health Information

Name of Patient

[Redacted]

Date of Birth: 03

[Redacted]

I, the undersigned patient or legal representative, hereby authorize \_\_\_\_\_ to release all medical information with respect to the treatment of the above referenced patient, including information relating to the diagnosis or treatment of mental illness, drug or alcohol abuse and / or confidential HIV related information.

**The Name or Specific Identification of Persons to Whom Disclosure may be Made:**

Name: Detective Alison Peters - Western District Phone Number: 203-267-2221  
Major crime

Address: 700p A - 90 Lakeside Drive

City: Southbury State: CT Zip Code: 06488

**Description of the Purpose of the Requested Disclosure:**

- Legal
- Medical
- Personal
- Insurance
- Worker's Compensation
- Primary Care Physician
- New Physician
- Other; Criminal Investigation

**Description of the Information to be Used or Disclosed:**

Specific Date(s) of Treatment(s): 12/14/13 Date of Discharge: 12/16/12

- Abstract (Face Sheet, History & Physical, Operative Report, Discharge Summary, Consultation)
- Surgical (Operative Report, Pathology Report)
- Test Results (Laboratory, Radiology, Cardiology, Neurology, Respiratory)
- Therapy Notes (Physical Occupational, Speech, Chemo, Radiation)
- Other; Photographs

This authorization will be valid for a period of one year from the date below. I understand that I may revoke this authorization at any time by notifying Patient Relations at any time, but if I do it will not have any effect on actions that the hospital took before it received the revocation.

I understand that under applicable law the information disclosed under this authorization may be subject to further disclosure by the recipient and thus, may no longer be protected by federal privacy regulations.

I understand that my treatment or continued treatment at the herein stated medical facility is in no way conditioned on whether or not I sign this authorization and that I may refuse to sign it.

I understand that I may inspect or copy the information to be used or disclosed.

I understand that if the protected health information that is disclosed under this authorization is confidential HIV / AIDS related information or alcohol or drug abuse related information, the medical facility referenced herein may not re-disclose that information under Connecticut State Law.

04

Signature of Patient or Legal Representative

Date

2-6-13  
Detective Alison Peters  
Witness

If signed by a Legal Representative, indicate your relationship to the patient below and provide appropriate documentation to verify your authority:

- Parent
- Legal Guardian
- Conservator
- Executor of Estate
- Power of Attorney
- Other; \_\_\_\_\_

\* \* \* Communication Result Report ( Mar. 6. 2013 2:03PM ) \* \* \*

}}}

Date/Time: Mar. 6. 2013 2:02PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
0815 Memory TX	912033844215	P. 3	OK	

Reason for error

MIME 1) Hang up or line fail	E. 2) Busy
2) No answer	E. 4) No facsimile connection
3) Exceeded max. E-mail size	



**STATE  
CONNECTICUT  
POLICE**



**WESTERN DISTRICT  
MAJOR CRIME SQUAD**

Troop A Office  
90 Lakeside Road  
Southbury, CT 06488  
Phone: (203) 267-2200 Fax: (203) 267-2220

DATE: 3-6-13

TO: Medical Records

FAX: 203-384-4215

FROM: Bridgeport Hospital

- |  |  |
|--|--|
| <input type="checkbox"/> Sgt. Josh Patberg | <input type="checkbox"/> Det. Rachael Van Ness         |
| <input type="checkbox"/> Det. Dan Jawiss   | <input type="checkbox"/> Det. Michael Downs            |
| <input type="checkbox"/> Det. Joe Bukowski | <input checked="" type="checkbox"/> Det. Alison Peters |
| <input type="checkbox"/> Det. Mike Mudry   | <input type="checkbox"/>                               |

Comments: Please call my cell phone [redacted] 03 [redacted]  
when ready. Thank you so much!

NOTICE: The information contained in this facsimile is confidential and is intended only for the use of the named addressee. If the reader of this message is not the named addressee or the person responsible to deliver this to the named addressee, you are hereby notified that any use of this facsimile or its contents, including dissemination or copying is strictly prohibited. If you have received the facsimile in error, please immediately notify the Connecticut State Police at Troop "A," Southbury at (203) 267-2200.



**INVENTORY OF PROPERTY SEIZED WITHOUT A SEARCH WARRANT**

JD-CR-18 Rev. 9/10  
C.G.S. §§ 21a-262, 26-85, 26-90, 42-472a, 46b-121, 54-36a,g,h,o, and P.A. 10-112 § 1

FOR P.D. USE ONLY  
 WARRANT APPLIED FOR  
 TO COURT

Police case/receipt number  
**12-00704559**

To Court  
 Destroy - No Value  
 Case Pending  
 Return to Owner  
 Prisoner's  
 Juvenile

Part A  
Court Docket Number

Part B  
Court Docket Number

Juvenile  
Court Docket Number

- Instructions**
1. Do not use this form if a search warrant is used.
  2. Original must be filed with the Clerk of Court.
  3. In the case of an arrest or referral, file with a uniform arrest report or Juvenile Summons/Complaint.
  4. Last copy for Police Department use.

Asset Forfeiture  
Court Docket Number

To the Superior Court at (Address of court)  
 Juvenile Matters  Geographical Area Number **3** **146 white St. Danbury, CT**

Court Appearance Date:  Made  Pending

Arrest/Referral:  Made  Pending

Police case/receipt number: **12-00704559**

Uniform Arrest Report/Juvenile Summons Number: **12-00704597**

Companion case number: **12-00704597**

Name, address and telephone number of defendant(s)/subject(s)	Name, address and telephone number of complainant(s)/owner(s)
1. Adam Lanza	1. Western District Major Crime Troop A
2. 36 Yogananda St Newtown, CT	2. 90 Lakeside Drive Southbury, CT
3.	3.

Type of incident: **Homicide**

Town of seizure: **Bridgeport**

Date of seizure: **3/27/13**

Type of property:  Stolen  Evidence  Lost/found  Investigation

The following property was seized, in connection with a criminal/delinquency case: (Describe quantity, type, color, serial number, etc.)

**EXB59** Medical records from Bridgeport Hospital/Yale New Haven

Property Seized	Part A inventory number	Part B inventory number
1. Health for the treatment of [redacted] <b>04</b> gunshot wound		
2. from 12-14-12 to 12-16-12		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

*Nothing Follows*

If cash money was seized, enter total amount here (List each denomination separately on the numbered lines above.)

Total amount of cash: \$ **0-**

Signed (Police officer): **Det. [Signature] #816** (Title) **DET.** Badge number: **816** Date: **3/27/13** Department: **WDMGA**

*Sgt. [Signature] 130*

**Property Room Use Only**

Evidence photographed	Date	Remarks	
<input type="checkbox"/> No <input type="checkbox"/> Yes			
Date out	Reason	By	Date returned