



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

Report #: 1200704559 - 00051741

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 | Natalie Hammond's Medical Records from | | | | | | | | | | |

EXHIBIT REPORT

ACTION TAKEN:

On 03/06/13 at 1450 hours, Detective Downs # 502 and I met with Natalie Hammond at Troop A, Southbury for the purpose of having her sign the health record disclosure forms for the treatment of her gunshot wounds on 12-14-12 at Danbury Hospital. Hammond signed both the DPS- 198-C Authorization to Disclose Health Information (State Police) and the DH 83095 Release of Information Authorization (Danbury Hospital). See attachments.

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

On 03/07/13 at 1330 hours, I seized the following medical records for treatment of several gunshot wounds that were sustained to Natalie Hammond on 12/14/12 during a shooting at Sandy Hook Elementary School, 12 Dickinson Drive, Sandy Hook, CT. The records indicate that Natalie Hammond sustained gunshot injuries to the following areas of her body:

- Gunshot wound to [REDACTED] 03
- Gunshot wound to [REDACTED] 03
- Gunshot wound to [REDACTED] 03)

| | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------|-------------------------------------------------|--------------------------|
| 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>T/FC ALISON A PETERS/</i> <i>Det. Alison Peters</i> | INVESTIGATOR I.D.#: 0816 | REPORT DATE: 03/11/2013 02:03 pm 01834 | SUPERVISOR SIGNATURE: <i>Sgt. John Patis</i> | SUPERVISOR I.D.#: 130 |



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

Gunshot wound to [REDACTED] 03

Exhibit # 358

Description: Natalie Hammond's Medical records

Location Seized: Danbury Hospital, 24 Hospital Ave, Danbury, CT.

Seized by: Detective Peters #816

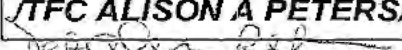
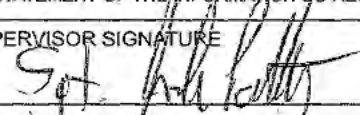
Date and Time: 03/07/13 at 1330 hours.

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>JFC ALISON A PETERS/</i>  | INVESTIGATOR I.D.#: 0816 | REPORT DATE: 03/11/2013 02:03 pm 01835 | SUPERVISOR SIGNATURE  | SUPERVISOR I.D.#: 130 |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------|



State of Connecticut
Department of Public Safety
Division of State Police



Authorization To Disclose Health Information

Name of Patient Natalie Hammond Date of Birth: 03

I, the undersigned patient or legal representative, hereby authorize Detective Alison Peters 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 Phone Number: 800 921-7294

Address: [Redacted]
City: [Redacted]

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): 12-14-12 Date of Discharge: 12-18-12

- 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.

Natalie Hammond
Signature of Patient or Legal Representative

3-10-13
Date
[Signature]
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; _____



Danbury Hospital
24 Hospital Avenue
Danbury, CT 06810

Health Information Services
Phone (203) 797-7307 Fax (203) 731-8057

Release of Information Authorization

TO RELEASE RECORDS FROM
DANBURY HOSPITAL

PATIENT INFORMATION

Name: Natalie Hammond
Parent's Name (if minor): _____
Name at time of Treatment: Natalie Hammond
Telephone #: Home: _____ Work: _____

Date of Birth: _____ 03

PRESENT ADDRESS OF PATIENT

_____ 03 _____
Town/City State Zip

INFORMATION REQUEST

I authorize Danbury Hospital to disclose the information described below to:

Name of Individual / Institution: Detective Alison Peters #814
Address of Individual / Institution: WDMC- State Police- Troop A
90 Lakeside Dr. Southbury CT
Date(s) Of Treatment: 12-14-12 to 12-18-12

- Office Use Only -

Requester ID verified by: _____
employee name

Date copies mailed: _____

Med Rec #: _____

Information to be Disclosed:

- Discharge Summary
- Operative Report
- X-Ray Reports
- Emergency Room Record
- Pathology Report
- Laboratory Reports
- Documented Telephone Calls
- Entire Record

Other Photographs

A copy of this signed Authorization form must be given to the patient or patient's representative.

A FEE MAY BE CHARGED FOR THIS SERVICE & PREPAYMENT IS REQUIRED

AUTHORIZATION

I hereby authorize release of my own or my child's records described above, including AIDS/HIV +, sickle cell anemia, psychiatric, drug abuse and/or alcohol related information if applicable and for Danbury Hospital to use the information for the purpose of:

- At the request of the patient
- Other: Criminal Investigation

I understand that, if the recipient of the information is not a health care provider or health plan covered by the federal Privacy Rule, the information used or disclosed as described above may be redisclosed by the recipient and is no longer protected by the Privacy Rule. However, other state or federal law may prohibit the recipient from disclosing specially protected information, such as substance abuse treatment information, HIV/AIDS-related information and psychiatric/mental health information. I have been informed that my refusal to grant consent to release of information relating to psychiatric treatment will not jeopardize my right of obtain present or future psychiatric treatment except where disclosure of the communication and records is necessary for treatment.

I understand that Danbury Hospital may refuse to provide me with health care that is solely for the purpose of creating health information for disclosure to a third party if I refuse to sign this Authorization for the disclosure of health information to the third party.

I understand that I am not required to sign this Authorization as a condition of treatment, payment, enrollment or eligibility for benefits.

I understand that I may revoke this authorization in writing at any time, except to the extent that Danbury Hospital has already taken action in reliance on the authorization. Unless I revoke this authorization prior to such time, this authorization shall expire on 3 months from date of signature. The revocation letter should be sent to the Health Information Services Department of Danbury Hospital at the above address.

By signing below, I acknowledge that I have read and understand this Authorization form.

x Natalie Hammond
SIGNATURE of Patient or Patient's Authorized Representative

3-6-13
TODAY'S DATE

AUTHORIZED REPRESENTATIVE (please print name)

Relationship to Patient/Authority to Act on Patient's Behalf

If signed by the Patient's Representative, specify the signer's relationship to the patient and describe relationship to patient's authority to act on their behalf.

If the patient is a minor (under 18) or has a legal guardian, in most cases, this authorization must be signed by the patient's parent/legal guardian. If a minor patient is receiving treatment for psychiatric conditions, drug/alcohol abuse, venereal disease or HIV/AIDS the minor's consent may be required for disclosure of the records. If the Hospital determines that the minor's consent is necessary to release the requested records, the Hospital will contact the minor to obtain his/her authorization.

* * * Communication Result Report (Mar. 6. 2013 2:56PM) * * *

2}

Date/Time: Mar. 6. 2013 2:55PM

| File No. | Mode | Destination | Pg(s) | Result | Page Not Sent |
|----------|-----------|--------------|-------|--------|---------------|
| 0817 | Memory TX | 912037396689 | P. 3 | OK | |

Reason for error
 M. 1) Hang up or line fail
 M. 3) No answer
 M. 5) Exceeded max. E-mail size

E. 2) Busy
 E. 4) No facsimile connection



**STATE
 CONNECTICUT
 POLICE**



**WESTERN DISTRICT
 MAJOR CRIME SQUAD**

Troop A Office
 90 Lakeside Road
 Southbury, CT 06488
 Phone: (203) 267-2200 Fax: (203) 267-2226

DATE: 3-6-13

TO: Medical Records Division FAX: 203 739-6689

FROM:

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

Comments: Please call 03 [redacted] when records are ready.

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

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

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 Street Danbury, CT**
 Uniform Arrest Report/Juvenile Summons Number
 Court Appearance Date Made Pending **12-00704559** Police case/receipt number **12-00704559** Companion case number **12-007045597**

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

Type of incident **Homicide**
 Town of seizure **Danbury** Date of seizure **3-7-13** 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.)

EX. 358 Medical Records from Danbury Hospital for the treatment of Natalie Hammond's gunshot wounds from 12-14-12 to 12-18-12.

Property Seized: 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____

Part A inventory number _____ Part B inventory number _____

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. Alex Rietzke** (Title) **Detective** Badge number **816** Date **3-7-13** Department **CSP-WDNC-A**

Property Room Use Only

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

Juvenile inventory number _____

INVENTORY OF PROPERTY SEIZED WITHOUT A SEARCH WARRANT
 JD-CR-18 Rev. 9/10
 C.G.S. §§ 21a-262, 28-85, 26-90, 42-472a, 46b-121, 54-36a,g,h,o, and P.A. 10-112 § 1

Police case/receipt number
12-00104559

- 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 Street Danbury, CT
 Court Appearance Date _____ Arrest/Referral Made Pending 12-00704559 Police case/receipt number
 Companion case number 12-007045597

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

Type of incident Homicide
 Town of seizure Danbury Date of seizure 3-7-13 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.)

EX. 358 Medical Records from Danbury Hospital for the treatment of Natalie Hammond's gunshot wounds from 12-14-12 to 12-18-12.

Property Seized

Part A Inventory number

Part B Inventory number

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] (Title) Detective Badge number 816 Date 3-7-13 Department CSP-WDNC-A

Property Room Use Only

Evidence photographed No Yes Date _____ Remarks _____

| Date out | Reason | By | Date returned |
|----------|--------|----|---------------|
| | | | |
| | | | |
| | | | |

Juvenile Inventory number