

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

Page 1 of 1

#### Report #: 1200704559 - 00111512

Report Type:	Initial Report: 🗌	Prosecutors Report: 🗌	Supplement: 🛛	Re-open: 🗆	Assist: 🗌	Closing:
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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 OFFICI GRANDPRE, MARC I		BADGE NO 1220
INCIDENT ADDRES 00012 Dickinson D	and the second				APARTMENT NO	TOWN CD	TYPE OF EXI Not Applicabl	CEPTIONAL CLEARANCE	CASE STATUS Active	

### REQUEST FOR EXAMINATION OF PHYSICAL EVIDENCE

Action Taken:

On February 20, 2013, at approximately 1206 hours, I submitted exhibit #0349 to the Department of Public Safety, Division of Scientific Services, Forensic Science Laboratory, located at 278 Colony Street, Meriden, Connecticut, for physical examination. (See attached evidence receipt and request for examination for details).

Case Status:

Case active.

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 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 MARC F GRANDPRE/	1220	05/22/2013 02:11 pm	01907	SAL MILIAR	130	

Department of Public Safety Division of Scientific Services Forensic Science Laboratory 278 Colony Street Meriden, CT 06451 203-639-6400 FAX 203-639-6484



# Evidence Receipt

Date: 2/20/13 Time: 12:06 PM LABORATORY CASE#: ID-12-002105 SUBMITTING AGENCY: CSP - Western District Major Crime LOCAL CASE #: CFS1200704597 TOWN(if applicable): Newtown

**RECEIVED AT LAB BY (Signature):** 

Cara Niazi Evidence Receiving Officer

Submission #:

017

Description:

#349 Envelope w/ "One compact disc containing radio and phone transmissions between approximately 0935 and 1035 hours, December 14, 2012"

Agencies submitting evidence to the Division of Scientific Services Laboratories for specific analysis agree to allow the Jaboratory to determine the appropriate methodology for the evidence submitted, Descriptions of analyses offered by the Division of Scientific Services Laboratories are detailed on our website: www.ct.gowdps/site/default.asp. If the laboratory needs to deviate from standald lest methodologies you or your agency will be contacted prior to the analysis being performed. Any concerns or specific requests about the required testing can be discussed with the section supervisor or Laboratory Director prior to case analysis.

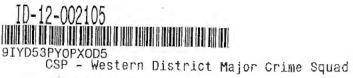
Barcode/Local No. Correspond	Car 2/20/13	
DELIVERED TO LAB BY (Please Print):	Jare Grand Dre " 1220	
DELIVERED TO LAB BY (Signature):	ten Charles # 1270	
	Tpr - Marc Grandpre	Page 1 of 1
	01908	



## STATE OF CONNECTICUT DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION **Division of Scientific Services**

## REQUEST, FOR EXAMINATION OF PHYSICAL EVIDENCE

✓ Forensic Science Laboratory



Toxicology/Controlled Substance Laboratory

C

Computer Crime and Electronic Evidence Laboratory

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	" Laboratory ID Numb of Submitting Agency:		MIC		If "Yes," specify:	-	· · · · ·	
			MC				_	
	Address including Zij antam Rd Litchfield, Ct 0				Incident Type: Homicide	-		
1020 00		101.00			Incident Town: Newtown		3	
	000 000 7044				Incident Date: 12/14/2012			_
	one: 860-626-7944		1		Agency Case Number 12			
	of Victim	DOB	Race	Sex	Name of Suspect	DOB	Race	Sex
(Last, I	First, M.I.)				(Last, First, M.I.)	·		
		-				-		
3rief His	story of Case:							
viass Ho	omicide							
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Item #	Describe Each Item	of Evidence			נד	/pe of Examin	ation Req	uestec
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349 ; total p	Exhibit #: 0349 One co approximately 0935 and	e over \$2,000.	00? Y Y	2012 (ES [ to submi	e transmissions between Pr	ocess Audio file:	s (See below	v)
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349 s total p f "No" w Addition Person Re	Exhibit #: 0349 One co approximately 0935 and roperty loss or damag ras checked, please con al Information:Attn: Cin enchance	e over \$2,000. Itact the Labora ndy Lopes - rec ced in order to Print Name)	00? Y tory prior	rES [ to submi	e transmissions between Pr	ewtown p and r	s (See below	w)

278 Colony Street, Meriden, Connecticut 06451

Telephone (203) 639-6400 Fax (203) 639-6484 DT