



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

Report #: 1200704559 - 00111512

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 GRANDPRE, MARC F.	BADGE NO 1220
INCIDENT ADDRESS 00012 Dickinson Dr/ Newtown 06482					APARTMENT NO	TOWN CD	TYPE OF EXCEPTIONAL CLEARANCE Not Applicable	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.

<p>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.</p>				
INVESTIGATOR SIGNATURE: <b>/TFC MARC F GRANDPRE/</b>	INVESTIGATOR I.D.#: 1220	REPORT DATE: 05/22/2013 02:11 pm 01907	SUPERVISOR SIGNATURE: <i>Sgt. [Signature]</i>	SUPERVISOR I.D.#: 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 #: <sup>Squad</sup> CP51200704597

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 laboratory 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.gov/dps/site/default.asp](http://www.ct.gov/dps/site/default.asp). If the laboratory needs to deviate from standard test 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

*CS 2/20/13*

DELIVERED TO LAB BY (Please Print):

*Marc Grandpre #1226*

DELIVERED TO LAB BY (Signature):

*Marc Grandpre #1226*

Apr - Marc Grandpre



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
- Computer Crime and Electronic Evidence Laboratory

ID-12-002105  
  
 9IYD53PYOPXOD5  
 CSP - Western District Major Crime Squad  
 CFS1200704597

Case Previously Submitted? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				Examined By Other Agency? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes," Laboratory ID Number: 12-002105				If "Yes," specify:					
Name of Submitting Agency: CSP - WDMC									
Agency Address including Zip Code: 452B Bantam Rd Litchfield, Ct 06759				Incident Type: <u>Homicide</u>					
Telephone: 860-626-7944				Incident Town: <u>Newtown</u>					
				Incident Date: <u>12/14/2012</u>					
				Agency Case Number <u>12-00704597</u>					
Name of Victim (Last, First, M.I.)		DOB	Race	Sex	Name of Suspect (Last, First, M.I.)		DOB	Race	Sex
Brief History of Case: Mass Homicide									
Item #	Describe Each Item of Evidence						Type of Examination Requested		
349	Exhibit #: 0349 One compact disc containing radio and phone transmissions between approximately 0935 and 1035 hours, December 14, 2012						Process Audio files (See below)		
Is total property loss or damage over \$2,000.00? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <i>(If "No" was checked, please contact the Laboratory prior to submission of evidence)</i>									
Additional Information: Attn: Cindy Lopes - req. that the background in Items 2 and 7 in folder Newtown p and r in the exhibit be enhanced in order to hear suspected gunfire. <b>(CFS12-00 704597)</b>									
Person Requesting Examination (Print Name) DAVISON, MARK					Date of Request 02/14/2013				
Person Submitting Evidence (Print Name) <i>Det Marc Grandpre</i>					Date of Submission <i>2/20/13</i>				

*All non evidence must be turned prior to submission unless other arrangements have been made with the Laboratory*