

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

Report #: 120070	4559 - 00256486										
Report Type	Type: Initial Report: ☐ Prosecutors Report: ☐ Supplement: ☒ Re-open: ☐ Assist: ☐ Closing: ☐										
Attachments: Statements: ⊠ Teletype: □ Photos: □ Sketchmap: □ Evidence: □ Other: □											
CFS NO 1200704559	1NCIDENT DATE 12/14/2012	TIME 09:41	INCIDENT DATE 12/14/2012	TIME		RY OFFICER S, DANIEL E.		BADGE NO 0336	INVESTIGATING OFFICER FLYNN, WILLIAM A.		BADGE NO
INCIDENT ADDRESS 00012 Dickinson Dr/ Newtown 06482						APARTMENT NO	TOWN CD	TYPE OF EXCEPTIONAL CLEARANCE Not Applicable		CASE STATUS Active	
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Interview of Karin Halstead, First Responder, Fire Fighter with Sandy Hook Volunteer Fire Company

ACTION TAKEN: On Saturday December 15, 2012 at approximately 1520 hours, Detective Andre Roy and I met with Karin Halstead at the Sandy Hook Fire House located at 18-20 Riverside Road in Sandy Hook. The purpose of this meeting was to obtain a written statement from Halstead regarding her actions as a first responder during the Sandy Hook shooting incident. Det. Roy and I were given the use of the Chief's office for the purpose of this interview.

CASE STATUS: Case active.

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.

/TFC WILLIAM A FLYNN/

INVESTIGATOR SIGNATURE:

INVESTIGATOR I.D.#: 0644

REPORT DATE: 02/05/2013 09:46 am 03541 SUPERVISOR SIGNATURE

/SGT JOSHUA PATTBERG/

SUPERVISOR I.D.#:

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