



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

Report #: 1200704559 - 00003253

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 0034	INVESTIGATING OFFICER FITZSIMONS, MICHAEL W.	BADGE NO 0443
INCIDENT ADDRESS 00012 Dickinson Dr/ Newtown 06482					APARTMENT NO	TOWN CD	TYPE OF EXCEPTIONAL CLEARANCE Not Applicable	CASE STATUS Active

STATUS CODE C=COMPLAINANT V=VICTIM A=ARRESTEE J=JUVENILE H=OTHER M=MISSING W=WITNESS O=OFFENDER D=DRIVER S=SUSPECT P=POLICE OFFICER T=TOT

STATUS	NAME	SEX	RACE	D.O.B.	TELEPHONE	ADDRESS	OP STATE & NO.
W	Kleiman, Dr. Michele	F			Bus (860) 635 - 3600	147 Saybrook Rd middletown CT	CT

INTERVIEW REPORT

INTERVIEWEE:

Dr. Michele Kleiman

147 Saybrook Road,
Middletown, CT.

telephone (860) 635-3600

Information was received that Dr. Kleiman (Child Neurologist) may have treated Adam Lanza in the past.

ACTION TAKEN:

On 12/20/2012 I telephoned and spoke with Dr. Kleiman. After identifying myself and the purpose of my call, Dr. Kleiman related that Adam's name sounded familiar, however she has no recollection of ever treating Adam. She informed me that she has been in private practice since September of 2001. Prior to establishing her private practice, she practiced medicine at the Connecticut Childrens Hospital from 1996 to 2001 and prior to that she

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: /TFC MICHAEL W FITZSIMONS/	INVESTIGATOR I.D.#: 0443	REPORT DATE: 01/04/2013 01:59 pm 03622	SUPERVISOR SIGNATURE /SGT MARK DAVISON/	SUPERVISOR I.D.#: 0204

JAN 08 2013



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practiced at the UCONN (John Dempsey) Medical Center from 1991 to 1996.

Dr. Kleiman examined all medical records she had on file and was unable to locate any records indicating that she ever met with or treated Adam. Dr. Kleiman advised me that she would contact the Connecticut Children's Hospital and ascertain if they had any record of her treating Adam.

On 12/21/2012, I received a call from an associate of Dr. Kleiman's office (Marrin Dubois). Ms. Dubois informed me that she was unable to locate any record of Adam Lanza receiving treatment from Dr. Kleiman.

END OF REPORT

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.				
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