

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

CFS NO 1200704559	INCIDENT DATE 12/14/2012	TIME 09:41	INCIDENT DATE 12/14/2012	TIME		RY OFFICER EVER, JOHN		BADGE NO 0837	INVESTIGATING OFFICER MUDRY, MICHAEL		BADGE NO 0824
INCIDENT ADDRESS 00012 Dickenson Dr Newtown 06482						APARTMENT NO	TOWN CD T097	TYPE OF EX	CEPTIONAL CLEARANCE	CASE STATUS Active	
	TAL REPORT: 0		VERIFI			=	lead to me	o for follows	un. He stated that h	= ne snoke with	04
by phone and	04 is claiming	to be	04	boyfr	iend.	Det. Gogalucci	stated that	the phone	up. He stated that he interview with 04 stated that he	struck him as	strange.
	Det. Gogalucci			04	_	ho he says he is		I SIIICE. UZ	also stated triat in	e is fiying into	Comecuc
	ely 2048 hours, l and she is awa			04 o see h	er.	by phone.	04 sta	ated that the	e last he knew	04	
(Refer to Det.	Gogalucci's rep	ort)									

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.

INVESTIGATOR SIGNATURE:

INVESTIGATOR I.D.#:

REPORT DATE:

SUPERVISOR SIGNATURE

SUPERVISOR I.D.#:

/TFC MICHAEL MUDRY/

0824

01/23/2013 10:30 am