



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



Report #: 1200704559 - 00011281

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 KIELY, THOMAS D.	BADGE NO 0905
INCIDENT ADDRESS 00012 Dickison Dr Dr/ Newtown 06482					APARTMENT NO	TOWN CD	TYPE OF EXCEPTIONAL CLEARANCE Not Applicable	CASE STATUS Active

CONSENT TO SEARCH FORMS

ACTION TAKEN: On December 16, 2012, while meeting with Peter Lanza and his Attorney Michael English at the law firm of Finn Dixon & Herling, I had requested written consent from Peter Lanza with regards to searching records pertaining to his son Adam Lanza. The requests were specifically asking for consent to search school records, mental health records, and miscellaneous documents pertaining to Adam Lanza. Neither Peter Lanza or his attorney Michael English objected and signed the attached forms described below.

Two (2) Consent to Search And Examine Evidence forms DPS -167-C

One (1) Authorization For Release of Information form DPS-198-C

Refer to attached forms for further details.

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 THOMAS D KIELY/	INVESTIGATOR I.D.#: 0905	REPORT DATE: 01/14/2013 03:11 pm 04220	SUPERVISOR SIGNATURE <i>Sgt. [Signature]</i>	SUPERVISOR I.D.#: 130



State of Connecticut
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF STATE POLICE



Consent To Search And Examine Evidence

Case No: CFS-12-00704559 Date: 12-16-12 Time: 1708 City/Town: Stamford

Name: Peter J. Lanza DOB: 03

Address: 100 Barting Ln Stamford, CT

I, Peter J. Lanza (print name), after having been informed of my Constitutional right not to

have a search performed without a search warrant and of my Constitutional right to refuse to consent to such a search,

DO CONSENT DL (initials) to have: Investigators and Support Staff

who are members of the Connecticut State Police, and _____ and

Support Staff who are members of the other law enforcement agencies (insert agency name)

conduct a complete search of my:

- Residence
- Place of business
- Vehicle
- Other property

Any and all records pertaining to Adam Lanza from the Newtown (describe vehicle or property to be searched)

Public School system and any private institution where Adam Lanza may
have attended.

which property is located at: Town of Newtown + other various locations.
(specify location/ address: street, apartment number, route, city or town, state)

The above named police officers are authorized to take from the location or locations specified above, such materials and other property as they may desire and to perform examinations and tests, including forensic examinations and tests, on any item seized.

Permission for this search and examination of evidence is granted by me, knowingly, willingly and voluntarily, to the above named police officer or police officers and no inducements, threats or promises have been made to me in order to gain my consent.

Signature: [Signature] Witness: [Signature]

Witness: [Signature] Witness: Detective #905

(Except for the entering of the subject's signature and initials, this form shall be completed by a police officer. 2 Police officers should be witnesses)

AUTHORIZATION FOR RELEASE OF INFORMATION

Name of Patient: ADAM LANZA Date of birth: 04/16/1988

I authorize STATE & FEDERAL LAW ENFORCEMENT AGENCIES
to release pertinent information with respect to the treatment of the above-referenced patient, including information relating to
diagnosis or treatment of mental illness, drug or alcohol abuse and/or confidential HIV related information to:

ADAM LANZA'S OVERALL PHYSICAL AND MENTAL HEALTH.

The purpose of this release of information and the use to which the information will be put are as follows:

FURTHER INVESTIGATION RELATIVE TO INCIDENT ON 12/14/2012.

The nature and extent of information to be disclosed is:

ALL POTENTIAL MEDICAL & MENTAL HEALTH RECORDS.

I also grant permission for all physicians and staff to speak with police officers and inspectors concerning my treatment.

I understand that refusal to grant consent to release of information will not jeopardize the patient's right to obtain present or future treatment except where disclosure is necessary for the treatment.

This consent is subject to revocation at any time except to the extent that action has been taken in reliance thereon.

This authorization shall expire 180 days after the date appearing below or 180 days after the patient's final treatment, whichever is later.

12/16/12
Date

[Signature]
Signature of patient or person granting authorization on behalf of patient

Detective King #905
Witness

Model 2. by first
203-325-5020

If this form has not been signed by the patient, please state the signer's name, relationship to the patient, and, if necessary, explain why the patient did not sign.

PETER LUNGA, NEXT OF KIN (MOTHER) OF PATIENT, WHO
IS RECEIVED.

NOTICE

Psychiatric Records and Communication

In the event that information released constitutes privileged psychiatrist-patient communications:

The confidentiality of this record is required under Chapter 899 of the Connecticut General Statutes. This material shall not be transmitted to anyone without written authorization as provided in the aforementioned statutes.

Drug and Alcohol Abuse Records

In the event that information released is protected by the HHS Confidentiality of Alcohol and Drug Abuse Patient Records regulations:

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42 C.F.R. Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

HIV Related Information

In the event that information released is protected by HIV confidentiality regulations:

HIV related information obtained pursuant to this release has been disclosed to you from records whose confidentiality is protected by state law. State law (Sec. 19a-585, C.G.S.) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.



Consent To Search And Examine Evidence

Case No: CFS-12-0070459 Date: 12/16/12 Time: 1535 City/Town: Stamford

Name: PETER LANZA DOB: [REDACTED] 03

Address: 100 Bartina Ln Stamford, CT 06902

I, PETER LANZA (print name), after having been informed of my Constitutional right not to

have a search performed without a search warrant and of my Constitutional right to refuse to consent to such a search,

DO CONSENT PL (initials) to have: INVESTIGATORS and SUPPORT STAFF

who are members of the Connecticut State Police, and INVESTIGATORS and

SUPPORT STAFF who are members of the OTHER LAW ENFORCEMENT AGENCIES (insert agency name)

conduct a complete search of my:

Residence

Place of business

Vehicle

Other property

ALL PROPERTY AND ~~THE~~ INFORMATION INCLUDING BUT NOT LIMITED TO MEDICAL MENTAL HEALTH, ACADEMIC, PERSONAL NOTES RELATIVE TO ADAM LANZA. (describe vehicle or property to be searched)

which property is located at: 36 YOGANANDA ST., NEWTOWN, CT, USA., OR OTHER LOCATIONS. (specify location/ address: street, apartment number, route, city or town, state)

The above named police officers are authorized to take from the location or locations specified above, such materials and other property as they may desire and to perform examinations and tests, including forensic examinations and tests, on any item seized.

Permission for this search and examination of evidence is granted by me, knowingly, willingly and voluntarily, to the above named police officer or police officers and no inducements, threats or promises have been made to me in order to gain my consent.

Signature: [Signature] Witness: [Signature]

Witness: Michael J. Lynch Witness: Det. King #905

(Except for the entering of the subject's signature and initials, this form shall be completed by a police officer. * 2 Police officers should be witnesses)