



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

Report #: 1200704597 - 00123552

Report Type: Initial Report:  Prosecutors Report:  Supplement:  Re-open:  Assist:  Closing:

Attachments: Statements:  Teletype:  Photos:  Sketchmap:  Evidence:  Other:


CFS NO 1200704597	INCIDENT DATE 12/14/2012	TIME 10:13	INCIDENT DATE 12/14/2012	TIME	PRIMARY OFFICER KEITH, KAROLINE A.	BADGE NO 0019	INVESTIGATING OFFICER WALKLEY, ARTHUR H.	BADGE NO 0589
INCIDENT ADDRESS 00012 Dickinson Dr Dr/ Newtown 06482					APARTMENT NO	TOWN CD T097	TYPE OF EXCEPTIONAL CLEARANCE Not Applicable	CASE STATUS Pending

Action taken:

That on 06/05/13, this Detective transported several items of evidence to the lab. (Refer to attached report for further details)

<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 ARTHUR H WALKLEY/</b>	INVESTIGATOR I.D.#: 0589	REPORT DATE: 11/21/2013 02:31 pm	SUPERVISOR SIGNATURE: <b>/SGT JEFFREY T COVELLO/</b>	SUPERVISOR I.D.#: 0167

**NOV 25 2013**

State of Connecticut Department of Public Safety Narrative Report DPS-302-C (Revised 04/03)		<b>REPORT TYPE:</b> <input type="checkbox"/> INITIAL <input type="checkbox"/> ASSIST <input checked="" type="checkbox"/> *SUPPL. <input type="checkbox"/> RE-OPEN <input type="checkbox"/> CLOSING	<b>ATTACHMENTS:</b> <input type="checkbox"/> STATEMENT <input type="checkbox"/> TELETYPE <input type="checkbox"/> PHOTOS <input checked="" type="checkbox"/> *OTHER <input type="checkbox"/> SKETCH MAP    (JD-CR-18) <input type="checkbox"/> EVIDENCE	<b>DPS INCIDENT NUMBER:</b> <b>CFS-12-00704597</b> Page 1 of 1
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**Action taken:**

CFS12-00 704 597

On Wednesday, 05 June 2013, I drove the following exhibits to the Forensic Laboratory:



I arrived at the Forensic Laboratory at approximately 1535 hours and subsequently turned over this evidence to Evidence Control Officer Cara Niazi.

**ATTACHMENTS:**

1 page photocopy of Lab Request

1 page Photocopy of lab receipt

MAJOR CRIME TAB: 00 123 552

<b>CASE STATUS</b>		<b>TYPE OF EXCEPTIONAL CLEARANCE</b>			
<input checked="" type="checkbox"/> 1 ACTIVE <input type="checkbox"/> 2 CLEARED BY ARREST <input type="checkbox"/> 3 SUSPENDED	<input type="checkbox"/> 4 EXCEPTIONAL CLEARANCE <input type="checkbox"/> 6 NO CRIMINAL ASPECT <input type="checkbox"/> F FUGITIVE	<input type="checkbox"/> A OFFENDER DECEASED <input type="checkbox"/> B PROSECUTION DECLINED <input type="checkbox"/> C EXTRADITION DENIED	<input type="checkbox"/> D VICTIM UNCOOPERATIVE <input type="checkbox"/> E JUVENILE-NO CUSTODY		
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: 	INVESTIGATOR I.D.#: <b>589</b>	REPORT DATE: <b>06/06/13</b>	SUPERVISOR SIGNATURE: 	SUPERVISOR I.D.#: <b>167</b>	APPROVAL DATE: <b>7/2/13</b>



STATE OF CONNECTICUT  
 Department of Emergency Services and  
 Public Protection  
 Division of Scientific Services

278 Colony Street  
 Meriden, CT 06451  
 Telephone: 203-639-6400  
 Fax: 203-639-6484



**Evidence Receipt**

Date: 6/5/13  
 Time: 3:49 PM

LABORATORY CASE #: ID-12-002105

SUBMITTING AGENCY: CSP - Western District Major Crime  
 Squad  
 AGENCY CASE #: CFS1200704597

TOWN (if applicable): Newtown

RECEIVED AT LAB BY (Signature):

\_\_\_\_\_  
 Cara Niazi  
 Evidence Receiving Officer

Submission #:	Description:
120	#85 Envelope w/ "lead and copper like fragments"
121	#96 Envelope w/ "one (1) lead and copper like fragment"
122	#129 Envelope w/ "copper / lead like fragment"
123	#37c Bag w/ "one (1) 10mm casing removed from existing package of 37"

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 are detailed on our website. If the laboratory needs to deviate from standard test methodologies you or your agency will be contacted prior to the analysis being performed. The laboratory reserves the right to use contract laboratories to perform case analysis as needed. This contract serves to inform you as the client of this potential event. In the event a contract laboratory is used the name and address of the contract laboratory will be stated on the laboratory report to the submitting agency. Any concerns or specific requests about the required testing can be discussed with the section supervisor or Director prior to case analysis.

Barcode/Local No. Correspond OW

DELIVERED TO LAB BY (Please Print): \_\_\_\_\_

DELIVERED TO LAB BY (Signature):   
 \_\_\_\_\_  
 Det - Arthur Walkley



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  
  
 9IYD53SV0XWJJPY  
 CSP - Western District Major Crime Squad  
 CFS1200704597

Case Previously Submitted?  YES  NO  
 If "Yes," Laboratory ID Number: \_\_\_\_\_  
 Examined By Other Agency?  Yes  No  
 If "Yes," specify: \_\_\_\_\_

Name of Submitting Agency: CSP-WDMCS

Agency Address including Zip Code:  
 452a Bantam Road  
 Litchfield, CT 06759  
 Telephone ( 860 ) 626-7900  
 Incident Type: Multiple Homicide (S.H.E.S)  
 Incident Town: Newtown  
 Incident Date: 12/14/12  
 Agency Case Number: CFS12-00704597

Name of Victim (Last, First, M.I.)	DOB	Race	Sex	Name of Suspect (Last, First, M.I.)	DOB	Race	Sex
				Lanza, Adam			

Brief History of Case:  
 School Shooting

Item #	Describe Each Item of Evidence	Type of Examination Requested
85	Lead and copper like fragments	ballistic / size ident
96	One (1) lead and copper like fragment	ballistic / size ident
129	copper / lead like fragment	ballistic / size ident
37c	One (1) 10mm casing removed from existing package of 37	ballistic / size ident

Is total property loss or damage over \$2,000.00?  YES  NO  N/A  
 (If "No" was checked, please contact the Laboratory prior to submission of evidence)

Additional Information:

Person Requesting Examination (Print Name)  
 Det Daniel J. Sliby 810  
 Date of Request  
 06/05/13

Person Submitting Evidence (Print Name)  
 DET. A. WALKLEY  
 Date of Submission  
 5 June 2013

\*All hard evidence must be fumed prior to submission unless other arrangements have been made with the Laboratory  
 278 Colony Street, Meriden, Connecticut 06451  
 Telephone (203) 639-6400 Fax (203) 639-6484