




State of Connecticut Department of Public Safety Narrative Report DPS-302-C (Revised 04/03)		REPORT TYPE: <input type="checkbox"/> INITIAL <input type="checkbox"/> ASSIST <input checked="" type="checkbox"/> SUPPL. <input type="checkbox"/> RE-OPEN <input type="checkbox"/> CLOSING	ATTACHMENTS: <input type="checkbox"/> STATEMENTS <input type="checkbox"/> TELETYPE <input type="checkbox"/> PHOTOS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SKETCH MAP <input type="checkbox"/> EVIDENCE	DPS INCIDENT NUMBER: CFS12-00705354 Page <u>1</u> Of <u>1</u>
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POST-MORTEM EXAMINATION REPORT FOR NANCY LANZA

On Monday November 4, 2013 this writer received a copy of the post-mortem examination report of Nancy Lanza DOB 09-06-1960. The examination was conducted on 12-16-2012 by Chief Medical Examiner H. Wayne Carver III, M.D. at the Office if the Chief Medical Examiner located at 11 Shuttle Road Farmington, CT.

The report cites the Cause of Death as: "Multiple Gunshot Wounds of Head". The manner of death has been certified as: "Homicide". (See attached 9 page report).

CASE STATUS		TYPE OF EXCEPTIONAL CLEARANCE			
<input checked="" type="checkbox"/> 1 ACTIVE	<input type="checkbox"/> 4 EXCEPTIONAL CLEARANCE	<input type="checkbox"/> A OFFENDER DECEASED	<input type="checkbox"/> VICTIM UNCOOPERATIVE		
<input type="checkbox"/> 2 CLEARED BY ARREST	<input type="checkbox"/> 6 NO CRIMINAL ASPECT	<input type="checkbox"/> B PROSECUTION DECLINED	<input type="checkbox"/> JUVENILE - NO CUSTODY		
<input type="checkbox"/> 3 SUSPENDED	<input type="checkbox"/> F FUGITIVE	<input type="checkbox"/> C EXTRADITION DECLINED			
<small>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.</small>					
INVESTIGATOR SIGNATURE:	INVESTIGATOR I.D. #	REPORT DATE:	SUPERVISOR SIGNATURE:	SUPERVISOR I.D. #	APPROVAL DATE:
 DET. DAVID A. LAMOUREUX	0772	November 5, 2013	 SGT. FORREST B. RUDDY	0229	11-05-13

STATE OF CONNECTICUT
OFFICE OF THE CHIEF MEDICAL EXAMINER
11 Shuttle Road, Farmington, Connecticut 06032-1939
Telephone: (860) 679-3980 Fax: (860) 679-1257



October 31, 2013

Detective David A. Lamoureux #772
Connecticut State Police
Eastern District Major Crime Squad
1320 Tolland Stage Road
Tolland, CT 06084

Town: Newtown

County: Fairfield

Dear Det. Lamoureux:

Enclosed please find a copy of the Autopsy, Toxicology Reports, ID Form and RE on the following case(s):

CASE NUMBER	NAME OF DECEASED	DATE OF DEATH
12-17626	Nancy Lanza aka Nancy Jean Lanza	12-14-2012

Sincerely,

James R. Gill, M.D.
Chief Medical Examiner

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