

LACEY TWP POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date <u>11/20/13</u>	Time <u>1407</u>	Day of Week <u>WEDNESDAY</u>	Location <u>[REDACTED] MANHATTEN AVE</u>	INCIDENT NUMBER <u>2013-30203</u>
Type of Incident:				
<input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop <input checked="" type="checkbox"/> Other (specify): <u>EMOTIONALLY DISTURBED PERSON</u>				

B. Officer Information

Name (Last, First, Middle) <u>VELWY, MICHAEL, C</u>		Badge # <u>98</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>29</u>	Injured <u>Y/N</u>	Killed <u>Y/N</u>
Rank <u>Patrolman</u>	Duty assignment <u>Patrol</u>	Years of service <u>9</u>	On-Duty <u>O/N</u>	Uniform <u>O/N</u>			

C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) <u>[REDACTED]</u>		Sex <u>M</u>	Race <u>W</u>	Age <u>65</u>	Weapon <u>Y/N</u>	Injured <u>Y/N</u>	Killed <u>Y/N</u>
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify): <u>EMOTIONALLY DISTURBED</u>		Arrested <u>Y/N</u>	Charges <u>N/A</u>				
Subject's actions (check all that apply):				Officer's use of force toward this subject (check all that apply):			
<input checked="" type="checkbox"/> Resisted police officer control <input checked="" type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify):				<input checked="" type="checkbox"/> Compliance hold Firearms Discharge <input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify):			
				Number of Shots Fired _____			
				Number of Hits _____			
				[Use "UNK" if unknown]			

C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle)		Sex	Race	Age	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify):		Arrested Y/N	Charges				
Subject's actions (check all that apply):				Officer's use of force toward this subject (check all that apply):			
<input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify):				<input type="checkbox"/> Compliance hold Firearms Discharge <input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify):			
				Number of Shots Fired _____			
				Number of Hits _____			
				[Use "UNK" if unknown]			

► If this officer used force against more than two subjects in this incident, attach additional USE OF FORCE REPORTS.

Signature: <u>[Signature]</u> 498	Date: <u>11/20/13</u>
Print Supervisor Name: <u>Ronald P. Burton</u>	Supervisor Signature: <u>[Signature]</u>

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 11-20-13	Time 1407 hrs	Day of Week Wednesday	Location [Redacted] Manchester Av	INCIDENT NUMBER 13- 30203
Type of Incident: <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop <input checked="" type="checkbox"/> Other (specify): <i>Ambulance call involving mentally disabled person who gets combative when he sees police and first aid personell.</i>				

B. Officer Information

Name (Last, First, Middle) Nick, Darrell P	Badge # 80	Sex M	Race WT	Age 34	Injured Y/N	Killed Y/N
Rank Patrolman	Duty assignment: Patrol	Years of service 10	On-Duty Y/N	Uniform Y/N		

C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) [Redacted]	Sex M	Race WT	Age 65	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify): <i>mentally disabled who needed medical attention and gets combative.</i>		Arrested Y/N	Charges N/A			
Subject's actions (check all that apply): <input type="checkbox"/> Resisted police officer control <input checked="" type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify):			Officer's use of force toward this subject: (check all that apply): <input checked="" type="checkbox"/> Compliance hold Firearms Discharge <input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental <input type="checkbox"/> Chemical/natural agent: <input type="checkbox"/> Strikes/use baton or other object: Number of Shots Fired _____ <input type="checkbox"/> Canine Number of Hits _____ <input type="checkbox"/> Other (specify): [Use 'UNK' if unknown]			

C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify):		Arrested Y/N	Charges			
Subject's actions (check all that apply): <input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify):			Officer's use of force toward this subject: (check all that apply): <input type="checkbox"/> Compliance hold Firearms Discharge <input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental <input type="checkbox"/> Chemical/natural agent: <input type="checkbox"/> Strikes/use baton or other object: Number of Shots Fired _____ <input type="checkbox"/> Canine Number of Hits _____ <input type="checkbox"/> Other (specify): [Use 'UNK' if unknown]			

➤ If this officer used force against more than two subjects in this incident, attach additional USE OF FORCE REPORTS.

Signature: <i>Dull Nil</i>	Date: 11-27-13
Print Supervisor Name: Ronaldt-Buxton	Supervisor Signature: <i>Phyll Bte #65</i>