

LACEY TOWNSHIP POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 7/14/2014	Time 20:55 hrs	Day of Week MONDAY	Location Kohl's PARKING LOT 304 ROUTE 9 FR. NJ	INCIDENT NUMBER 14-27092
Type of Incident: <input checked="" 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 type="checkbox"/> Other (specify):				

B. Officer Information

Name (Last, First, Middle) RESEAR, GEORGE JOSEPH	Badge # 90	Sex M	Race W	Age 33	Injured Y/ <input checked="" type="checkbox"/>	Killed Y/ <input checked="" type="checkbox"/>
Rank PATROLMAN	Duty assignment PATROL	Years of service 8.5	On-Duty <input checked="" type="checkbox"/> N	Uniform <input checked="" type="checkbox"/> 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 W	Age 17	Weapon Y/ <input checked="" type="checkbox"/>	Injured Y/ <input checked="" type="checkbox"/>	Killed Y/ <input checked="" type="checkbox"/>
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify) <u>BELLAGERENT / UNCOOPERATIVE</u>	Arrested <input checked="" type="checkbox"/> N	Charges <u>2C:29-1A 2C:29-2A(3)</u> <u>2C:29-2A(1) 2C:29-3b(4) 2C:17-3A(1)</u>				
Subject's actions (check all that apply): <input checked="" 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 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: 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"/> Strike/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: 	Date: 7/14/2014
Print Supervisor Name: PTC. E. Duffy #63 LTPO	Supervisor Signature: 