

## Lacey Two POLICE DEPARTMENT USE OF FORCE REPORT

### A. Incident Information

Date 9/5/15	Time 0358	Day of Week Saturday	Location 7093 Llewellyn Pkwy	INCIDENT NUMBER 15-24316
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) Keefe, Scott Ryan		Badge # 97	Sex M	Race W	Age 29	Injured Y/N	Killed Y/N
Rank P+1	Duty assignment Patrol	Years of service 2	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) Corami, Michael S		Sex M	Race W	Age 30	Weapon Y/N	Injured Y/N	Killed Y/N
<input checked="" type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify) <u>Altered Mental Status</u>		Arrested Y/N		Charges <u>2C:29-2AA, 2C:20-3A, 2C:39-4D</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 <input type="checkbox"/> 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)			

### 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 <input type="checkbox"/> 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)			

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

Signature: <i>[Signature]</i> #97	Date: 9/5/15
Print Supervisor Name: Ptl. John McKee	Supervisor Signature: <i>[Signature]</i> #81

Lacey Twp POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date 9/5/15	Time 0358 hrs	Day of Week SATURDAY	Location 2093 Llewellyn Pkwy	INCIDENT NUMBER 15-24316
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) JAKUB, ANTHONY, ROBERT	Badge # 96	Sex M	Race W	Age 30	Injured Y (N)	Killed Y (N)
Rank PHI.	Duty assignment PATROL	Years of service 2	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) CERAMI, Michael, S	Sex M	Race W	Age 30	Weapon Y (N)	Injured Y (N)	Killed Y (N)
<input checked="" type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify) <u>Altered mental status</u>		Arrested <input checked="" type="checkbox"/> Y N	Charges JC 29-2a(i) JC 20-3a, JC 39-4d			
<u>Subject's actions</u> (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)			<u>Officer's use of force toward this subject</u> (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 _____ [Use 'UNK' if unknown] <input type="checkbox"/> Other (specify)			

**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			
<u>Subject's actions</u> (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)			<u>Officer's use of force toward this subject</u> (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 _____ [Use 'UNK' if unknown] <input type="checkbox"/> Other (specify)			

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

Signature: 	Date: 9/5/15
Print Supervisor Name: Ptl. John McKee	Supervisor Signature: 



Lacey Twp POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date 9/19/15	Time 1925hrs	Day of Week Saturday	Location ██████ Olds St Fortkeed Rwn	INCIDENT NUMBER 15-25939
Type of Incident <input checked="" type="checkbox"/> Crime in progress <input checked="" 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) Sullivan Paul John	Badge # 77	Sex M	Race W	Age 35	Injured Y/N	Killed Y/N
Rank Sgt	Duty assignment Patrol	Years of service 14	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) ████████████████████	Sex M	Race W	Age 35	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 2C:12-1a1			
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 checked="" type="checkbox"/> Other (specify) possible possession of a weapon			Officer's use of force toward this subject (check all that apply) <input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> 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) <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 <input type="checkbox"/> 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: <i>Sgt Paul Sullivan</i>	Date: 9/28/15
Print Supervisor Name: <i>Paul Sullivan #01</i>	Supervisor Signature: <i>Paul Sullivan</i>

Lacey Township POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date 9-28-15	Time 2132	Day of Week Monday	Location 461 Lake Barnegat Ln	INCIDENT NUMBER 15-26788
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 checked="" type="checkbox"/> Traffic stop <input type="checkbox"/> Other (specify)				

**B. Officer Information**

Name (Last, First, Middle) McCree, John J			Badge # 81	Sex M	Race W	Age 47	Injured Y	Killed Y
Rank Patrolman	Duty assignment Patrol/Squad B	Years of service 12y 15, 7mos		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) Nautasio 4th, Louis, U			Sex M	Race W	Age 18	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 20:29-19. 20:29-2A(3)(a)			
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 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 checked="" 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 _____ [Use 'UNK' if unknown]			
<input type="checkbox"/> Other (specify)					<input type="checkbox"/> Other (specify)			

**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      Number of Shots Fired _____ <input type="checkbox"/> Canine      Number of Hits _____ [Use 'UNK' if unknown]			
<input type="checkbox"/> Other (specify)					<input type="checkbox"/> Other (specify)			

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

Signature: <i>John J McCree #81</i>	Date: 9-28-15
Print Supervisor Name: <i>Sgt [Signature] #77</i>	Supervisor Signature: <i>Sgt [Signature]</i>