

Lacey Township POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date 10/9/2016	Time 1345	Day of Week Sunday	Location [REDACTED] Merrimac Rd, Forked Ave	INCIDENT NUMBER 16-29503
Type of Incident				
<input 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) DellaSala, Samuel, C	Badge # 82	Sex M	Race W	Age 34	Injured Y <input checked="" type="checkbox"/>	Killed Y <input checked="" type="checkbox"/>
Rank ASgt	Duty assignment Patrol	Years of service 12	On-Duty O <input checked="" type="checkbox"/> N	Uniform P <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 33	Weapon Y <input checked="" type="checkbox"/>	Injured O <input checked="" type="checkbox"/> N	Killed Y <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)	Arrested O <input checked="" type="checkbox"/> N	Charges (or) Simple Assault Agg Assault, Resisting Arrest				
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 <input type="checkbox"/> Hands/fists <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify)			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental 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 <input type="checkbox"/> Hands/fists <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify)			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental 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>Samuel C. DellaSala #82</i>	Date 10/9/2016
Print Supervisor Name Lieutenant Christopher Kenny	Supervisor Signature <i>[Signature]</i>

Lacey Township POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date 10/9/2014	Time 1345	Day of Week Sunday	Location [REDACTED] Merrimac Rd	INCIDENT NUMBER 14-29503
Type of Incident				
<input 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) Picciardella, Daniel, William	Badge # 95	Sex M	Race W	Age 35	Injured Y/N	Killed Y/N
Rank Patrolman	Duty assignment Patrol	Years of service 3.5	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 W	Age 33	Weapon Y/N	Injured Y/N	Killed Y/N
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y/N	Charges 2C:2-1A(c) 2C:12-1b(5) a 2C:29-2a			
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     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)			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 _____ <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: Daniel Picciardella	Date: 10/9/2014
Print Supervisor Name: Sgt. Della Sale #82	Supervisor Signature: [Signature] #82

*2017*



LACEY POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date 10/9/16	Time 1345	Day of Week SUNDAY	Location [REDACTED] MERRIMAC RD.	INCIDENT NUMBER 16-29503
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) SIMONSON JOHN		Badge # 75	Sex M	Race W	Age 42	Injured Y <input checked="" type="checkbox"/>	Killed Y <input checked="" type="checkbox"/>
Rank POLICE OFFICER	Duty assignment PATROL	Years of service 17	On-Duty <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Uniform <input checked="" type="checkbox"/> Y <input 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 33	Weapon Y <input checked="" type="checkbox"/>	Injured <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Killed Y <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Charges Agg ASSAULT / RESISTING ARREST / SIMPLE ASSAULT				
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     Number of Shots Fired <u>0</u> <input type="checkbox"/> Canine     Number of Hits <u>0</u> <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)				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 _____ <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: 10/9/16
Print Supervisor Name Sgt. DeLaSalle	Supervisor Signature 

*CP 71*

Lacey TWP POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date <u>10-9-16</u>	Time <u>1345</u>	Day of Week <u>SUNDAY</u>	Location [REDACTED] <u>NEARIMAL RD PA.</u>	INCIDENT NUMBER <u>16-29803</u>
Type of Incident				
<input 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) <u>ANDREY, EVAN E</u>		Badge # <u>86</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>36</u>	Injured <u>Y</u> <input checked="" type="checkbox"/>	Killed <u>Y</u> <input checked="" type="checkbox"/>
Rank <u>PTL</u>	Duty assignment <u>PAROL</u>	Years of service <u>15</u>		On-Duty <u>N</u> <input type="checkbox"/>	Uniform <u>N</u> <input type="checkbox"/>		

**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 <u>M</u>	Race <u>W</u>	Age <u>33</u>	Weapon <u>Y</u> <input checked="" type="checkbox"/>	Injured <u>N</u> <input type="checkbox"/>	Killed <u>Y</u> <input type="checkbox"/>		
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify):		Arrested <u>N</u> <input type="checkbox"/>		Charges <u>AGG BATTERY</u> <u>RESISTING STOP?</u>					
Subject's actions (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):				Officer's use of force toward this subject (check all that apply) <input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/fists <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify):				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental 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"/> Hands/fists <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify):				Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental 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> <u>86</u>	Date: <u>10-9-16</u>
Print Supervisor Name: <u>Sgt. Della Sula #82</u>	Supervisor Signature: <u>[Signature]</u> <u>#82</u>



Lacey Twp POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date 10/10/16	Time 1824	Day of Week Monday	Location 433 Lake Greenway Dr W	INCIDENT NUMBER 16-29610
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>OVA / DWI</u>				

**B. Officer Information**

Name (Last, First, Middle) Daniel, Jesse, V	Badge # 104	Sex M	Race W	Age 29	Injured Y <input checked="" type="checkbox"/>	Killed Y <input checked="" type="checkbox"/>
Rank Patrolman	Duty assignment Patrol	Years of service	On-Duty N <input checked="" type="checkbox"/>	Uniform N <input checked="" type="checkbox"/>		

**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) Vizzone, Robert	Sex M	Race W	Age 47	Weapon Y <input checked="" type="checkbox"/>	Injured Y <input checked="" type="checkbox"/>	Killed Y <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested N <input checked="" type="checkbox"/>	Charges DWI / POSS of CAS / Resisting			
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 <input type="checkbox"/> Hands/fists <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify)			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental 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 <input type="checkbox"/> Hands/fists <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify)			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental 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:  #104	Date: 10/10/16
Report Supervisor:  MECHAN	Supervisor:

Mellon

Lacey Twp POLICE DEPARTMENT  
USE OF FORCE REPORT

A. Incident Information

Date	Time	Day of Week	Location	INCIDENT NUMBER
10/10/16	1824	MON	435 LAKE BARNEGAT DR	16-29610
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) <b>DWI w/ ACCIDENT</b>				

B. Officer Information

Name (Last, First, Middle)	Badge #	Sex	Race	Age	Injured	Killed
RESEKAR, GEORGE J	90	M	W	35	Y	Y
Rank	Duty assignment	Years of service	On-Duty	Uniform		
PATROLMAN	PHI	11	Y	N	N	


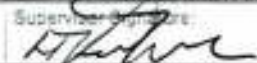
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle)	Sex	Race	Age	Weapon	Injured	Killed
VIZZONE, ROBERT	M	W	47	Y	Y	Y
<input checked="" type="checkbox"/> Under the influence	Arrested	Charges				
<input type="checkbox"/> Other unusual condition (specify)	Y	RESISTANCE DUI - Poss of COS				
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 type="checkbox"/> Hands/wrists <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	Injured	Killed
				Y/N	Y/N	Y/N
<input type="checkbox"/> Under the influence	Arrested	Charges				
<input type="checkbox"/> Other unusual condition (specify)	Y/N					
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/wrists <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: 10-11-2016
Print Supervisor Name: LT. Mellon	Supervisor Signature: 

Lacey Twp POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date 10/10/16	Time 1824 hrs	Day of Week Monday	Location 433 Lake Biscayne Dr N	INCIDENT NUMBER 16-29610
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>mva / DWI</u>				

**B. Officer Information**

Name (Last, First, Middle) May, Charles, S	Badge # 91	Sex m	Race w	Age 32	Injured Y/N <input checked="" type="checkbox"/>	Killed Y/N <input checked="" type="checkbox"/>
Rank Patrolman	Duty assignment Patrol	Years of service 9	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) Vizzano, Robert	Sex m	Race w	Age 47	Weapon Y/N <input checked="" type="checkbox"/>	Injured Y/N <input checked="" type="checkbox"/>	Killed Y/N <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Under the influence	Arrested <input checked="" type="checkbox"/> / N	Charges DUI, Res.F.C.D.s, Resisting				
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 <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      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	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 <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      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: 10/10/16
Print Supervisor Name: PT MECHAN	Supervisor Signature: 



Lacey TWP POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date <u>10/10/16</u>	Time <u>1824</u>	Day of Week <u>Monday</u>	Location <u>433 Luke Bernagot Dr. N</u>	INCIDENT NUMBER <u>16-29610</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>MVA/DWI</u>				

**B. Officer Information**

Name (Last, First, Middle) <u>Julian, Martin, A</u>	Badge # <u>105</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>30</u>	Injured <u>Y</u>	Killed <u>Y</u>
Rank <u>Patrolman</u>	Duty assignment <u>Patrol</u>	Years of service <u>8 months</u>	On-Duty <u>N</u>	Uniform <u>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>Vizzone, Robert</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>47</u>	Weapon <u>Y</u>	Injured <u>Y</u>	Killed <u>Y</u>
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify):	Arrested <u>N</u>	Charges <u>DWI, Poss of CDS, Resisting</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:    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 <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:    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: <u>Patrolman A. Lopez #105</u>	Date <u>10/11/16</u>
Print Supervisor Name: <u>LT. MEEHA</u>	Supervisor Signature: <u>[Signature]</u>



*Lacey Township* POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date <i>10/20/16</i>	Time <i>1340</i>	Day of Week <i>Thursday</i>	Location <i>1211 Cypress Place</i>	INCIDENT NUMBER <i>2016-30609</i>
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) <i>Gudgeon, Kimberly L</i>	Badge # <i>79</i>	Sex <i>F</i>	Race <i>W</i>	Age <i>38</i>	Injured <i>Y</i>	Killed <i>Y</i>
Rank <i>Detective</i>	Duty assignment <i>Detective Bureau</i>	Years of service <i>15</i>	On-Duty <i>N</i>	Uniform <i>Y</i>		

**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) <i>Godier 3rd, Armin F.</i>	Sex <i>M</i>	Race <i>W</i>	Age <i>29</i>	Weapon <i>Y</i>	Injured <i>Y</i>	Killed <i>Y</i>
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested <i>N</i>	Charges <i>Multiple</i>			
<b>Subject's actions</b> (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 checked="" type="checkbox"/> Other (specify) <i>Resisted arrest by flight</i>			<b>Officer's use of force toward this subject</b> (check all that apply) <input checked="" type="checkbox"/> Compliance hold <input checked="" type="checkbox"/> Hands/fists <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify)			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental 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			
<b>Subject's actions</b> (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)			<b>Officer's use of force toward this subject</b> (check all that apply) <input type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/fists <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify)			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental 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>[Signature]</i> #79	Date: <i>10/20/16</i>
Print Supervisor Name: <i>DET CHRIS CORNELIUS</i>	Supervisor Signature: <i>[Signature]</i>

LAREY TOWNSHIP POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date <b>10/20/16</b>	Time <b>1340</b>	Day of Week <b>THURSDAY</b>	Location <b>1211 CYPRESS PL, FOREST RIVER</b>	INCIDENT NUMBER <b>2016-30609</b>
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) <b>EWART, ADAM R</b>		Badge # <b>92</b>	Sex <b>M</b>	Race <b>W</b>	Age <b>35</b>	Injured <b>Y</b>	Killed <b>Y</b>
Rank <b>DETECTIVE</b>	Duty assignment <b>DETECTIVE BUREAU</b>	Years of service <b>9</b>	On-Duty <b>N</b>	Uniform <b>Y</b>			


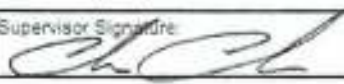
**C1. Subject 1** (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) <b>GODIER 3RD, ARMIN F</b>		Sex <b>M</b>	Race <b>W</b>	Age <b>29</b>	Weapon <b>Y</b>	Injured <b>Y</b>	Killed <b>Y</b>
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested <b>Y</b>	Charges <b>MULTIPLE</b>				
<b>Subject's actions</b> (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 checked="" type="checkbox"/> Other (specify) <b>RESISTED ARREST BY FLIGHT</b>				<b>Officer's use of force toward this subject</b> (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 checked="" type="checkbox"/> Other (specify) <b>TACKLE</b>			

**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				
<b>Subject's actions</b> (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)				<b>Officer's use of force toward this subject</b> (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:  #92	Date: <b>10/20/2016</b>
Print Supervisor Name: <b>DLT CHRIS CORNELIUS</b>	Supervisor Signature: 



Lacey Twp POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date 10/23/16	Time 2142	Day of Week Sunday	Location Capstein Dr	INCIDENT NUMBER 16-30930
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>Attempted Suicide / Mental</u>				

**B. Officer Information**

Name (Last, First, Middle) Keefe, Scott Ryan	Badge # 97	Sex M	Race W	Age 30	Injured Y/N	Killed Y/N
Rank PH	Duty assignment Patrol	Years of service 3	On-Duty ON	Uniform ON		



**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 23	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>PTSD</u>		Arrested Y/N	Charges —			
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 <input type="checkbox"/> Hands/fists <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify)			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental 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 <input type="checkbox"/> Hands/fists <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify)			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental 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 	Date 10/23/16
Print Supervisor Name SCOTT ISAACS	Supervisor Signature 

Lacey Township POLICE DEPARTMENT  
USE OF FORCE REPORT

A. Incident Information

Date 10/23/2016	Time 2:42 hrs	Day of Week Sunday	Location [REDACTED] Capstan Dr.	INCIDENT NUMBER 16-30930
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>Attempted Suicide / Mental</u>				

B. Officer Information

Name (Last, First, Middle) <u>Meyle, Christopher, M</u>	Badge # <u>102</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>27</u>	Injured Y/ <input checked="" type="checkbox"/> N	Killed Y/ <input checked="" type="checkbox"/> N
Rank <u>Patrolman</u>	Duty assignment <u>Patrol</u>	Years of service <u>2</u>	On-Duty <input checked="" type="checkbox"/> N	Uniform <input checked="" type="checkbox"/> N		


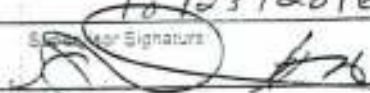
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) [REDACTED]	Sex <u>M</u>	Race <u>W</u>	Age <u>23</u>	Weapon Y/ <input checked="" type="checkbox"/> N	Injured Y/ <input checked="" type="checkbox"/> N	Killed Y/ <input checked="" type="checkbox"/> N
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify): <u>P.T.S.D</u>		Arrested Y/ <input checked="" type="checkbox"/> N	Charges			
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 <input type="checkbox"/> Hands/fists <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify):			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental 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 <input type="checkbox"/> Hands/fists <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify):			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental 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 	Date <u>10/23/2016</u>
Print Supervisor Name <u>SCOTT BACUS</u>	Supervisor Signature 



Lacey Township POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date: <b>10/26/16</b>	Time: <b>1930</b>	Day of Week: <b>Wednesday</b>	Location: <b>Gugining River Mill Barnsboro, NJ</b>	INCIDENT NUMBER: <b>16-31246</b>
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): <b>FLYNN, Brian, W</b>	Badge #: <b>93</b>	Sex: <b>M</b>	Race: <b>W</b>	Age: <b>39</b>	Injured: <b>Y</b>	Killed: <b>Y</b>
Rank: <b>Detective</b>	Duty assignment: <b>Detective</b>	Years of service: <b>9</b>	On-Duty: <b>N</b>	Uniform: <b>Y</b>		

**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): <b>Lochner, Melissa, A</b>	Sex: <b>F</b>	Race: <b>W</b>	Age: <b>26</b>	Weapon: <b>Y</b>	Injured: <b>Y</b>	Killed: <b>Y</b>
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify):	Arrested: <b>Y</b>	Charges:				
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"/> Firearm 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): <b>Cusack, Dennis, E</b>	Sex: <b>M</b>	Race: <b>W</b>	Age: <b>38</b>	Weapon: <b>Y</b>	Injured: <b>Y</b>	Killed: <b>Y</b>
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify):	Arrested: <b>N</b>	Charges: <b>Several charges</b>				
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 type="checkbox"/> Compliance hold <input type="checkbox"/> Firearm 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: _____ <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: <b>10/27/16</b>
Print Supervisor Name: <b>DET CHRIS CORNELIUS</b>	Supervisor Signature: 