

Lacey Township POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date <u>7/8/17</u>	Time <u>2217 hrs</u>	Day of Week <u>Saturday</u>	Location <u>Dewey Cr./Riviera Dr</u>	INCIDENT NUMBER <u>2017-22156</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>Out of control Juvenile</u>				

**B. Officer Information**

Name (Last, First, Middle) <u>Watkins, Patricia G</u>		Badge # <u>103</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>31</u>	Injured <u>Y/N</u>	Killed <u>Y/N</u>
Rank <u>Patrolman</u>	Duty assignment <u>Patrol</u>	Years of service <u>2 yrs 11 months</u>	On-Duty <u>Y/N</u>	Uniform <u>Y/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) <span style="background-color: black; color: black;">[REDACTED]</span>		Sex <u>M</u>	Race <u>W</u>	Age <u>16</u>	Weapon <u>Y/N</u>	Injured <u>Y/N</u>	Killed <u>Y/N</u>
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested <u>Y/N</u>	Charges <u>2C:12-1B(1)(A)</u> <u>2C:29-2A(3)(a)</u> <u>2C:17-3A(1)</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     Firearm 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 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     Firearm 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: <u>Patricia Watkins #103</u>	Date: <u>7/9/17</u>
Print Supervisor Name: <u>ANDREW SLOTA #89</u>	Supervisor Signature: <u>[Signature] #89</u>

*Alth...*

Lacey POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date <b>7/9/17</b>	Time <b>18:45</b>	Day of Week <b>Sunday</b>	Location <b>Lakeside Dr N/Harrison Dr</b>	INCIDENT NUMBER <b>17-22204</b>
Type of Incident: <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input checked="" type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop <input type="checkbox"/> Other (specify)				

**B. Officer Information**

Name (Last, First, Middle) <b>Lee, Jason, Steven</b>		Dodge # <b>99</b>	Sex <b>M</b>	Race <b>W</b>	Age <b>31</b>	Injured <b>Y/N</b>	Killed <b>Y/N</b>
Rank <b>Pt1</b>	Duty assignment <b>Patrol</b>	Years of service <b>3</b>	On-Duty <b>N</b>	Uniform <b>N</b>			

**C1. Subject 1** (Use 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 <b>M</b>	Race <b>W</b>	Age <b>30</b>	Weapon <b>Y/N</b>	Injured <b>Y/N</b>	Killed <b>Y/N</b>
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify) <b>PTSD</b>		Arrested <b>Y/N</b>	Charges				
<b>Subject's actions</b> (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)				<b>Officer's use of force toward this subject</b> (check all that apply) <input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> 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** (Use 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"/> 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 	Dodge # <b>99</b>	Date <b>7/9/2017</b>
Print Supervisor Name <b>Pt1 Julie Barrabaw #85</b>	Supervisor Signature 	<b>85</b>

Lacey Township POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date	Time	Day of Week	Location	INCIDENT NUMBER
7/9/2017	1845	Sunday	Lakeside Dr. Harrison	17-22204
Type of Incident				
<input type="checkbox"/> Offense in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input checked="" type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop <input type="checkbox"/> Other (specify)				

**B. Officer Information**

Name (Last, First, Middle)	Badge #	Sex	Race	Age	Injured	Killed
Mayer, Christopher, Michael	102	M	W	23	Y/N	Y/N
Rank	Duty assignment	Years of service	On-Duty	Uniform		
Patrolman	Patrol	3	ON	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)	Sex	Race	Age	Weapon	Injured	Killed
[REDACTED]	M	W	30	Y/N	Y/N	Y/N
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify)		Arrested	Charges			
PTSD		Y/N	—			
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input checked="" type="checkbox"/> Received 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     Firearm Discharge <input type="checkbox"/> Hands/feet <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 <input type="checkbox"/> Other unusual condition (specify)		Arrested	Charges			
		Y/N				
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input type="checkbox"/> Received 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     Firearm Discharge <input type="checkbox"/> Hands/feet <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
	7/6/2017
Print Supervisor Name	Supervisor Signature
PTI Julie Barralov # 85	



Lacey Township POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date <b>7/9/17</b>	Time <b>1845</b>	Day of Week <b>Sunday</b>	Location <b>Lakeside Dr. / Harrison Av.</b>	INCIDENT NUMBER <b>17-22204</b>
Type of Incident				
<input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input checked="" type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop <input type="checkbox"/> Other (specify)				

**B. Officer Information**

Name (Last, First, Middle) <b>Baldasari, Michael</b>	Badge # <b>106</b>	Sex <b>M</b>	Race <b>W</b>	Age <b>30</b>	Injured <b>Y</b>	Killed <b>Y</b>
Rank <b>Patrolman</b>	Duty assignment <b>Patrol</b>	Years of service <b>11 months</b>	On-Duty <b>0/N</b>	Uniform <b>0/N</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) [REDACTED]	Sex <b>M</b>	Race <b>W</b>	Age <b>30</b>	Weapon <b>Y</b>	Injured <b>Y</b>	Killed <b>Y</b>
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify): <b>PTSD</b>	Arrested <b>Y</b>	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"/> Firearms Discharge <input type="checkbox"/> Hands/feet <input type="checkbox"/> Intentional <input type="checkbox"/> Kick/stomp <input type="checkbox"/> Accidental <input type="checkbox"/> Chemical/irritant agent <input type="checkbox"/> Strike/use baton or other object     Number of Shots Fired _____ <input type="checkbox"/> Carbine     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 <input type="checkbox"/> Firearms Discharge <input type="checkbox"/> Hands/feet <input type="checkbox"/> Intentional <input type="checkbox"/> Kick/stomp <input type="checkbox"/> Accidental <input type="checkbox"/> Chemical/irritant agent <input type="checkbox"/> Strike/use baton or other object     Number of Shots Fired _____ <input type="checkbox"/> Carbine     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>7/9/17</b>
Print Supervisor Name <b>Det. Julie Barcalow #85</b>	Supervisor Signature #85

Lacey Township POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date <b>7/10/17</b>	Time <b>2009hrs</b>	Day of Week <b>Tuesday</b>	Location <b>[Redacted] Freeport, Pa.</b>	Officer's Name <b>MS 09731</b>	INCIDENT NUMBER <b>17-22384</b>
Type of Incident: <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other assault <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop <input checked="" type="checkbox"/> Other (specify) <b>Suicidal Female</b>					

**B. Officer Information**

Name (Last, First, Middle) <b>JARNO, Anthony, Robert</b>	Badge # <b>96</b>	Sex <b>M</b>	Race <b>W</b>	Age <b>33</b>	Injured <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Killed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Rank <b>Patrolman</b>	Duty assignment <b>Patrol</b>	Years of service <b>4 years 3 months</b>	On-Duty <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Uniform <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		


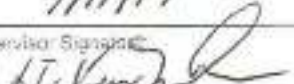
**C1. Subject 1** (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) <b>[Redacted]</b>	Sex <b>F</b>	Race <b>H</b>	Age <b>31</b>	Weapon <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Injured <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Killed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
<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 <b>2C:12-1A(6) / 2C:29-2A(1)</b>				
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"/> Firearm Discharge <input type="checkbox"/> Handcuffs <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"/> Carbine    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"/> Firearm Discharge <input type="checkbox"/> Handcuffs <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"/> Carbine    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>7/10/17</b>
Print Supervisor Name <b>LT. VINSON MESSHA</b>	Supervisor Signature 



*Lacey Twp* POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date <i>7-13-17</i>	Time <i>1829</i>	Day of Week <i>Thursday</i>	Location <i>wooded trail 939 Route 9, Bayville</i>	INCIDENT NUMBER <i>17-22544</i>
Type of Incident				
<input checked="" type="checkbox"/> Crime in progress		<input type="checkbox"/> Domestic		<input type="checkbox"/> Other dispute
<input type="checkbox"/> Other (specify)		<input type="checkbox"/> Suspicious person		
<i>NS</i> <input type="checkbox"/> Traffic stop				

**B. Officer Information**

Name (Last, First, Middle) <i>McKee, John J</i>	Badge # <i>81</i>	Sex <i>M</i>	Race <i>W</i>	Age <i>49</i>	Injured <i>Y</i>	Killed <i>Y</i>
Rank <i>PI.</i>	Duty assignment <i>Patrol</i>	Years of service <i>14.5</i>	On-Duty <i>Y</i>	Uniform <i>N</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>Fariss, Ronald, R Jr</i>	Sex <i>M</i>	Race <i>W</i>	Age <i>46</i>	Weapon <i>Y</i>	Injured <i>Y</i>	Killed <i>Y</i>
<input checked="" type="checkbox"/> Under the influence		Arrested <i>N</i>		Charges <i>(9) C.R.M.S. Agg Assault, Resisting, Etc.</i>		
<input type="checkbox"/> Other unusual condition (specify)						
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"/> Compliance hold		
<input type="checkbox"/> Physical threat/attack on officer or another				<input type="checkbox"/> Hands/fists		
<input type="checkbox"/> Threatened/attacked officer or another with blunt object				<input type="checkbox"/> Kicks/feet		
<input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object				<input type="checkbox"/> Chemical/natural agent		
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle				<input type="checkbox"/> Strike/use baton or other object		
<input type="checkbox"/> Threatened officer or another with firearm				<input type="checkbox"/> Canine		
<input type="checkbox"/> Fired at officer or another				Number of Shots Fired _____		
<input type="checkbox"/> Other (specify)				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		Arrested Y/N		Charges		
<input type="checkbox"/> Other unusual condition (specify)						
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"/> Compliance hold		
<input type="checkbox"/> Physical threat/attack on officer or another				<input type="checkbox"/> Hands/fists		
<input type="checkbox"/> Threatened/attacked officer or another with blunt object				<input type="checkbox"/> Kicks/feet		
<input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object				<input type="checkbox"/> Chemical/natural agent		
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle				<input type="checkbox"/> Strike/use baton or other object		
<input type="checkbox"/> Threatened officer or another with firearm				<input type="checkbox"/> Canine		
<input type="checkbox"/> Fired at officer or another				Number of Shots Fired _____		
<input type="checkbox"/> Other (specify)				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>John J McKee</i>	Date: <i>7-14-17</i>
Print Supervisor Name: <i>Sgt. Ronald Buxton</i>	Supervisor Signature: <i>Ronald Buxton #05</i>

Lacey Township                      POLICE DEPARTMENT  
**USE OF FORCE REPORT**

**A. Incident Information**

Date July 13, 2017	Time 1817 Hrs	Day of Week Thursday	Location Woods behind 838 Route 9, Bayville, NJ	<b>INCIDENT NUMBER</b> 17-22544
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) Flynn, Robert P	Badge # 78	Sex M	Race W	Age 44	Injured Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Killed Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Rank Sergeant	Duty assignment Patrol	Years of service 17	On-Duty Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Uniform Y <input checked="" type="checkbox"/> N <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) Fairss Jr, Ronald R.	Sex M	Race W	Age 46	Weapon Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Injured Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Killed Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Charges Resisting, Aggravated Assault, Shoplifting				
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"/> 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 _____ <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 	Date July 14, 2017
Print Supervisor Name:	Supervisor Signature:



Larey Township POLICE DEPARTMENT  
USE OF FORCE REPORT

A. Incident Information:

Date	Time	Day of Week	Location	INCIDENT NUMBER
7/13/17	1817 hrs	Thursday	Dist. Troop off of Mason's Blvd / Berkeley Exp	17-22544
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)	Badge #	Sex	Race	Age	Injured	Killed
Watkins, Patricia A	103	F	W	31	Y/N	Y/N
Rank	Duty assignment	Years of service	On-Duty	Uniform		
Patrolman	Patrol	2 yrs 11 months	Y/N	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	Race	Age	Weapon	Injured	Killed
Fariss, Ronald R. Jr	M	W	41	Y/N	Y/N	Y/N
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested	Charges			
		Y/N	2C:29-2(3)(a) 2C:12-1b 2C:29-3b(2) 2C:20-11b 2C:29-1a			
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 checked="" type="checkbox"/> Other (specify) <i>Fled from officer</i>			<input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> Firearms Discharge <input checked="" type="checkbox"/> Handcuffs <input type="checkbox"/> Intentional <input type="checkbox"/> Kick/shove <input type="checkbox"/> Accidental <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike with 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 <input type="checkbox"/> Other unusual condition (specify)		Arrested	Charges			
		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 <input type="checkbox"/> Firearms Discharge <input type="checkbox"/> Handcuffs <input type="checkbox"/> Intentional <input type="checkbox"/> Kick/shove <input type="checkbox"/> Accidental <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike with 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:
<i>Patricia A. Watkins</i>	7/13/17
Print Supervisor Name:	Supervisor Signature:
Ronald Burton	<i>Ronald Burton #65</i>



Lacey Township POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date <u>7/21/17</u>	Time <u>0138hrs</u>	Day of Week <u>Friday</u>	Location <u>518 Beach Boulevard</u>	INCIDENT NUMBER <u>17-23185</u>
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) <u>SARGO, ANTHONY, ROBERT</u>		Badge # <u>96</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>32</u>	Injured Y/ <input checked="" type="checkbox"/> /N	Killed Y/ <input type="checkbox"/> /N
Rank <u>Patrolman</u>	Duty assignment <u>Patrol</u>	Years of service <u>4 years 3 months</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) <u>Bailey, Brian, V</u>		Sex <u>M</u>	Race <u>W</u>	Age <u>22</u>	Weapon Y/ <input checked="" type="checkbox"/> /N	Injured Y/ <input checked="" type="checkbox"/> /N	Killed Y/ <input checked="" type="checkbox"/> /N
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested <input checked="" type="checkbox"/> /N		Charges <u>PC 29-1a/PC 29-2a/PC 18-3D</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 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/feet <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/ <input type="checkbox"/> /N	Injured Y/ <input type="checkbox"/> /N	Killed Y/ <input type="checkbox"/> /N
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y/ <input type="checkbox"/> /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/feet <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: <u>7/21/17</u>
Print Supervisor Name: <u>Julie Barcalon</u>	Supervisor Signature: 