

LACEY TOWNSHIP POLICE DEPARTMENT  
USE OF FORCE REPORT

**APPENDIX A**

**A. Incident Information**

Date <u>6/10/17</u>	Time <u>2:45 HRS</u>	Day of Week <u>SATURDAY</u>	Location <u>BEACH BLVD</u>	INCIDENT NUMBER <u>17-19199</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>PESS EVALUATION / SUICIDAL THREATS</u>				

**B. Officer Information**

Name (Last, First, Middle) <u>SURTEES JR, ROBERT F</u>	Badge # <u>72</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>45</u>	Injured <u>Y</u>	Killed <u>Y</u>
Rank <u>SERGEANT</u>	Duty assignment <u>PATROL SERGEANT</u>	Years of service <u>17</u>	On-Duty <u>Y</u>	Uniform <u>Y</u>		


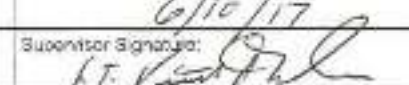
**C1. Subject 1** (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) [REDACTED]	Sex <u>F</u>	Race <u>W</u>	Age <u>15</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>Y</u>	Charges <u>UNDER AGE CONSUMPTION AGG. ASSAULT</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: 	Date: <u>6/10/17</u>
Print Supervisor Name: <u>LT. VINCENT MEDINA #60</u>	Supervisor Signature: 

7/2001

Lacey Township

POLICE DEPARTMENT

APPENDIX A

USE OF FORCE REPORT

A. Incident Information

Date 6/16/17	Time 21:45	Day of Week Saturday	Location [Redacted] Beach Pl	INCIDENT NUMBER 17-19199
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>PESS Evaluation / Suicidal Threats</u>				

B. Officer Information

Name (Last, First, Middle) Heefe, Scott, Brian	Badge # 97	Sex M	Race W	Age 30	Injured Y/N	Killed Y/N
Rank Police Officer/PT	Duty assignment Patrol	Years of service 4	On-duty @ N	Uniform @ 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 F	Race W	Age 15	Weapon Y/N	Injured Y/N	Killed Y/N		
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)	Arrested @ N		Charges <u>Under age consumption</u> <u>Agg. Assault</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: 	Date: 6/16/17
Print Supervisor Name: SGT. ROBERT SURTEES #72	Supervisor Signature: 

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Lacey Township POLICE DEPARTMENT  
USE OF FORCE REPORT

APPENDIX A

**A. Incident Information**

Date <u>6/10/17</u>	Time <u>21:45</u>	Day of Week <u>Saturday</u>	Location <u>[REDACTED] Beach Bl</u>	INCIDENT NUMBER <u>17-19199</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>PESS EVALUATION/SUICIDAL TENDERS</u>				

**B. Officer Information**

Name (Last, First, Middle) <u>SARNO, ANTHONY, ROBERT</u>	Badge # <u>96</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>32</u>	Injured <u>Y</u> <input checked="" type="checkbox"/>	Killed <u>Y</u> <input checked="" type="checkbox"/>
Rank <u>PATROLMAN</u>	Duty assignment <u>PATROL</u>	Years of service <u>4</u>	On-Duty <u>Y</u> <input checked="" type="checkbox"/> <u>N</u> <input type="checkbox"/>	Uniform <u>Y</u> <input checked="" type="checkbox"/> <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) <u>[REDACTED]</u>	Sex <u>F</u>	Race <u>W</u>	Age <u>15</u>	Weapon <u>Y</u> <input checked="" type="checkbox"/>	Injured <u>Y</u> <input checked="" type="checkbox"/>	Killed <u>Y</u> <input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)	Arrested <u>Y</u> <input checked="" type="checkbox"/> <u>N</u> <input type="checkbox"/>	Charges <u>Underage Consumption</u> <u>Agg. Assault</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/feet <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/feet <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] #96</u>	Date: <u>6/10/17</u>
Print Supervisor Name: <u>Sgt. Robert Swartz #72</u>	Supervisor Signature: <u>[Signature]</u>

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Lacey Township POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date <u>6/11/17</u>	Time <u>1835</u>	Day of Week <u>Sunday</u>	Location <u>Lacey Township Rail Trail</u>	INCIDENT NUMBER <u>17-19305</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>Domestic Caretaking</u>				

**B. Officer Information**

Name (Last, First, Middle) <u>Watkins, Patrick A</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 10 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) <u>Becker, Jason R.</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>36</u>	Weapon <u>Y/N</u>	Injured <u>Y/N</u>	Killed <u>Y/N</u>
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested <u>Y/N</u>	Charges <u>2C:35-10A(4), 2C:36-2, 2C:29-2A</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 <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"/> 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/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"/> 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: <u>Patrick Watkins</u>	Date: <u>6/11/17</u>
Print Supervisor Name: <u>Sgt. Ronald P. Buxton</u>	Supervisor Signature: <u>[Signature]</u>



LACEY TWP POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date 8-11-17	Time	Day of Week SUNDAY	Location LTPD HEADQUARTERS	INCIDENT NUMBER 17-19305
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>ATTEMPTING TO FINGER PRINT SUBJECT</u>				

**B. Officer Information**

Name (Last, First, Middle) SLOTA ANDREW J	Badge # 89	Sex M	Race W	Age 35	Injured Y	Killed Y
Rank PTL	Duty assignment PATROL	Years of service 11.5	On-Duty ON	Uniform LN		

**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) BRICKER JASON R	Sex M	Race W	Age 36	Weapon Y	Injured Y	Killed Y
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify):	Arrested ON	Charges 2C:35-10-4, 2C:36-2, 2C:29-2A				
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:  #89	Date: 8-11-17
Print Supervisor Name: SGT Ronald Buxton	Supervisor Signature:

Lacey Township POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date <u>6/11/17</u>	Time <u>2030</u>	Day of Week <u>Sunday</u>	Location <u>Community Medical Center</u>	INCIDENT NUMBER <u>17-19705</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>Medical Assessment</u>				

**B. Officer Information**

Name (Last, First, Middle) <u>Watkins, Patrick Q</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 10 months</u>	On-Duty <u>GIN</u>	Uniform <u>GIN</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>Becker, Jason A.</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>36</u>	Weapon <u>Y/N</u>	Injured <u>Y/N</u>	Killed <u>Y/N</u>
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested <u>GIN</u>	Charges <u>2C:75 P10 A90, 2C:26-2, 2C:27-2 A11</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 <input type="checkbox"/> Hands/wrists <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)			
			Firearm 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/wrists <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)			
			Firearm 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>Patrick Watkins</u>	Date: <u>6/11/17</u>
Print Supervisor Name <u>Sgt. Ronald Buxton</u>	Supervisor Signature: <u>Patrick Watkins #65</u>





Lacey TWP POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date <u>6/11/17</u>	Time <u>1900</u>	Day of Week <u>Sunday</u>	Location <u>Lacey TWP Police Headquarters</u>	INCIDENT NUMBER <u>17-19305</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>Attempting to fingerprint and photograph</u>				

**B. Officer Information**

Name (Last, First, Middle) <u>Julian, Martin, Andrew</u>		Badge # <u>105</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>30</u>	Injured <u>Y/N</u>	Killed <u>Y/N</u>
Rank <u>Patrolman</u>	Duty assignment <u>Patrol</u>	Years of service <u>1 year 4 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) <u>Becker, Jason, R</u>		Sex <u>M</u>	Race <u>W</u>	Age <u>36</u>	Weapon <u>Y/N</u>	Injured <u>Y/N</u>	Killed <u>Y/N</u>
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested <u>Y/N</u>	Charges <u>2C:36-2</u> <u>2C:29-2 2(35-10A)(4)</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      Firearm Discharge <input type="checkbox"/> Hands/wrists <input type="checkbox"/> Intentional <input type="checkbox"/> Kicks/feet <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"/> 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/irritant 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.

Signatures: <u>Ptl. Martin Andrew #105</u>	Date: <u>6/11/17</u>
Print Supervisor Name: <u>Sgt. Ronald Burton</u>	Supervisor Signature: <u>Ronald Burton #65</u>



Lacey POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date <u>6/11/17</u>	Time <u>2030</u>	Day of Week <u>Sunday</u>	Location <u>Community Medical Center 99 2nd St W, Toms Lake</u>	INCIDENT NUMBER <u>17-19305</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>Medical Assessment</u>				

**B. Officer Information**

Name (Last, First, Middle) <u>Copis, Ellen, L</u>	Badge # <u>101</u>	Sex <u>M</u>	Race <u>BLK</u>	Age <u>36</u>	Injured <u>Y</u>	Killed <u>Y</u>
Rank <u>Patrolman</u>	Duty assignment <u>Patrol</u>	Years of service <u>3</u>	On-Duty <u>Y</u>	Uniform <u>Y</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>Becker, Jason, R</u>	Sex <u>M</u>	Race <u>WHT</u>	Age <u>36</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>Y</u>	Charges <u>2c: 36-2, 2c: 35-10A(4) 2c: 39-2A(2)</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 checked="" type="checkbox"/> Other (specify) <u>Verbal threats to Staff/Police</u>			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 <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): <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"/> 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: <u>6/12/17</u>
Print Supervisor Name: <u>Sgt. Ronald Burlew</u>	Supervisor Signature: 

Lacey

POLICE DEPARTMENT  
USE OF FORCE REPORT

A. Incident Information

Date 6/11/17	Time 1900	Day of Week Sunday	Location 802 Winney Rd Processing room	INCIDENT NUMBER 17-19305
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>Processing Room</u>				

B. Officer Information

Name (Last, First, Middle) Copers, Ellen, L	Badge # 101	Sex M	Race BLK	Age 36	Injured Y/N <input checked="" type="checkbox"/>	Killed Y/N <input checked="" type="checkbox"/>
Rank Patrolman	Duty assignment Patrol	Years of service 3	On-Duty <input checked="" type="checkbox"/> N	Uniform <input checked="" type="checkbox"/> N		


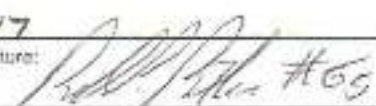
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) Becker, Jason, F	Sex M	Race WHT	Age 36	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 <input type="checkbox"/> Other unusual condition (specify)		Arrested <input checked="" type="checkbox"/> N	Charges <u>2C-29-2A(1), 2C-35-10A(4)</u> <u>2C-36-2</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 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> [Use 'UNK' if unknown]			
			<input checked="" type="checkbox"/> Other (specify) <u>Held legs to prevent kicking</u>			

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

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

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

Signature 	Date: 6/12/17
Print Supervisor Name: SGT. Ronald Burton	Supervisor Signature:  #66



