

Lacey Township POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date <u>10/06/17</u>	Time <u>1530</u>	Day of Week <u>Friday</u>	Location [Redacted] <u>Briggs Ave, Forked River</u>	INCIDENT NUMBER <u>17-30880</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 checked="" type="checkbox"/> Other (specify)				

B. Officer Information

Name (Last, First, Middle) <u>Hein, Michael J.</u>	Badge # <u>94</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>30</u>	Injured <u>Y</u> <input checked="" type="checkbox"/>	Killed <u>Y</u> <input checked="" type="checkbox"/>
Rank <u>Pth</u>	Duty assignment <u>Patrol</u>	Years of service <u>4 years</u>	On Duty <u>Y</u> <input checked="" type="checkbox"/>	Uniform <u>Y</u> <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) [Redacted]	Sex <u>M</u>	Race <u>W</u>	Age <u>16</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 type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify)		Arrested <u>Y</u> <input checked="" type="checkbox"/>		Charges		
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/pointing 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>Waving Arms</u>				Officer's use of force toward this subject (check all that apply): <input checked="" type="checkbox"/> Compliance hold Firearms Discharge <input checked="" 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 <u>0</u> <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/pointing 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 the subject (check all that apply): <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: <u>Pth Michael J Hein</u>	Date: <u>10/06/2017</u>
Print Supervisor Name	Supervisor Signature

LACEY TOWNSHIP POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 10/06/17	Time 1530 HRS	Day of Week FRIDAY	Location [REDACTED] BRIGGS AVE	INCIDENT NUMBER #17 - 30880
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				
Offense (specify):				

B. Officer Information

Name (Last, First, Middle) HOLT, BRIAN G.	Badge # 100	Sex M	Race W	Age 31	Injured Y/N	Killed Y/N <input checked="" type="checkbox"/>
Rank PATROLMAN	Duty assignment PATROLMAN	Years of service 3 yrs	On-Duty O/N	Uniform O/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 16	Weapon Y/N <input checked="" type="checkbox"/>	Injured Y/N	Killed Y/N <input checked="" type="checkbox"/>
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify):		Arrested Y/N <input checked="" type="checkbox"/>	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 Firearms Discharge <input checked="" type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional <input type="checkbox"/> Kick/stee <input type="checkbox"/> Accidental <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object Number of Shots Fired 0 <input type="checkbox"/> Canine Number of Hits 0 <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"/> Kick/stee <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: Brian Holt	Date: 10/06/17
Print Supervisor Name:	Supervisor Signature:

Lacey RVP POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date <u>10/6/17</u>	Time <u>1530</u>	Day of Week <u>Friday</u>	Location [REDACTED] <u>Briggs Ave Fork-Levee</u>	INCIDENT NUMBER <u>17-30880</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):				

B. Officer Information

Name (Last, First, Middle) <u>Schaffer, Noah</u>		Badge # <u>84</u>	Sex <u>M</u>	Race <u>C</u>	Age <u>35</u>	Injured <u>Y/N</u>	Killed <u>Y/N</u>
Rank <u>PTL</u>	Duty assignment <u>Patrol</u>	Years of service <u>12</u>	On-Duty <u>ON</u>	Uniform <u>CORP</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>M</u>	Race <u>C</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 checked="" type="checkbox"/> Other unusual condition (specify):		Arrested <u>Y/N</u>	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 checked="" type="checkbox"/> Other (specify): <u>Eluding arms uncontrollably</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 checked="" type="checkbox"/> Hands/wrist <input type="checkbox"/> Intentional <input type="checkbox"/> Kick/feet <input type="checkbox"/> Accidental <input type="checkbox"/> Chemical/tearal 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/wrist <input type="checkbox"/> Intentional <input type="checkbox"/> Kick/feet <input type="checkbox"/> Accidental <input type="checkbox"/> Chemical/tearal 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>Naal Schaffer</u>	Date: <u>10/6/17</u>
Print Supervisor Name:	Supervisor Signature:

Lacey TWP POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 10/10/17	Time 1955 Hrs	Day of Week Tuesday	Location Lacey Inn, 229 Rt. 9	INCIDENT NUMBER 17-31262
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): Violation of Restraining Order Warrant ✓ occurred at Lacey Inn Room 18				

B. Officer Information

Name (Last, First, Middle) Julian, Martin, A	Badge # 105	Sex M	Race W	Age 31	Injured Y	Killed Y
Rank Patrolman	Duty assignment Patrol	Years of service 1 1/2	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 M	Race W	Age 45	Weapon Y	Injured Y	Killed Y		
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)	Arrested N	Charges 2C:29-9B(2) 2C:29-2						
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"/> Handcuffs <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Chemical/irritant 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"/> Accidents 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"/> Handcuffs <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Chemical/irritant 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"/> Accidents 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: [Signature]	Date: 10/10/17
Print Supervisor Name: Sgt Ron Burlew #65	Reporter Signature: [Signature] #65

Lucy Trap POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date <u>10/10/17</u>	Time <u>19:55 Hrs</u>	Day of Week <u>Tuesday</u>	Location <u>Lucy Trap 229 RT 9</u>	INCIDENT NUMBER <u>17-31262</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>Violation of Restraining Order Warrant</u> <u>occurred in processing room.</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>31</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>1 1/2</u>	On-Duty <u>0</u> <input checked="" type="checkbox"/>	Uniform <u>0</u> <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) <u>[REDACTED]</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>45</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>0</u> <input checked="" type="checkbox"/>	Charges <u>2C:29-1B(2)</u> <u>2C:29-2</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/back 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 held <input type="checkbox"/> Handcuffs <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Stun gun/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/back 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 held <input type="checkbox"/> Handcuffs <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Stun gun/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>[Signature]</u>	Date: <u>10/10/17</u>
Print Supervisor Name: <u>Sgt Ron Burton #65</u>	Supervisor Signature: <u>[Signature] #65</u>

Lacey Township POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 10-10-17	Time	Day of Week Tuesday	Location Police Headquarters 808 Lacey Rd	INCIDENT NUMBER 17-31262
Type of Incident				
<input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Officer dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop <input checked="" type="checkbox"/> Order-Excessive Processing at H.Q.				

B. Officer Information Occurred in Processing RM of Police Headquarters

Name (Last, First, Middle) Watkins, Patrick Q	(Badge #) 103	Sex M	Race W	Age 31	Injured Y	Killed Y
Rank Patrolman	Unit assignment Patrol	Years of service 3 Y 2 M	On-Duty On	Uniform On		

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 M	Race W	Age 45	Weapon Y	Injured Y	Killed Y
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested On	Charges 2C:29-9B(2) 2C:29-2			
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/stabbing object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened/attacked officer or another with firearm <input type="checkbox"/> Flee at officer or another <input type="checkbox"/> Other (specify)			Officer's use of force (check all that apply) (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"/> Kick/shove <input type="checkbox"/> Accidental <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Striking with baton or other object Number of Shots Fired _____ <input type="checkbox"/> Canine Number of Hits _____ <input type="checkbox"/> Other (specify) [Use "N/A" 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			
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/stabbing object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened/attacked officer or another with firearm <input type="checkbox"/> Flee at officer or another <input type="checkbox"/> Other (specify)			Officer's use of force (check all that apply) (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"/> Kick/shove <input type="checkbox"/> Accidental <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Striking with baton or other object Number of Shots Fired _____ <input type="checkbox"/> Canine Number of Hits _____ <input type="checkbox"/> Other (specify) [Use "N/A" if unknown]			

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

Signature: Patrick Noto	Date: 10-10-17
Print Supervisor Name: Sgt. Ron Burton #65	Supervisor Signature: Ron Burton #65

Lacey Township POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date	Time	Day of Week	Location	INCIDENT NUMBER
10-10-17	1955 hrs	Tuesday	Lacey Jan, 229 RT 9	17-31262
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 checked="" type="checkbox"/> Other (specify): <u>Violation Restraining order Warrant</u> <u>occurred in Lacey Jan, 229 RT 9 N. Rm 18</u>				

B. Officer Information

Name (Last, First, Middle)	Badge #	Sex	Race	Age	Injured	Killed
Watkins, Patrick Q	103	M	W	31	Y/O	Y/O
Rank	Duty assignment	Years of service	On-Duty	Uniform		
Patrolman	Patrol	3 yrs 2 months	O/N	O/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
[Redacted]	M	W	45	Y/O	Y/O	Y/O
<input checked="" type="checkbox"/> Under the influence	Arrested	Charges				
<input type="checkbox"/> Other unusual condition (specify):	O/N	2C:29-9B(2), 2C:29-2				
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	Firearms Discharge:				
<input type="checkbox"/> Physical threat/attack on officer or another	<input type="checkbox"/> Handcuffs	<input type="checkbox"/> Intentional				
<input type="checkbox"/> Threatened/attacked officer or another with blunt object	<input type="checkbox"/> Kick/stomped	<input type="checkbox"/> Accidental				
<input type="checkbox"/> Threatened/attacked officer or another with knife/stabbing object	<input type="checkbox"/> Chemical/natural agent	Number of Shots Fired _____				
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle	<input type="checkbox"/> Strike/use baton or other object	Number of Hits _____				
<input type="checkbox"/> Threatened officer or another with firearm	<input type="checkbox"/> Canine	[Use 'UNK' if unknown]				
<input type="checkbox"/> Fired at officer or another	<input type="checkbox"/> Other (specify):					
<input type="checkbox"/> Other (specify):						

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon	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"/> Compliance hold		Firearms Discharge:	
<input type="checkbox"/> Physical threat/attack on officer or another			<input type="checkbox"/> Handcuffs		<input type="checkbox"/> Intentional	
<input type="checkbox"/> Threatened/attacked officer or another with blunt object			<input type="checkbox"/> Kick/stomped		<input type="checkbox"/> Accidental	
<input type="checkbox"/> Threatened/attacked officer or another with knife/stabbing object			<input type="checkbox"/> Chemical/natural agent		Number of Shots Fired _____	
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle			<input type="checkbox"/> Strike/use baton or other object		Number of Hits _____	
<input type="checkbox"/> Threatened officer or another with firearm			<input type="checkbox"/> Canine		[Use 'UNK' if unknown]	
<input type="checkbox"/> Fired at officer or another			<input type="checkbox"/> Other (specify):			
<input type="checkbox"/> Other (specify):						

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

Signature	Date
<i>Patrick Watkins</i>	10-10-17
Post Supervisor Name	Supervisor Signature
<i>Sgt. Rousson #65</i>	<i>Paul P... #65</i>

Lacey Township POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date <u>10/14/17</u>	Time <u>16:00</u>	Day of Week <u>Saturday</u>	Location [Redacted] <u>Red Bank, Lacey Hills</u>	INCIDENT NUMBER <u>17-31638</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 Other (specify): <u>mental / EOP</u>				

B. Officer Information

Name (Last, First, Middle) <u>Lee, Jason, Steven</u>	Badge # <u>99</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>32</u>	Injured <u>Y/N</u>	Killed <u>Y/N</u>
Rank <u>Patrol</u>	Duty assignment <u>patrol</u>	Years of service <u>3</u>	On Duty <u>Y/N</u>	Uniform <u>Y/N</u>		

G1. 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>53</u>	Weapon <u>Y/N</u>	Injured <u>Y/N</u>	Killed <u>Y/N</u>
<input type="checkbox"/> Under the influence	Arrested <u>Y/N</u>	Charges				
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"/> 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/less-lethal or other object Number of Shots Fired: _____ <input type="checkbox"/> Canine Number of Hits: _____ <input type="checkbox"/> Other (specify): [Use 'UNK' if unknown]			

G2. 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): <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/less-lethal 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>10/14/17</u>
Print Supervisor Name <u>567 ROBERT SUMNER</u>	Supervisor Signature

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date <u>10/14/17</u>	Time <u>1600</u>	Day of Week <u>Saturday</u>	Location <u>Peconic on Lacey Twp</u>	INCIDENT NUMBER <u>2017-31638</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>Mentor/CSO</u>				

B. Officer Information

Name (Last, First, Middle) <u>Yervey, Michael</u>	Badge # <u>98</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>33</u>	Injured <u>Y/N</u>	Killed <u>Y/N</u>
Rank <u>Pvt.</u>	Duty assignment <u>Park</u>	Years of service <u>13</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) [REDACTED]	Sex <u>M</u>	Race <u>W</u>	Age <u>53</u>	Weapon <u>Y/N</u>	Injured <u>Y/N</u>	Killed <u>Y/N</u>
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify) <u>MENTOR</u>		Arrested <u>Y/N</u>		Charges <u>N/A</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 <input type="checkbox"/> Firearm Discharge <input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional <input type="checkbox"/> Kick/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 <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		
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"/> Firearm Discharge <input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional <input type="checkbox"/> Kick/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>10/14/17</u>
Supervisor Name <u>Sgt Robert Suter</u>	Supervisor Signature

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date	Time	Day of Week	Location	INCIDENT NUMBER
10/31/17	1420	Tuesday	Lanoka Harbor	17-33369
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)	Rank #	Sex	Race	Age	Injured	Killed
Hein, Michael J	94	M	W	30	Y <input checked="" type="checkbox"/>	Y <input checked="" type="checkbox"/>
Rank	Duty assignment	Years of service	On-Duty	Uniform		
PTL	Patrol	3	<input checked="" type="checkbox"/> N	<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)	Sex	Race	Age	Weapon	Injured	Killed
[REDACTED]	F		19	Y <input checked="" type="checkbox"/>	Y <input checked="" type="checkbox"/>	Y <input checked="" type="checkbox"/>
<input type="checkbox"/> Under the influence	<input checked="" type="checkbox"/> Arrested	Charges: 2C:12-1(A) 2C:29-3 2C:29-3(A)				
<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 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/stabbing 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 held <input checked="" 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)			
			<input type="checkbox"/> 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	Injured	Killed
				Y/N	Y/N	Y/N
<input type="checkbox"/> Under the influence	<input type="checkbox"/> 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/stabbing 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 held <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)			
			<input type="checkbox"/> 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	Date
Michael J Hein	10/31/2017
Print Supervisor Name	Signature per Supervisor
[Signature]	[Signature]

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident information

Date <u>10/31/17</u>	Time <u>1920</u>	Day of Week <u>Tuesday</u>	Location <u>Lanoka Harbor, NJ</u>	INCIDENT NUMBER <u>17-33369</u>
Type of Incident: <input type="checkbox"/> Crime in progress <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Other assault <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop <input type="checkbox"/> Other (specify)				

B. Officer information

Name (Last, First, Middle) <u>Bicciardella, Daniel W</u>		Badge # <u>95</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>36</u>	Injured Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Killed Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Rank <u>Patrolman</u>	Duty assignment <u>Patrol</u>	Years of service <u>5</u>	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) [REDACTED]		Sex <u>F</u>	Race <u>W</u>	Age <u>19</u>	Weapon <u>Y <input type="checkbox"/> N <input type="checkbox"/></u>	Injured <u>Y <input type="checkbox"/> N <input checked="" type="checkbox"/></u>	Killed <u>Y <input type="checkbox"/> N <input checked="" type="checkbox"/></u>
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested <u>Y <input checked="" type="checkbox"/> N <input type="checkbox"/></u>	Charges <u>20:12-1A(1)</u> <u>20:29-2</u> <u>20:29-2(a)</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/stun gun <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				Officer's use of force toward this subject (check all that apply): <input checked="" type="checkbox"/> Compliance hold Firearms Discharge <input type="checkbox"/> Handcuffs <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): <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/stun gun <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 the subject (check all that apply): <input type="checkbox"/> Compliance hold Firearms Discharge <input type="checkbox"/> Handcuffs <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.

Signature <u>Daniel Bicciardella</u>	Date <u>10/31/17</u>
Print Supervisor Name <u>LT. [Signature]</u> <u>MCCOY #01</u>	Supervisor Signature <u>[Signature]</u>