

Vaughn Index OPRA Request for Use of Force Reports **March** 2019

Document Number	Record Requested	Location	Existing/CAD CFS Code Record	Privileges/Exceptions/Redactions
19-8445	Use of Force Report	Forked River	4511-Mental (10-37)	Enclosed with redacted name under N.J.S.A. 47:1A-9(a) Based on Executive order #26 sec. 4(b)1 confidentiality of medical records & N.J.S.A 47:1A-9(a) other laws (2A:4A-60)

LACEY TOWNSHIP POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 03/27/19	Time 1205	Day of Week WEDNESDAY	Location FORKED RIVER	INCIDENT NUMBER 19-8445
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) HUTMAN, MICHAEL, JOHN	Badge # 107	Sex M	Race W	Age 27	Injured Y/N <input checked="" type="checkbox"/>	Killed Y/N <input checked="" type="checkbox"/>
Rank PATROLMAN	Duty assignment PATROL	Years of service 3.5	On-Duty <input checked="" type="checkbox"/> Y/N	Uniform Y/N <input checked="" type="checkbox"/>		

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

Name (Last, First, Middle) [REDACTED]	Sex M	Race W	Age 48	Weapon Y/N <input checked="" type="checkbox"/>	Injured Y/N <input checked="" type="checkbox"/>	Killed Y/N <input checked="" type="checkbox"/>
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify) MENTAL (10-37)	Arrested Y/N <input checked="" type="checkbox"/>	Charges N/A				
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 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]			

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) N/A	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 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]			

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

Signature: <i>[Handwritten Signature]</i> #107	Date: 03/27/19
Print Supervisor Name: LT. Paul Sullivan #77	Supervisor Signature: <i>[Handwritten Signature]</i> #77

