

Vaughn Index OPRA Request for Use of Force Reports January 2020

Document Number	Record Requested	Location	CAD CFS Code	Privileges/Exceptions/Redactions
20-1435	Use of Force Report	Forked River	4511- Mental	Enclosed with redaction of name under N.J.S.A. 47:1A-9(a) Based on Executive Order #26 sec. 4(b)1 confidentiality of medical records other laws (2A:4A-60)
20-1435	Use of Force Report	Forked River	4511- Mental	Enclosed with redaction of name under N.J.S.A. 47:1A-9(a) Based on Executive Order #26 sec. 4(b)1 confidentiality of medical records other laws (2A:4A-60)

LACEY TOWNSHIP POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 1/12/2020	Time 2041 hrs	Day of Week Sunday	Location Lacey Township	INCIDENT NUMBER 20-1435
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) EDP				

B. Officer Information

Name (Last, First, Middle) Sarno, Anthony, Robert	Badge # 96	Sex M	Race W	Age 34	Injured Y/N	Killed Y/N
Rank Patrolman	Duty assignment Patrol	Years of service 6.5	On-Duty Y/N	Uniform Y/N		

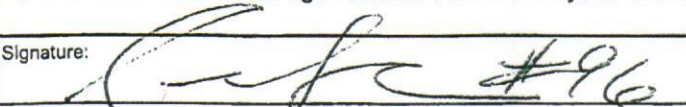
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) [REDACTED]	Sex M	Race W	Age 16	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the influence	Arrested Y/N	Charges N/A				
<input checked="" type="checkbox"/> Other unusual condition (specify) Autistic/Depression						
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 threa/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 checked="" type="checkbox"/> Hands/fists <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify)			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of Shots Fired _____ Number of Hits _____ [Use 'UNK' if unknown]			

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

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the influence	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"/> Physical threa/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)			<input type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/fists <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify)			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of Shots Fired _____ Number of Hits _____ [Use 'UNK' if unknown]			

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

Signature: 	Date: 1/12/2020
Print Supervisor Name: Sgt. Dimitri Tsiznas	Supervisor Signature: 