

### Vaughn Index OPRA Request for Use of Force Reports May 2020

Document Number	Record Requested	Location	CAD CFS Code	Privileges/Exceptions/Redactions
20-18095	Use of Force Report	Lanoka Harbor	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 and other laws 2A:4A-60

LACEY TOWNSHIP POLICE DEPARTMENT

**USE OF FORCE REPORT**

**A. Incident Information**

Date <b>05/15/2020</b>	Time <b>1750 HRS</b>	Day of Week <b>FRIDAY</b>	Location <b>CRESTWOOD DRIVE, FORKED RIVER</b>	<b>INCIDENT NUMBER</b> <b>20-16789</b>
Type of Incident				
<input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input checked="" type="checkbox"/> Suspicious person <input checked="" type="checkbox"/> Traffic stop <input type="checkbox"/> Other (specify)				

**B. Officer Information**

Name (Last, First, Middle) <b>HOLT, BRIAN G.</b>	Badge # <b>100</b>	Sex <b>M</b>	Race <b>W</b>	Age <b>34</b>	Injured <b>Y/N</b>	Killed <b>Y/N</b>
Rank <b>PATROLMAN</b>	Duty assignment <b>PATROL</b>	Years of service <b>5</b>	On-Duty <b>Y/N</b>	Uniform <b>Y/N</b>		

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

Name (Last, First, Middle) <b>PETERS, ESLY A.</b>	Sex <b>M</b>	Race <b>B</b>	Age <b>48</b>	Weapon <b>Y/N</b>	Injured <b>Y/N</b>	Killed <b>Y/N</b>
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested <b>Y/N</b>	Charges <b>2C:29-1a, 2C:29-2a(1), 2C:18-3b</b>			
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/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)			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/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: <i>Brian Holt #100</i>	Date: <b>05/15/2020</b>
Print Supervisor Name: <b>SERGEANT JOHN MCKEE #81</b>	Supervisor Signature: <i>Sgt. McKee</i>





Lacey Twp POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date <u>05/29/20</u>	Time <u>0805</u>	Day of Week <u>Friday</u>	Location <u>Lacey Twp</u>	INCIDENT NUMBER <u>20-18648</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>ASSIST NJ state parole</u>				

**B. Officer Information**

Name (Last, First, Middle) <u>Abrecht, Alan, C</u>		Badge # <u>87</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>37</u>	Injured <u>Y/N</u>	Killed <u>Y/N</u>
Rank <u>Patrolman</u>	Duty assignment <u>Patrol</u>	Years of service <u>15</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>Bezak, Michael, S</u>		Sex <u>M</u>	Race <u>W</u>	Age <u>41</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>UNKNOWN NJ state Parole</u>				
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)			
<input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)				<input checked="" type="checkbox"/> Compliance hold      Firearms Discharge <input type="checkbox"/> Hands/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)				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 _____ <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>05/29/20</u>
Print Supervisor Name: <u>Sgt. G. Reseter #1910</u>	Supervisor Signature: 





