

LACEY TWP POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 07/15/13	Time 17:50	Day of Week MONDAY	Location LTPD HEADQUARTERS	INCIDENT NUMBER 13-16956
Types 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): PESS EVALUATION				

B. Officer Information

Name (Last, First, Middle) ABRECHT, ALAN, C	Badge # 87	Sex M	Race W	Age 30	Injured Y/N	Killed Y/N
Rank: PATROLMAN	Duty assignment: PATROL	Years of service: 8	On-Duty: O/N	Uniform: O/N		


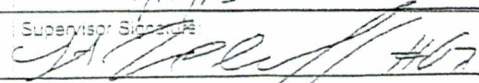
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) [REDACTED]	Sex F	Race W	Age 16	Weapon Y/N	Injured Y/N	Killed Y/N		
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify): OPPOSITIONAL DEFENDANT DISORDER O.D.D. OFF MEDS./PESS				Arrested Y/N	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 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"/> 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  #67	Date 07/15/13
Print Supervisor Name L. Michael C. DiBella #67	Supervisor Signature  #67

Lacey Township POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 7/15/13	Time 1750	Day of Week Monday	Location HEADQUARTERS	INCIDENT NUMBER 13-16956
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>psychological evaluation</u>				

B. Officer Information

Name (Last, First, Middle) SLOTA JEFFREY R	Badge # 73	Sex m	Race w	Age 41	Injured Y/N <input checked="" type="checkbox"/>	Killed Y/N <input checked="" type="checkbox"/>
Rank PATROLMAN	Duty assignment PATROL	Years of service 13	On-Duty <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Uniform <input checked="" type="checkbox"/> Y <input 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) [REDACTED]	Sex F	Race w	Age 16	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): <u>Oppositional Defiant Disorder</u> <u>O.D.D. OFF MARIJUANA</u>		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 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 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 <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify): _____			
			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 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 <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify): _____			
			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> #73	Date: 7/15/13
Print Supervisor Name: Lt. Michael C. DiBella #67	Supervisor Signature: <u>[Signature]</u> #67

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 7/30/2013	Time	Day of Week TUESDAY	Location MGADOW LA FARKED RIVER	INCIDENT NUMBER 13-18399
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): PESS EVALUATION				

B. Officer Information

Name (Last, First, Middle) RESSTAR, GEORGE J	Badge # 90	Sex M	Race W	Age 32	Injured Y/N	Killed Y/N
Rank PT1.	Duty assignment PATROL	Years of service 7	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 42	Weapon N	Injured Y/N	Killed Y/N
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify):	Arrested Y/N	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 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 _____ [Use "UNK" if unknown] <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 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 _____ [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: 7/30/13
Print Supervisor Name: Sgt Vincent McEhird #60	Supervisor Signature:  #60

LACEY TWP POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 07/30/13	Time	Day of Week TUESDAY	Location MEADOW LANE FORKED ROAD	INCIDENT NUMBER 13-18399
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) PESS EVALUATION				

B. Officer Information

Name (Last, First, Middle) ABRECHT ALAN C	Badge # 87	Sex M	Race W	Age 30	Injured Y/N	Killed Y/N
Rank PATROLMAN	Duty assignment PATROL	Years of service 8	On-Duty N	Uniform N		


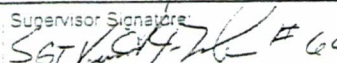
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) [REDACTED]	Sex F	Race W	Age 42	Weapon N	Injured Y/N	Killed Y/N
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y/N	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 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:  #57	Date: 07/30/13
Print Supervisor Name: SGT. VINCE MEEHAN #60	Supervisor Signature:  #60