

Lacey Township POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date <u>10-17-13</u>	Time <u>0015</u>	Day of Week <u>Thursday</u>	Location <u>Lacey P.D.</u>	INCIDENT NUMBER <u>13-26715</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>P.E.S.S. Evaluation</u>				

B. Officer Information

Name (Last, First, Middle) <u>McKee, John J</u>	Badge # <u>81</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>45</u>	Injured <u>Y</u>	Killed <u>Y</u>
Rank: <u>Patrolman</u>	Duty assignment: <u>Patrol</u>	Years of service: <u>10</u>	On-Duty: <u>0</u> N	Uniform: <u>0</u> 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 <u>F</u>	Race <u>W</u>	Age <u>55</u>	Weapon <u>Y</u>	Injured <u>Y</u>	Killed <u>Y</u>
<input checked="" type="checkbox"/> Under the influence	Arrested <u>Y</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 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 checked="" 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)			
Other (specify):			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	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 _____ (Use "UNK" if unknown)			
Other (specify):			Other (specify):			

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

Signature <u>[Signature]</u> #81	Date <u>10-17-13</u>
Print Supervisor Name <u>Lt. CHRISTOPHER HENRY #71</u>	Supervisor Signature <u>[Signature]</u>

Lacey Township POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 10/17/13	Time 00:15	Day of Week Thursday	Location Police Headquarters	INCIDENT NUMBER 13-26715
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				

B. Officer Information

Name (Last, First, Middle) Eden Michael A	Badge # 59	Sex M	Race W	Age 46	Injured Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Killed Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Rank Patrolman	Duty assignment Patrol	Years of service 18	On-Duty Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Uniform Y <input type="checkbox"/> 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 F	Race W	Age 55	Weapon Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Injured Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Killed Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify):		Arrested Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Charges N/A			
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 type="checkbox"/> Compliance hold Firearms Discharge <input checked="" 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 PH. Michael Eden #59	Date 10/17/13
Print Supervisor Name Lt. Christopher Kennedy #71	Supervisor Signature Lt. Christopher Kennedy #71

LACEY TWP POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 10/24/13	Time 1645	Day of Week THU	Location LACEY RD/LANE PL	INCIDENT NUMBER 13-27520
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>MENTAL</u>				

B. Officer Information

Name (Last, First, Middle) FLYNN ROBERT	Badge # 78	Sex M	Race W	Age 40	Injured Y <input checked="" type="checkbox"/> N	Killed Y <input checked="" type="checkbox"/> N
Rank PTL	Duty assignment PATROL	Years of service 12	On-Duty <input checked="" type="checkbox"/> N	Uniform <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) [REDACTED]	Sex M	Race W	Age 65	Weapon Y <input checked="" type="checkbox"/> N	Injured Y <input checked="" type="checkbox"/> N	Killed Y <input checked="" type="checkbox"/> N
<input checked="" type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify): <u>MENTAL - AMS</u>	Arrested Y <input checked="" type="checkbox"/> N	Charges <u>N/A</u>				
Subject's actions (check all that apply): <input 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/attacked 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 checked="" 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 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 [Signature] #78	Date 10/24/13
Print: Supervisor Name LT. CHRIS HENNY #71	Supervisor Signature [Signature] #71