

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date: 4/17/14	Time: 05:44	Day of Week: Thursday	Location: [REDACTED] Sweetwood Dr	INCIDENT NUMBER: 14-15723
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): Suicidal				

B. Officer Information

Name (Last, First, Middle): Eden Michael A	Badge #: 59	Sex: M	Race: W	Age: 47	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: 20	On-Duty: 0/N	Uniform: 0/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: 51	Weapon: Y/ <input checked="" type="checkbox"/> N/ <input type="checkbox"/>	Injured: Y/ <input type="checkbox"/> N/ <input checked="" type="checkbox"/>	Killed: Y/ <input type="checkbox"/> N/ <input checked="" type="checkbox"/>
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify):	Arrested: Y/ <input checked="" type="checkbox"/> N/ <input 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 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: Pt. Michael A. Eden #59	Date: 04/17/14
Print Supervisor Name: Lt. Michael C. DeBels #10	Supervisor Signature: [Signature]

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 4/17/14	Time 0544	Day of Week: THURSDAY	Location [REDACTED] SWEETWOOD	INCIDENT NUMBER 2014-15723
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>SUSPICIOUS SUBJECT</u>				

B. Officer Information

Name (Last, First, Middle) VERWEY, MICHAEL, C	Badge # 98	Sex M	Race W	Age 29	Injured Y/N	Killed Y/N
Rank: PATROLMAN	Duty assignment: PATROL	Years of service 9	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 51	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 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 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: 4/17/14
Print Supervisor Name: Lt. Michael C. DiBella #107	Supervisor Signature:

