

Lacey POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date <u>12/6/14</u>	Time <u>01:51AM</u>	Day of Week <u>SAT</u>	Location <u>Musket Rd / Lake Boon</u>	INCIDENT NUMBER <u>14-42201</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 checked="" type="checkbox"/> Traffic stop
<input type="checkbox"/> Other (specify)				

B. Officer Information

Name (Last, First, Middle) <u>SANNO, ANTHONY, ROBERT</u>	Badge # <u>96</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>29</u>	Injured <u>Y/N</u>	Killed <u>Y/N</u>
Rank <u>PATROLMAN</u>	Duty assignment <u>PATROL</u>	Years of service <u>1.5</u>	On-Duty <u>Y/N</u>	Uniform <u>Y/N</u>		

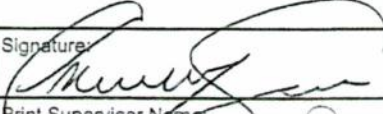
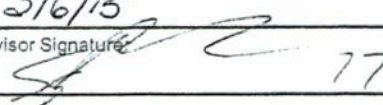
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) <u>GLYNN, BRINDAN, C</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>26</u>	Weapon <u>Y/N</u>	Injured <u>Y/N</u>	Killed <u>Y/N</u>
<input checked="" type="checkbox"/> Under the influence	Arrested <u>Y/N</u>		Charges <u>RC: 29-2A(3) / RC: 33-2A(2) / RC: 29-1A</u>			
<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 checked="" type="checkbox"/> Resisted police officer control			<input checked="" type="checkbox"/> Compliance hold			
<input type="checkbox"/> Physical threat/attack on officer or another			<input type="checkbox"/> Hands/fists			
<input type="checkbox"/> Threatened/attacked officer or another with blunt object			<input type="checkbox"/> Kicks/feet			
<input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object			<input type="checkbox"/> Chemical/natural agent			
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle			<input type="checkbox"/> Strike/use baton or other object			
<input type="checkbox"/> Threatened officer or another with firearm			<input type="checkbox"/> Canine			
<input type="checkbox"/> Fired at officer or another			Number of Shots Fired _____			
<input type="checkbox"/> Other (specify)			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 <u>Y/N</u>	Injured <u>Y/N</u>	Killed <u>Y/N</u>
<input type="checkbox"/> Under the influence	Arrested <u>Y/N</u>		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"/> Compliance hold			
<input type="checkbox"/> Physical threat/attack on officer or another			<input type="checkbox"/> Hands/fists			
<input type="checkbox"/> Threatened/attacked officer or another with blunt object			<input type="checkbox"/> Kicks/feet			
<input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object			<input type="checkbox"/> Chemical/natural agent			
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle			<input type="checkbox"/> Strike/use baton or other object			
<input type="checkbox"/> Threatened officer or another with firearm			<input type="checkbox"/> Canine			
<input type="checkbox"/> Fired at officer or another			Number of Shots Fired _____			
<input type="checkbox"/> Other (specify)			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: <u>2/6/15</u>
Print Supervisor Name: <u>Sgt Paul Sullivan #11</u>	Supervisor Signature:  17

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 12/6/14	Time 8:00	Day of Week SATURDAY	Location Lake Barlow / musket	INCIDENT NUMBER 2014-42201
Type of Incident				
<input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input checked="" type="checkbox"/> Traffic stop <input type="checkbox"/> Other (specify)				

B. Officer Information

Name (Last, First, Middle) VERWEY, MICHAEL, C	Badge # 98	Sex M	Race W	Age 30	Injured Y/N	Killed Y/N
Rank Patrolman	Duty assignment Patrol	Years of service 10	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) GLYNN, BRENDAN, C	Sex M	Race W	Age 26	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 2C:29-2A(3) 2C:33-2A(2) 2C:29-1A				
Subject's actions (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)			Officer's use of force toward this subject (check all that apply) <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 _____ [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 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: 12/6/14
Print Supervisor Name: Ronald P. Buxton	Supervisor Signature:

LACEY

POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 12-13-14	Time 0310	Day of Week SATURDAY	Location OAK & HEMLOCK	INCIDENT NUMBER 14-42779
Type of Incident <input checked="" 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 type="checkbox"/> Other (specify)				

B. Officer Information

Name (Last, First, Middle) ANDROG EVAN E	Badge # 86	Sex M	Race W	Age 34	Injured Y (N)	Killed Y (N)
Rank PTL	Duty assignment PATROL	Years of service 10	On-Duty Y (N)	Uniform Y (N)		

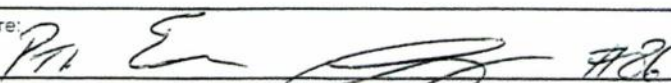
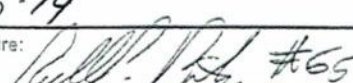
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) [REDACTED]	Sex M	Race W	Age 14	Weapon Y (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 HINDERING POSS ALCOHOL, RESISTING, ESCAPE				
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: 	Date: 12-13-14
Print Supervisor Name: Ronald P. Buxton	Supervisor Signature:  #65

LACEY Twp. POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 12/15/14	Time 1412	Day of Week MONDAY	Location [REDACTED] LAWRENCE DR.	INCIDENT NUMBER 14-42952
Type of Incident <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop <input type="checkbox"/> Other (specify)				

B. Officer Information

Name (Last, First, Middle) SIMONSON JOHN	Badge # 75	Sex MALE	Race WHITE	Age 40	Injured Y/N <input checked="" type="checkbox"/>	Killed Y/N <input checked="" type="checkbox"/>
Rank POLICE OFFICER	Duty assignment PATROL	Years of service 16 +	On-Duty Y/N <input checked="" type="checkbox"/>	Uniform Y/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 M	Race W	Age 15	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) UNSTABLE/PASS	Arrested Y/N <input checked="" type="checkbox"/>	Charges RESISTING/ASSAULT				
Subject's actions (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)			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 <u>0</u> <input type="checkbox"/> Canine Number of Hits <u>0</u> <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: 	Date: 12/15/14
Print Supervisor Name: M. DiRello	Supervisor Signature:

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date <u>12-15-14</u>	Time <u>1412</u>	Day of Week <u>Monday</u>	Location <u>Lawrence Dr</u>	INCIDENT NUMBER <u>14-42952</u>
Type of Incident <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop <input type="checkbox"/> Other (specify)				

B. Officer Information

Name (Last, First, Middle) <u>Peerce, Keith</u>	Badge # <u>61</u>	Sex <u>M</u>	Race <u>WT</u>	Age <u>39</u>	Injured <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Killed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Rank <u>Police Officer</u>	Duty assignment <u>Patrol</u>	Years of service <u>19+</u>	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) <u>[REDACTED]</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>15</u>	Weapon <u>Y/N</u>	Injured <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Killed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify) <u>unstable / Pass</u>		Arrested <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Charges <u>Resisting / Assault</u>			
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 checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> 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 <u>0</u> <input type="checkbox"/> Canine Number of Hits <u>0</u> <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: 	Date: <u>12-15-14</u>
Print Supervisor Name: <u>Det. M. Dicks #87</u>	Supervisor Signature: