

LACEY TOWNSHIP POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date <u>02/07/14</u>	Time <u>1655</u>	Day of Week <u>FRIDAY</u>	Location <u>[REDACTED] CLEFION ST.</u>	INCIDENT NUMBER <u>14-5278</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>PES3</u>				

**B. Officer Information**

Name (Last, First, Middle) <u>DOVIAHUC, PETER</u>	Badge # <u>83</u>	Sex <u>M</u>	Race <u>I</u>	Age <u>32</u>	Injured <u>Y</u> <input checked="" type="checkbox"/>	Killed <u>Y</u> <input checked="" type="checkbox"/>
Rank <u>PATROLMAN</u>	Duty assignment <u>PATROL</u>	Years of service <u>8 yrs 10 mos</u>	On-Duty <u>Y</u> <input checked="" type="checkbox"/>	Uniform <u>Y</u> <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) <u>[REDACTED]</u>	Sex <u>F</u>	Race <u>I</u>	Age <u>13</u>	Weapon <u>Y</u> <input checked="" type="checkbox"/>	Injured <u>Y</u> <input checked="" type="checkbox"/>	Killed <u>Y</u> <input checked="" type="checkbox"/>
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify) <u>MENTAL</u>		Arrested <u>Y</u> <input checked="" type="checkbox"/>	Charges <u>--</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: <u>[Signature]</u> #53	Date: <u>02/07/14</u>
Print Supervisor Name: <u>CHRIS KENNY</u> #71	Supervisor Signature: <u>[Signature]</u> #71

Lacey Township POLICE DEPARTMENT  
USE OF FORCE REPORT

A. Incident Information

Date <b>2-8-14</b>	Time <b>2304</b>	Day of Week <b>Saturday</b>	Location <b>[REDACTED] Hemlock Dr.</b>	INCIDENT NUMBER <b>14-5470</b>
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): <b>Intoxicated male (PRESS EVALUATION)</b>				

B. Officer Information

Name (Last, First, Middle) <b>McKee, John, J</b>	Badge # <b>81</b>	Sex <b>M</b>	Race <b>W</b>	Age <b>45</b>	Injured <b>Y/N</b>	Killed <b>Y/N</b>
Rank <b>Patrolman</b>	Duty assignment <b>Patrol</b>	Years of service <b>11 years</b>	On-Duty <b>N</b>	Uniform <b>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>[REDACTED]</b>	Sex <b>M</b>	Race <b>W</b>	Age <b>48</b>	Weapon <b>Y/N</b>	Injured <b>Y/N</b>	Killed <b>Y/N</b>		
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)	Arrested <b>Y/N</b>	Charges <b>N/A</b>						
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 <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): <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"/> 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: <b>[Signature]</b>	Date: <b>2-9-14</b>
Print Supervisor Name: <b>Sgt. James A. Tranz</b>	Supervisor Signature: <b>[Signature]</b>



Lacey Township POLICE DEPARTMENT  
 USE OF FORCE REPORT

**A. Incident Information**

Date 2/9/14	Time 2304	Day of Week Saturday	Location ██████ Hemlock Dr	INCIDENT NUMBER 14-5470
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>Intoxicated male (PESS Evaluation)</u>				

**B. Officer Information**

Name (Last, First, Middle) Keefe, Scott R	Badge # 97	Sex M	Race W	Age 27	Injured Y/N	Killed Y/N
Rank Patrolman	Duty assignment Patrol	Years of service 10 months	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) ████████████████████	Sex M	Race W	Age 48	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 N/A						
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 <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) <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"/> 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: <u>Pt. [Signature] #97</u>	Date: 2/9/14
Print Supervisor Name: <u>SGT. JAMES A. TRANZ</u>	Supervisor Signature: <u>[Signature] #55</u>

7/2001  
Alt # 71