

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date <u>6/1/14</u>	Time <u>1515</u>	Day of Week <u>Sunday</u>	Location <u>Norwich Dr. Brookdale Dr.</u>	INCIDENT NUMBER <u>14-21637</u>
Type of Incident:				
<input checked="" type="checkbox"/> Crime in progress	<input checked="" 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) <u>Sullivan Paul John</u>	Badge # <u>77</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>33</u>	Injured <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	Killed <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N
Rank <u>Sergeant</u>	Duty assignment <u>Patrol Sergeant</u>	Years of service <u>13</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) [REDACTED]	Sex <u>M</u>	Race <u>W</u>	Age <u>26</u>	Weapon <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	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	Arrested <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	Charges <u>2C:12-1a(1) 2C:13-2</u> <u>2C:29-1b 2C:29-2a 2C:12-11a(2)</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 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 checked="" 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	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: <u>[Signature]</u>	Date: <u>6/1/14</u>
Print Supervisor Name: <u>Lt. CHRISTOPHER KENNY #71</u>	Supervisor Signature: <u>[Signature] #71</u>

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 6/11/14	Time 0601	Day of Week Sunday	Location Norwich Dr / Brookdale Dr	INCIDENT NUMBER 14-21637
Type of Incident:				
<input type="checkbox"/> Crime in progress <input checked="" 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) Keeffe, Scott Ryan	Badge # 97	Sex M	Race W	Age 27	Injured Y/O	Killed Y/O
Rank PII	Duty assignment Patrol	Years of service 1	On-Duty O/N	Uniform O/N		

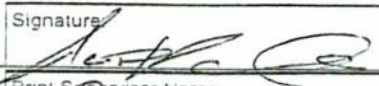

C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) [REDACTED]	Sex M	Race W	Age 26	Weapon Y/O	Injured Y/O	Killed Y/O
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify): Mental		Arrested O/N	Charges 1) Agg Assault on LEU 2) Simple Assault 3) Obstruction 4) Crim Restraint 5) Resisting Arrest			
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 <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: 	Date: 6/9/14
Print Supervisor Name: CHRISTOPHER KEENE #71	Supervisor Signature:  #71

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date <u>6/1/2014</u>	Time <u>15:15</u>	Day of Week <u>Sunday</u>	Location <u>Norwick Dr + Brookdale Dr</u>	INCIDENT NUMBER <u>14-21637</u>
Type of Incident:				
<input checked="" type="checkbox"/> Crime in progress <input checked="" 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) <u>Ricciardella, Daniel, William</u>	Badge # <u>95</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>33</u>	Injured <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Killed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Rank <u>Patrolman</u>	Duty assignment <u>Patrol</u>	Years of service <u>1</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) [REDACTED]	Sex <u>M</u>	Race <u>W</u>	Age <u>26</u>	Weapon <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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>mental</u>		Arrested <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Charges <u>2C:12-1a(1), 2C:13-2, 2C:29-16, 2C:29-2 a(3), 2C:12-1b(5)</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>Pt. Daniel Ricciardella #95</u>	Date <u>6/1/2014</u>
Print Supervisor Name: <u>Lt. CHRISTOPHER HENRY #71</u>	Supervisor Signature: <u>[Signature]</u>

Lucky Two POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date <u>6/1/14</u>	Time <u>1540</u>	Day of Week <u>SUNDAY</u>	Location <u>LTPD HEADQUARTERS</u>	INCIDENT NUMBER <u>14-21637</u>
Type of Incident:				
<input type="checkbox"/> Crime in progress <input checked="" 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) <u>SLOTA JEFFREY R</u>		Badge # <u>73</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>42</u>	Injured Y <input checked="" type="checkbox"/> N	Killed Y <input checked="" type="checkbox"/> N
Rank <u>PATROLMAN</u>	Duty assignment <u>PATROL</u>	Years of service <u>14</u>	On-Duty Y <input checked="" type="checkbox"/> N	Uniform Y <input checked="" type="checkbox"/> N			

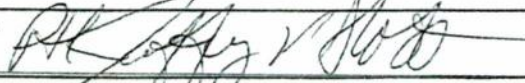

C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) [REDACTED]		Sex <u>M</u>	Race <u>W</u>	Age <u>26</u>	Weapon Y <input checked="" type="checkbox"/> N	Injured Y <input checked="" type="checkbox"/> N	Killed Y <input checked="" type="checkbox"/> N
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify) <u>mental</u>		Arrested Y <input checked="" type="checkbox"/> N	Charges <u>2C:29-243 2C:12-1b5</u> <u>2C:12-1a1 2C:13-2 2C:29-16</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: 	Date: <u>6/2/14</u>
Print Supervisor Name: <u>Sgt. P. Sullivan Jr #77</u>	Supervisor Signature: 

LRC 7 Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date <u>6/1/14</u>	Time <u>1540</u>	Day of Week <u>Sunday</u>	Location <u>LTPD Handgunners</u>	INCIDENT NUMBER <u>14-21637</u>
Type of Incident				
<input type="checkbox"/> Crime in progress <input checked="" 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) <u>Cernek John J</u>	Badge # <u>57</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>56</u>	Injured Y/N <input checked="" type="checkbox"/>	Killed Y/N <input checked="" type="checkbox"/>
Rank <u>PTL.</u>	Duty assignment <u>Patrol</u>	Years of service <u>22</u>	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 <u>M</u>	Race <u>W</u>	Age <u>26</u>	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>Mental</u>		Arrested Y/N <input checked="" type="checkbox"/>	Charges <u>2C:12-1 #1, 2C:12-1B5 2C:13-2, 2C:29-1b 2C:29-2a</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 <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: <u>[Signature]</u>	Date: <u>6/1/14</u>
Print Supervisor Name: <u>Sgt Paul Burke Jr</u>	Supervisor Signature: <u>[Signature]</u>

LACEY TWP POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 6-14-14	Time 1640	Day of Week SATURDAY	Location 16 GAME FARM RD	INCIDENT NUMBER 14-23240
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): OUT OF CONTROL SUBJECT				

B. Officer Information

Name (Last, First, Middle) ANDROCY EVAN E	Badge # 86	Sex M	Race C	Age 34	Injured Y/N	Killed Y/N
Rank PATROLMAN	Duty assignment PATROL	Years of service 9	On-Duty O/N	Uniform O/N		

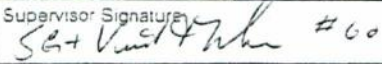
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) Johnson, WRENALDO	Sex M	Race DMN	Age 18	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):			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 checked="" type="checkbox"/> Other (specify) OUT OF CONTROL			<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 checked="" type="checkbox"/> Other (specify) Handcuffs			
			Firearms Discharge <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental Number of Shots Fired 0 Number of Hits 0 (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 	Date 6-14-14
Print Supervisor Name SGT. VINCE METHAN #60	Supervisor Signature  #60

LACEY TOWNSHIP POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 06/18/2014	Time 0236	Day of Week: WEDNESDAY	Location 322 HOFFMAN AV	INCIDENT NUMBER 2014-23777
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 checked="" type="checkbox"/> Traffic stop <input type="checkbox"/> Other (specify):				

B. Officer Information

Name (Last, First, Middle) EWART, ADAM R	Badge # 92	Sex M	Race W	Age 33	Injured <input type="checkbox"/> N	Killed <input type="checkbox"/> Y
Rank POLICE OFFICER	Duty assignment PATROL	Years of service 7	On-Duty <input type="checkbox"/> N	Uniform <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) FISHER, EUGENE J	Sex M	Race W	Age 21	Weapon <input type="checkbox"/> Y	Injured <input type="checkbox"/> Y	Killed <input type="checkbox"/> Y
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify):		Arrested <input checked="" type="checkbox"/> Y	Charges 2C: 29-2A(3), 29-2B; 12-1B(5)(a), 17-3A(i)			
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 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 checked="" type="checkbox"/> Other (specify): CHOKER HOLD [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):			

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

Signature  #92	Date 7/10/2014
Print Supervisor Name: JAMES A. FRANZ	Supervisor Signature: 