

Lacey Twp. POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

| | | | | |
|--|---------------------|-------------------------------|----------------------------------|-----------------------------------|
| Date 3/4/14 | Time 1422 | Day of Week TUESDAY | Location 501 Laurel Bl | INCIDENT NUMBER 14-9118 |
| 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) SLOTA JEFFREY R | Badge # 73 | Sex M | Race W | Age 43 | Injured Y/N <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Killed Y/N <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Rank PATROLMAN | Duty assignment PATROL | Years of service 13 | On-Duty Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Uniform Y/N <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) Gonzalez Steven M | Sex M | Race W | Age 43 | Weapon Y/N <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Injured Y/N <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Killed Y/N <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| <input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify): | | Arrested Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Charges 2C:1B-3b 2C:29-1a | | | |
| 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 <i>[Signature: Jeffrey R. Slota]</i> | Date 3/4/14 |
| Print Supervisor Name Sgt Paul Sullivan Jr | Supervisor Signature <i>[Signature]</i> 71 |

COC#71