

LACEY POLICE DEPARTMENT  
USE OF FORCE REPORT

A. Incident Information

|  |                     |                           |                                |                                    |
|--|---------------------|---------------------------|--------------------------------|------------------------------------|
| Date<br><b>5/7/14</b>  | Time<br><b>1800</b> | Day of Week<br><b>WED</b> | Location<br><b>701 ROUTE 9</b> | INCIDENT NUMBER<br><b>14-18591</b> |
| 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<br><input type="checkbox"/> Other (specify): |                     |                           |                                |                                    |

B. Officer Information

|  |                                |                               |   |   |   |  |
|--|--------------------------------|-------------------------------|---|---|---|--|
| Name (Last, First, Middle)<br><b>SURTEES, ROBERT</b> | Badge #<br><b>72</b>           | Sex<br><b>M</b>               | Race<br><b>W</b>  | Age<br><b>42</b>  | Injured<br>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | Killed<br>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> |
| Rank<br><b>DETECTIVE</b>                             | Duty assignment<br><b>INV.</b> | Years of service<br><b>14</b> | On-Duty<br>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> | Uniform<br>Y <input checked="" type="checkbox"/> N <input 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)<br><b>GUARINI, MICHAEL</b>   | Sex<br><b>M</b>  | Race<br><b>W</b>                   | Age<br><b>18</b>  | Weapon<br>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | Injured<br>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | Killed<br>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)  | Arrested<br>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | Charges<br><b>NJS 2C:35-10a(1)</b> |   |  |   |  |
| 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<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input checked="" type="checkbox"/> Other (specify) <b>REFUSED TO REMOVE HAND FROM POCKET</b> |  |                                    | <input checked="" type="checkbox"/> Compliance hold      Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object      Number of Shots Fired _____<br><input type="checkbox"/> Canine      Number of Hits _____<br><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<br>Y/N | Injured<br>Y/N | Killed<br>Y/N |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)   | Arrested<br>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<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |                 |         | <input type="checkbox"/> Compliance hold      Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object      Number of Shots Fired _____<br><input type="checkbox"/> Canine      Number of Hits _____<br><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:<br>  | Date:<br><b>5/8/14</b>       |
| Print Supervisor Name:<br><b>CHRIS CORNELIUS DET/LT</b> | Supervisor Signature:<br>#66 |





Lacey Two POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

|   |              |                       |                                    |                             |
|---|--------------|-----------------------|------------------------------------|-----------------------------|
| Date<br>5/30/14   | Time<br>6:25 | Day of Week<br>Friday | Location<br>██████████ Hazelton Av | INCIDENT NUMBER<br>14-21309 |
| 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<br><input type="checkbox"/> Other (specify) |              |                       |                                    |                             |

**B. Officer Information**

|   |                           |                       |                |                |                |               |
|---|---------------------------|-----------------------|----------------|----------------|----------------|---------------|
| Name (Last, First, Middle)<br>Keefe, Scott Ryan | Badge #<br>97             | Sex<br>M              | Race<br>W      | Age<br>27      | Injured<br>Y/N | Killed<br>Y/N |
| Rank<br>Ptl.                                    | Duty assignment<br>Patrol | Years of service<br>1 | On-Duty<br>Y/N | Uniform<br>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)<br>██████████   | Sex<br>M | Race<br>B       | Age<br>55   | Weapon<br>Y/N | Injured<br>Y/N | Killed<br>Y/N |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)   |          | Arrested<br>Y/N | Charges<br>25.12-1A(1) 25.29-2  |               |                |               |
| <b>Subject's actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |          |                 | <b>Officer's use of force toward this subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> Firearms Discharge<br><input checked="" type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object             Number of Shots Fired _____<br><input type="checkbox"/> Canine             Number of Hits _____<br><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<br>Y/N | Injured<br>Y/N | Killed<br>Y/N |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)  |     | Arrested<br>Y/N | Charges   |               |                |               |
| <b>Subject's actions</b> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |     |                 | <b>Officer's use of force toward this subject</b> (check all that apply)<br><input type="checkbox"/> Compliance hold <input type="checkbox"/> Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object             Number of Shots Fired _____<br><input type="checkbox"/> Canine             Number of Hits _____<br><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:<br>                                 | Date:<br>5/30/14          |
| Print Supervisor Name:<br>L. CHRISTOPHER KENNY | Supervisor Signature:<br> |