

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

| | | | | |
|--|------|-------------|--|--------------------------------------|
| Date <u>10/4/14</u> | Time | Day of Week | Location <u>POLICE HEADQUARTERS</u> | INCIDENT NUMBER <u>2014-36511</u> |
| Types 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>JUVENILE UNDERAGE INTOXICATION</u> | | | | |

B. Officer Information

| | | | | | | |
|--|----------------------------------|-------------------------------|-----------------------|-----------------------|-----------------------|----------------------|
| Name (Last, First, Middle) <u>Verwey, Michael C</u> | Badge # <u>94</u> | Sex <u>M</u> | Race <u>W</u> | Age <u>30</u> | Injured <u>Y/N</u> | Killed <u>Y/N</u> |
| Rank <u>Patrolman</u> | Duty assignment <u>Patrol</u> | Years of service <u>10</u> | On-Duty <u>Y/N</u> | Uniform <u>Y/N</u> | | |


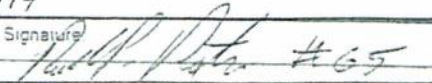
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

| | | | | | | |
|--|-----------------|------------------------|--|----------------------|-----------------------|----------------------|
| Name (Last, First, Middle) [REDACTED] | Sex <u>M</u> | Race <u>W</u> | Age <u>17</u> | Weapon <u>Y/N</u> | Injured <u>Y/N</u> | Killed <u>Y/N</u> |
| <input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify): | | Arrested <u>Y/N</u> | Charges <u>2C:33-15a / 2C:29-1a</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 <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 <u>Y/N</u> | Injured <u>Y/N</u> | Killed <u>Y/N</u> |
| <input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify): | | Arrested <u>Y/N</u> | 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 <u>10/4/14</u> |
| Print Supervisor Name <u>Ronald P. Burton</u> | Supervisor Signature  #65 |

Lacey Turg POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

| | | | | |
|---|-----------------------------------|--|--|---------------------------------------|
| Date <i>10/09/14</i> | Time <i>0134</i> | Day of Week <i>Thursday</i> | Location <i>[redacted] Lakeside Dr S parked River, NJ</i> | INCIDENT NUMBER <i>14-37110</i> |
| 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): <i>Ambulance / Piss out of control on hallucinogen</i> | | | | |

B. Officer Information

| | | | | | | |
|---|-----------------------------------|-------------------------------|------------------------|------------------------|-----------------------|----------------------|
| Name (Last, First, Middle) <i>May, Charles S</i> | Badge # <i>91</i> | Sex <i>M</i> | Race <i>W</i> | Age <i>30</i> | Injured <i>Y/N</i> | Killed <i>Y/N</i> |
| Rank: <i>Patrolman</i> | Duty assignment: <i>Patrol</i> | Years of service: <i>7</i> | On-Duty: <i>Y/N</i> | Uniform: <i>Y/N</i> | | |

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 <i>M</i> | Race <i>W</i> | Age <i>17</i> | Weapon <i>Y/N</i> | Injured <i>Y/N</i> | Killed <i>Y/N</i> |
| <input checked="" type="checkbox"/> Under the influence <i>w/none</i> | Arrested <i>Y/N</i> | | Charge: <i>2C35-10B</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"/> Compliance hold | | <input type="checkbox"/> Firearms Discharge | | | |
| <input type="checkbox"/> Physical threat/attack on officer or another | <input checked="" type="checkbox"/> Hands/fists | | <input type="checkbox"/> Intentional | | | |
| <input type="checkbox"/> Threatened/attacked officer or another with blunt object | <input type="checkbox"/> Kicks/tear | | <input type="checkbox"/> Accidental | | | |
| <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object | <input type="checkbox"/> Chemical/natural agent | | Number of Shots Fired _____ | | | |
| <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle | <input type="checkbox"/> Strike/use baton or other object | | Number of Hits _____ | | | |
| <input type="checkbox"/> Threatened officer or another with firearm | <input type="checkbox"/> Canine | | [Use 'UNK' if unknown] | | | |
| <input type="checkbox"/> Fired at officer or another | <input type="checkbox"/> Other (specify) | | | | | |
| <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 <i>Y/N</i> | Injured <i>Y/N</i> | Killed <i>Y/N</i> |
| <input type="checkbox"/> Under the influence | Arrested <i>Y/N</i> | | Charge: | | | |
| <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"/> Firearms Discharge | | | |
| <input type="checkbox"/> Physical threat/attack on officer or another | <input type="checkbox"/> Hands/fists | | <input type="checkbox"/> Intentional | | | |
| <input type="checkbox"/> Threatened/attacked officer or another with blunt object | <input type="checkbox"/> Kicks/tear | | <input type="checkbox"/> Accidental | | | |
| <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object | <input type="checkbox"/> Chemical/natural agent | | Number of Shots Fired _____ | | | |
| <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle | <input type="checkbox"/> Strike/use baton or other object | | Number of Hits _____ | | | |
| <input type="checkbox"/> Threatened officer or another with firearm | <input type="checkbox"/> Canine | | [Use 'UNK' if unknown] | | | |
| <input type="checkbox"/> Fired at officer or another | <input type="checkbox"/> Other (specify) | | | | | |
| <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 <i>[Signature]</i> | Date <i>10/09/14</i> |
| Print Supervisor Name <i>LT CHRISTOPHER HENNY</i> | Supervisor Signature <i>[Signature] #21</i> |

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

| | | | | |
|--|---------------------|--------------------------------|--|------------------------------------|
| Date 10-9-14 | Time 0134 | Day of Week Thursday | Location █████ Lakeside Dr S Parked River NS | INCIDENT NUMBER 14-37110 |
| 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): Ambulance Call overdose of an out of control juvenile male on a hallucinoge | | | | |

B. Officer Information

| | | | | | | |
|---|----------------------------------|---------------------------------|-----------------------|-----------------------|-------------------------|------------------------|
| Name (Last, First, Middle) Nick Darrell P | Badge # 80 | Sex M | Race WT | Age 35 | Injured Y (N) | Killed Y (N) |
| Rank Patrolman | Duty assignment Patrol | Years of service 11.5 | 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) ████████████████████ | Sex M | Race WT | Age 17 | Weapon 0 | Injured Y (N) | Killed Y (N) |
| <input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify): | Arrested Y (N) | Charges 2C:35-10b | | | | |
| 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 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 <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): <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 <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 10-9-14 |
| Print Supervisor Name Lt. CHRISTOPHER KENNY #71 | Supervisor Signature |

