

Lacey RUP POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date <u>9/1/14</u>	Time <u>0150</u>	Day of Week <u>Monday</u>	Location <u>419 Route 9 S, Forked River</u>	INCIDENT NUMBER <u>14-32950</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>Schaffer, Noah L.</u>	Badge # <u>84</u>	Sex <u>M</u>	Race <u>C</u>	Age <u>36</u>	Injured <u>Y</u>	Killed <u>N</u>
Rank <u>Patrolman</u>	Duty assignment <u>Patrol</u>	Years of service <u>10</u>	On-Duty <u>N</u>	Uniform <u>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>F</u>	Race <u>W</u>	Age <u>36</u>	Weapon <u>Y</u>	Injured <u>Y</u>	Killed <u>N</u>
<input checked="" type="checkbox"/> Under the influence	Arrested <u>N</u>	Charges <u>20:29-1A</u>				
<input checked="" type="checkbox"/> Other unusual condition (specify): <u>Possible head injury from Prior Assault</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"/> Compliance hold	<input type="checkbox"/> Firearms Discharge				
<input checked="" 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/feet	<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 <u>—</u>				
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle	<input type="checkbox"/> Strike/use baton or other object	Number of Hits <u>—</u>				
<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 checked="" type="checkbox"/> Other (specify): <u>Removed + Carried from Patrol car to Ambulance Stretcher</u>					
<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 Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the influence	Arrested Y/N	Charges				
<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/feet	<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 <u>—</u>				
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle	<input type="checkbox"/> Strike/use baton or other object	Number of Hits <u>—</u>				
<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 <u>Noah Schaffer</u>	Date <u>9/1/14</u>
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Print Supervisor Name <u>Lt. Michael C. DiBelts #67</u>	Supervisor Signature <u>[Signature] #67</u>
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Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date: <u>9/1/14</u>	Time: <u>0150am</u>	Day of Week: <u>Monday</u>	Location: <u>130 Harbor Motor Lodge #105 419 Rt 9 South Forked River</u>	INCIDENT NUMBER <u>14-32950</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>Sullivan, Paul John</u>	Badge #: <u>77</u>	Sex: <u>M</u>	Race: <u>W</u>	Age: <u>33</u>	Injured: <u>Y (N)</u>	Killed: <u>Y (N)</u>
Rank: <u>Sergeant</u>	Duty assignment: <u>Patrol</u>	Years of service: <u>13</u>	On-Duty: <u>(N)</u>	Uniform: <u>(N)</u>		

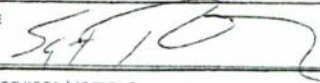
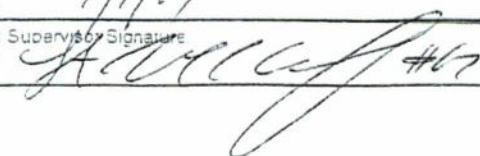
C1. Subject: 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle): [REDACTED]	Sex: <u>F</u>	Race: <u>W</u>	Age: <u>36</u>	Weapon: <u>Y (N)</u>	Injured: <u>Y (N)</u>	Killed: <u>Y (N)</u>
<input checked="" type="checkbox"/> Under the influence	<input checked="" type="checkbox"/> Arrested: <u>(N)</u>	Charges: <u>2C:29-1a</u>				
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	Firearms Discharge				
<input checked="" 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/tee:	<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 checked="" type="checkbox"/> Other (specify): <u>Removed her from patrol vehicle and carried her to ambulance</u>					
<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: Y/N	Injured: Y/N	Killed: Y/N
<input type="checkbox"/> Under the influence	<input type="checkbox"/> 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"/> Compliance hold	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/tee:	<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: 	Date: <u>9/1/14</u>
Print Supervisor Name: <u>Lt. Michael C. DiBella #67</u>	Supervisor Signature: 

LACEY TWP POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date <u>9/1/14</u>	Time <u>2200</u>	Day of Week <u>MONDAY</u>	Location <u>LACEY PD / ALLIANCE TRAIL</u>	INCIDENT NUMBER <u>14-33035</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>PESS - SUICIDAL PERSON</u>				

B. Officer Information

Name (Last, First, Middle) <u>VERWEY, MICHAEL C</u>	Badge # <u>98</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>O/N</u>	Uniform: <u>O/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) <u>[REDACTED]</u>	Sex <u>F</u>	Race <u>W</u>	Age <u>22</u>	Weapon <u>O/N</u>	Injured <u>Y/N</u>	Killed <u>Y/N</u>
<input type="checkbox"/> Under the influence	Arrested <u>Y/N</u>	Charges <u>—</u>				
<input checked="" type="checkbox"/> Other unusual condition (specify): <u>MENTAL</u>						
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): <u>Refused to go for PESS Eval</u>				<input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> 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: <u> </u> <input type="checkbox"/> Canine Number of Hits: <u> </u> <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	Arrested Y/N	Charges				
<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"/> 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"/> 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: <u> </u> <input type="checkbox"/> Canine Number of Hits: <u> </u> <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> 198	Date <u>9/1/14</u>
Print Supervisor Name <u>Ronald P. Baxter</u>	Supervisor Signature <u>[Signature]</u> #65

Lacey Twp. POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 9-1-14	Time 2208	Day of Week MONDAY	Location Lacey Pcd / Arlington Ave	INCIDENT NUMBER 14-33035
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>PESS SUICIDAL PERSON</u>				

B. Officer Information

Name (Last, First, Middle) Buxton Ronald P.	Badge # 65	Sex M	Race W	Age 49	Injured Y/N <input checked="" type="checkbox"/>	Killed Y/N <input checked="" type="checkbox"/>
Rank SERGEANT	Duty assignment SUPERVISOR	Years of service 18	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 F	Race W	Age 22	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			
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): <u>Refused to go for PESS EVAL</u>			<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> #65	Date: 9-1-14
Print Supervisor Name: <u>Michael DiBella</u>	Supervisor Signature: <u>[Signature]</u> #67

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 9/20/14	Time 1538	Day of Week Saturday	Location ██████ Edgemoor Av	INCIDENT NUMBER: 14-35022
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>Press Mental 10-37</u>				

B. Officer Information

Name (Last, First, Middle) Ricciardella, Daniel W	Badge # 95	Sex M	Race W	Age 33	Injured Y/N	Killed Y/N
Rank Patrolman	Duty assignment Patrol	Years of service 1.5	Off-Duty <input checked="" type="checkbox"/> Y/N	Uniform <input type="checkbox"/> 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 42	Weapon Y/N	Injured Y/N	Killed Y/N
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify):	Arrested <input checked="" type="checkbox"/> Y/N	Charges <u>2C:35-10A(4)</u>				
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 type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional <input type="checkbox"/> Kicks/tee <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/tee <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 <u>D. Ricciardella</u>	Date 9/21/2014
Print Supervisor Name <u>Sgt [Signature]</u> ??	Supervisor Signature <u>Sgt Paul Sullivan</u> ??

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 9/20/14	Time 1538	Day of Week Saturday	Location [REDACTED] Eogemore Au	INCIDENT NUMBER 14-35022
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) PESS MENTAL 10-37				

B. Officer Information

Name (Last, First, Middle) SLOTA JEFFREY R.		Badges # 73	Sex M	Race W	Age 42	Injured Y/N	Killed Y/N
Rank PATROLMAN	Duty assignment Patrol	Years of service 14+	On-Duty O/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 [REDACTED]		Sex M	Race W	Age 42	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 2C:35-10A(4)				
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 #73	Date 9/21/14
Print Supervisor Name Sgt Paul Sullivan #77	Supervisor Signature

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 9/20/14	Time 1539	Day of Week Saturday	Location [REDACTED] Edgemere Av	INCIDENT NUMBER 14-35022
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>PESS Mental 10-37</u>				

B. Officer Information

Name (Last, First, Middle) Keeffe, Scott Ryan		Badge # 97	Sex M	Race W	Age 28	Injured Y/N	Killed Y/N
Rank Patrolman	Duty assignment Patrol	Years of service 1 1/2	On-Duty <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Uniform: <input type="checkbox"/> 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 M	Race W	Age 42	Weapon Y/N	Injured Y/N	Killed Y/N
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify):		Arrested <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Charges <u>2C:35-10A(4)</u>				
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 Firearm 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 <input type="checkbox"/> Y <input type="checkbox"/> 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 Firearm 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 9/21/14
Print Supervisor Name Sgt Paul Sullivan 77	Supervisor Signature 77

LACEY POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 9-28-14	Time 12:55pm	Day of Week Sunday	Location 108 MANCHESTER AVE	INCIDENT NUMBER 14-35773
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 checked="" type="checkbox"/> Other (specify): MENTAL				

B. Officer Information

Name (Last, First, Middle) KENNY, CHRISTOPHER W	Badge # 71	Sex M	Race W	Age 40	Injured Y/N N	Killed Y/N N
Rank LIEUTENANT	Duty assignment PATROL	Years of service 14	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) NACCA, WILLIAM C	Sex M	Race W	Age 52	Weapon Y/N N	Injured Y/N N	Killed Y/N N
<input checked="" type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify): MENTAL		Arrested O/N	Charges 2C:12-3, 2C:33-3, 2C:33-2			
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 checked="" type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input checked="" type="checkbox"/> Other (specify): THREATENED OFFICER WITH EXPLOSIVE DEVICE			<input type="checkbox"/> Compliance hold Firearms Discharge <input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional <input type="checkbox"/> Kicks/tee <input type="checkbox"/> Accidental <input checked="" 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 "UNI" 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/tee <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 "UNI" if unknown)			

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

Signature [Signature]	Date 9-30-14
Print Supervisor Name [Signature] #67	Supervisor Signature [Signature] #67

LACEY POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 9/28/14	Time 12:55pm	Day of Week SUNDAY	Location 108 Manchester Av	INCIDENT NUMBER 14-35773
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) SARNO, ANTHONY, ROBERT	Badge # 96	Sex M	Race W	Age 29	Injured Y/N	Killed Y/N
Rank PATROLMAN	Duty assignment PATROL	Years of service 1.5	Off-Duty 0/N	Uniform 0/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) NACCA, WILLIAM	Sex M	Race W	Age 52	Weapon Y/N	Injured Y/N	Killed Y/N
<input checked="" type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify): SUICIDAL/MENTAL	Arrested 0/N	Charges 20C-33-2, 20C-33-3, 20C-12-3				
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 checked="" 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) N/A	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 9/30/14
Print Supervisor Name Sgt. Michael C. DiBella #61	Supervisor Signature

Lacey POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 9/28/2014	Time 12:55pm	Day of Week Sunday	Location 108 Manchester Av	INCIDENT NUMBER 14-35773
Types 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) Ricciardella, Daniel, William	Badge # 95	Sex M	Race W	Age 33	Injured Y/N	Killed Y/N
Rank Patrolman	Duty assignment Patrol	Years of service 1.5	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) Nacca, William	Sex M	Race W	Age 52	Weapon Y/N	Injured Y/N	Killed Y/N
<input checked="" type="checkbox"/> Under the influence	<input checked="" type="checkbox"/> Arrested Y/N	Charges 2C:33-2, 2C:33-3 2C:12-3				
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 checked="" type="checkbox"/> Compliance hold	<input type="checkbox"/> Firearms Discharge		
<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"/> Hands/fists	<input type="checkbox"/> Intentional		
<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"/> Kicks/tee	<input type="checkbox"/> Accidental		
			<input type="checkbox"/> Chemical/natural agent	Number of Shots Fired _____		
			<input type="checkbox"/> Strike/use baton or other object	Number of Hits _____		
			<input type="checkbox"/> Canine	[Use "UNK" if unknown]		
			<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 Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the influence	<input type="checkbox"/> 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"/> Compliance hold	<input type="checkbox"/> Firearms Discharge		
<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"/> Hands/fists	<input type="checkbox"/> Intentional		
<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"/> Kicks/tee	<input type="checkbox"/> Accidental		
			<input type="checkbox"/> Chemical/natural agent	Number of Shots Fired _____		
			<input type="checkbox"/> Strike/use baton or other object	Number of Hits _____		
			<input type="checkbox"/> Canine	[Use "UNK" if unknown]		
			<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 Daniel Ricciardella #95	Date 9/30/2014
Print Supervisor Name Lt. Michael C. DiBella #67	Supervisor Signature [Signature] #67