

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date <u>8/6/14</u>	Time <u>1910</u>	Day of Week <u>Wednesday</u>	Location <u>802 W. Lacey Rd</u>	INCIDENT NUMBER <u>2014-29158</u>
Type of Incident <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input type="checkbox"/> Suicidal person <input type="checkbox"/> Traffic stop <input checked="" type="checkbox"/> Other (specify): <u>D. Stalking / Intimidated 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>29</u>	Injured <u>Y/N</u>	Killed <u>Y/N</u>
Race <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>RICCARDE, EVELYN, D</u>	Sex <u>F</u>	Race <u>W</u>	Age <u>48</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>O/N</u>	Charges <u>2C-12-1b(5)(c), 2C-29-2a(3)(c), 2C-33-1a, 2C-33-2a(2)</u>				
Subject's actions (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)			Officer's use of force toward this subject (check all that apply): <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 _____ <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 <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): <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 <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 _____ <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>8/6/14</u>
Print Supervisor Name <u>Lt. Michael C. DiBella</u>	Supervisor Signature 

LACEY

POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date	Time	Day of Week	Locator	INCIDENT NUMBER
8-8-14	0147	FRI	LAUREL BL	14-3011B
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)	Badge #	Sex	Race	Age	Injured	Killed
SLC7A ANDREW J	89	M	W	32	Y 0	Y 0
Rank	Duty assignment	Years of service	On-Duty	Uniform		
PTL	PATROL	8.5	ON	ON		

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	Race	Age	Weapon	Injured	Killed
[REDACTED]	M	W	25	Y 0	Y 0	Y 0
<input checked="" type="checkbox"/> Under the influence	Arrested	Charges				
<input type="checkbox"/> Other unusual condition (specify):	ON	2C:12(a) 2C:29-2a3				
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	Firearms Discharge				
<input type="checkbox"/> Physical threat/attack on officer or another	<input type="checkbox"/> Handcuffs	<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/darting object	<input checked="" type="checkbox"/> Chemical/natural agent	Number of Shots Fired		_____		
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle	<input type="checkbox"/> Strike/usa baton or other object	Number of Hits		_____		
<input type="checkbox"/> Threatened/attacked officer or another with firearm	<input type="checkbox"/> Canine	[Use 'UNK' if unknown]				
<input checked="" type="checkbox"/> Other (specify): FLED SCENE BY SWIMMING IN THE LAGOON	<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	Injured	Killed
				Y/N	Y/N	Y/N
<input type="checkbox"/> Under the influence	Arrested	Charges				
<input type="checkbox"/> Other unusual condition (specify):	Y/N					
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"/> Handcuffs	<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/darting 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/usa baton or other object	Number of Hits		_____		
<input type="checkbox"/> Threatened/attacked 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
<i>[Signature]</i> #89	8-8-14
Print Supervisor Name	Supervisor Signature
Ronald P. Buxton	<i>[Signature]</i> #65

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 8/17/14	Time 0054	Day of Week Sunday	Location [redacted] Kc West Rd Forked River NJ	INCIDENT NUMBER 14-31091
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) Schaffer, Noah	Badge # 84	Sex M	Race C	Age 36	Injured Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Killed Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Rank Patrolman	Duty assignment Patrol	Years of service 10	On-Duty Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Uniform Y <input type="checkbox"/> 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 M	Race C	Age 49	Weapon Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Injured Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Killed Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify): Aggressive outburst due to suspected steroid use.		Arrested Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Charges 2C:12 - 1A(1) 2C:29 - 2A(1)			
Subject's actions (check all that apply): <input 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 checked="" type="checkbox"/> Other (specify): Aggressive Posturing, refuse to comply with officers commands.			Officer's use of force toward this subject (check all that apply): <input type="checkbox"/> Compliance hold <input type="checkbox"/> Firearms Discharge <input type="checkbox"/> Hands/flats <input type="checkbox"/> Intentional <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental <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):			
			Number of Shots Fired		N/A	
			Number of Hits		N/A	
			[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 <input type="checkbox"/> N <input type="checkbox"/>	Injured Y <input type="checkbox"/> N <input type="checkbox"/>	Killed Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify):		Arrested Y <input type="checkbox"/> N <input type="checkbox"/>	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 <input type="checkbox"/> Firearms Discharge <input type="checkbox"/> Hands/flats <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: <u>Noah Schaffer #84</u>	Date: <u>8/17/14</u>
Print Supervisor Name: <u>Pat Duff #63</u>	Supervisor Signature: <u>[Signature] #63</u>

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident information

Date <u>8/19/14</u>	Time <u>16:49</u>	Day of Week <u>Tuesday</u>	Location <u>222 Marine Blvd</u>	INCIDENT NUMBER <u>14-31385</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 checked="" type="checkbox"/> Traffic stop <input checked="" type="checkbox"/> Other (specify) <u>DWI</u>				

B. Officer information

Name (Last, First, Middle) <u>Keefe, Scott Ryan</u>	Badge # <u>97</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>27</u>	Injured <u>Y/O</u>	Killed <u>Y/O</u>
Rank <u>Pat.</u>	Duty assignment <u>Patrol</u>	Years of service <u>1</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>Candeletti, Daniel R</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>22</u>	Weapon <u>Y/O</u>	Injured <u>Y/O</u>	Killed <u>Y/O</u>
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested <u>O/N</u>	Charges <u>39; 4-50</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 <input type="checkbox"/> Hands/fists <input type="checkbox"/> Kick/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): <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 <input type="checkbox"/> Hands/fists <input type="checkbox"/> Kick/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 <u>8/19/14</u>
Print Supervisor Name <u>LT CHRIS MENY #11</u>	Supervisor Signature

Lacey Township POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date: 8/19/14	Time: 1649	Day of Week: Tuesday	Location: 222 Marine Plaza, Fort Belknap	INCIDENT NUMBER: 14-31385-
Type of Incident:				
<input 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 checked="" type="checkbox"/> Other (specify): <u>DWI ARREST</u>				

B. Officer Information

Name (Last, First, Middle): <u>Sullivan, Paul</u>	Badge #: <u>77</u>	Sex: <u>M</u>	Race: <u>W</u>	Age: <u>33</u>	Injured: Y/N <input checked="" type="checkbox"/> <input type="checkbox"/>	Killed: Y/N <input type="checkbox"/> <input checked="" type="checkbox"/>
Rank: <u>Sergeant</u>	Years of service: <u>13</u>	Or-Duty: <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	Uniform: <input checked="" type="checkbox"/> N <input type="checkbox"/> Y			

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>Candelelli, Daniel</u>	Sex: <u>MALE</u>	Race: <u>W</u>	Age: <u>22</u>	Weapon: Y/N <input checked="" type="checkbox"/> <input type="checkbox"/>	Injured: Y/N <input type="checkbox"/> <input checked="" type="checkbox"/>	Killed: Y/N <input type="checkbox"/> <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify):		Arrested: <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	Charges: <u>39:4-50</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 <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 <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 <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 <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>[Signature]</u>	Date: <u>8/19/14</u>
Print Supervisor Name: <u>Lt. CHRIS MENNY #71</u>	Supervisor Signature: <u>Lt. Chris Menny #71</u>

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 8/27/2014	Time 1915	Day of Week Wednesday	Location CMC	INCIDENT NUMBER 14-32389
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				

B. Officer Information

Name (Last, First, Middle) Bicciardella, Daniel, William	Badge # 9.5	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"/> N	Uniform <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 WT	Age 45	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 N/A				
Subject's actions (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)			Officer's use of force toward this subject (check all that apply): <input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> Firearms Discharge <input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional <input type="checkbox"/> Kick/shin/knee <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): <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 <input type="checkbox"/> Firearms Discharge <input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional <input type="checkbox"/> Kick/shin/knee <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>Daniel Bicciardella</i>	Date 8/27/2014
Print Supervisor Name LT CHRISTOPHER W. HENNY #71	Supervisor Signature <i>[Signature]</i> #71

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date: 8/28/14	Time: 20:20	Day of Week: Thursday	Location: Walmart (500 RT 9 N)	INCIDENT NUMBER: 14-32569
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): Juvenile PISS				

B. Officer Information

Name (Last, First, Middle): Keefe, Scott Brian	Badge #: 97	Sex: M	Race: W	Age: 29	Injured: Y/N	Killed: Y/N
Rank: PI	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: 7	Weapon: Y/N	Injured: Y/N	Killed: Y/N
<input type="checkbox"/> Under the influence	Arrested: Y/N		Charges: None			
<input checked="" type="checkbox"/> Other unusual condition (specify): Autistic, Acute Schizophrenic						
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 checked="" type="checkbox"/> Physical threat/attack on officer or another				<input type="checkbox"/> Firearm Discharge		
<input type="checkbox"/> Threatened/attacked officer or another with blunt object				<input type="checkbox"/> Intentional		
<input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object				<input type="checkbox"/> Accidental		
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle				Number of Shots Fired: _____		
<input type="checkbox"/> Threatened/attacked officer or another with firearm				Number of Hits: _____		
<input type="checkbox"/> Fired at officer or another				[Use 'UNK' if unknown]		
<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: 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"/> Physical threat/attack on officer or another				<input type="checkbox"/> Firearm Discharge		
<input type="checkbox"/> Threatened/attacked officer or another with blunt object				<input type="checkbox"/> Intentional		
<input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object				<input type="checkbox"/> Accidental		
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle				Number of Shots Fired: _____		
<input type="checkbox"/> Threatened officer or another with firearm				Number of Hits: _____		
<input type="checkbox"/> Fired at officer or another				[Use 'UNK' if unknown]		
<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: 8/28/14
Print Supervisor Name: JAMES A. TRANZ	Supervisor Signature:  #35

OK

Lucey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date	Time	Day of Week	Location	INCIDENT NUMBER
8-28-14	2020 hrs	Thursday	580 Route 9, Lucey, Hk	14-32569
Type of Incident:				
<input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other papers <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop <input checked="" type="checkbox"/> Other (specify: <u>Mental health of control juvenile</u>)				

B. Officer Information

Name (Last, First, Middle)	Badge #	Sex	Race	Age	Injured	Killed
Nick, Darrell P	80	M	WT	35	Y (N)	Y (N)
Rank	City assignment	Years of service	On-Duty	Uniform		
Pennsylvania	Penn	11	(N)	(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	Race	Age	Weapon	Injured	Killed
[REDACTED]	M	WT	7	Y (N)	Y (N)	Y (N)
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify): <u>Possible schizophrenic</u>		Arrested	Charges			
		Y (N)	None			
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 type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidents <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	Injured	Killed
				Y/N	Y/N	Y/N
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify):		Arrested	Charges			
		Y/N				
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"/> Accidents <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>D. J. [Signature]</u>	8-28-14
Print Supervisor Name	Supervisor Signature
JAMES A. TRANZ	<u>[Signature]</u> #55

OK 1/1

Lacey Township POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information:

Date <u>08/29/14</u>	Time <u>2245</u>	Day of Week <u>Friday</u>	Location <u>888 Bay View</u>	INCIDENT NUMBER <u>14-32723</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</u>				

E. Officer Information:

Name (Last, First, Middle) <u>Mag Charles S</u>	Badge # <u>91</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>30</u>	Insured <u>Y</u>	Killed <u>N</u>
Position <u>Patrolman</u>	Unit assignment <u>Patrol</u>	Years of service <u>7</u>	On-Duty <input checked="" type="checkbox"/>	Uniform <input checked="" type="checkbox"/>		

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

Name (Last, First, Middle) <u>William Johnson</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>52</u>	Weapon <u>N</u>	Injured <u>N</u>	Killed <u>N</u>		
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify): <u>PESS</u>		Arrested <input checked="" type="checkbox"/>	Charges <u>Disorderly Conduct</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 checked="" type="checkbox"/> Other (specify): <u>Threatened to jump into river in an attempt to commit suicide</u>			Officer's use of force toward this subject (check all that apply): <input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/feet <input type="checkbox"/> Kicks/shin <input type="checkbox"/> Chemical/irritant spray <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 (Last only the person who was the subject of the use of force by the officer listed in Section E.)

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 <input type="checkbox"/> Hands/feet <input type="checkbox"/> Kicks/shin <input type="checkbox"/> Chemical/irritant spray <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 uses force against more than two subjects in this incident, attach additional USE OF FORCE REPORTS

Signature 	Date <u>08/29/14</u>
Print Supervisor Name <u>JAMES A. TRANZ</u>	Supervisor Signature

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident information

Date 8/29/14	Time 2205	Day of Week Friday	Location Lanoka Harbor Marina	INCIDENT NUMBER 14-32723
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) Keefe, Scott Ryan		Badge # 97	Sex M	Race W	Age 28	Injured Y/N	Killed Y/N
Rank Ptl.	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) Johnson Jr, William Roy		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: 10-37(Mental))		Arrested O/N	Charges 2C-53-2A(2), 2C-29-1A 2C-29-2A(1)				
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 	Date 8/29/14
Print Supervisor Name SEPT. James A. Tranz #15	Supervisor Signature

Lacey Township POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 8/30/14	Time 2:15 PM	Day of Week Saturday	Location [Redacted] Barnstead Forked River	INCIDENT NUMBER 14-3283B
Type of Incident: <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other assault <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop <input checked="" type="checkbox"/> Other (specify): <u>Assault</u>				

B. Officer Information

Name (Last, First, Middle) Schaffer Noah L.	Badge # 84	Sex M	Race C	Age 36	Injured Y/N	Killed Y/N
Rank Patrolman	Duty assignment Patrol	Years of service 10	On-Duty Y/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 (Last, First, Middle) [Redacted]	Sex F	Race C	Age 52	Weapon Y/N	Injured Y/N	Killed Y/N		
<input type="checkbox"/> Under the influence	Arrested Y/N	Charges —						
<input checked="" type="checkbox"/> Other unusual condition (specify): <u>PESS Eval; Irrational</u>								
Subject's actions (check all that apply): <input checked="" type="checkbox"/> Resisted police officer control <input checked="" type="checkbox"/> Physical threat/attack on officer or <u>engine</u> <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 <input type="checkbox"/> Hands/fists <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Chemical/munition/gas <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: <u>0</u> Number of Hits: <u>0</u> [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): <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 <input type="checkbox"/> Hands/fists <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Chemical/munition/gas <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>PR Noah Schaffer</u>	Date 8-30-14
Print Supervisor Name <u>Lt Michael C. DiBella</u>	Supervisor Signature <u>[Signature]</u> #67

LACEY TOWNSHIP POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 8/30/2014	Time 21:38	Day of Week SATURDAY	Location [REDACTED] BARNACLE RD	INCIDENT NUMBER 14-32838
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 / MENAL				

B. Officer Information

Name (Last, First, Middle) RESSTAR, GEORGE JOSEPH	Badge # 90	Sex M	Race W	Age 33	Injured Y/N	Killed Y/N
Rank PATROL	Duty assignment PATROL	Years of service 9.5	On-Duty O/N	Uniform <input checked="" type="checkbox"/> N		

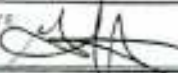
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) [REDACTED]	Sex F	Race W	Age 52	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify): PESS EQUAL + AGGRESSIVE OFFENSES		Arrested Y/N	Charges —			
Subject's actions (check all that apply):			Officer's use of force toward the 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 knifecutting 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"/> Firearms Discharge <input type="checkbox"/> Handcuffs <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 the 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 knifecutting 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"/> Handcuffs <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 8-30-2014
Print Supervisor Name Lt. Michael C DiBella	Supervisor Signature 