

Lacey Township POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date 8/12/15	Time 2130 hrs	Day of Week Wednesday	Location Annapolis/Bounty Rd	INCIDENT NUMBER 15-21695
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>Psychiatric Evaluation</u>				

**B. Officer Information**

Name (Last, First, Middle) Watkins Patrick Quinn	Badge # 103	Sex M	Race W	Age 29	Injured Y <input checked="" type="checkbox"/>	Killed Y <input checked="" type="checkbox"/>
Rank Patrolman	Duty assignment: Patrol	Years of service 1yr. 1 month	On-Duty ON	Uniform 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) [REDACTED]	Sex M	Race W	Age 26	Weapon Y <input checked="" type="checkbox"/>	Injured Y <input checked="" type="checkbox"/>	Killed Y <input checked="" type="checkbox"/>
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)	Arrested ON	Charges 2C:29-1A 2C:12-1B(5)(A)				
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"/> 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 _____ [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"/> 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 _____ [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: <u>Patrick Quinn #103</u>	Date: 8/12/15
Print Supervisor Name: <u>Sgt Paul Sullivan #77</u>	Supervisor Signature: <u>[Signature] #77</u>

Lacey Township POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date 8/12/15	Time 2130hrs	Day of Week Wednesday	Location Annapolis Ln / Beauty Rd	INCIDENT NUMBER 15-21695
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>Psychiatric Evaluation</u>				

**B. Officer Information**

Name (Last, First, Middle) <u>SARNO, ANTHONY ROBERT</u>	Badge # 96	Sex M	Race W	Age 30	Injured <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Killed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Rank <u>Patrolman</u>	Duty assignment <u>Patrol</u>	Years of service 2.5	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) [REDACTED]	Sex M	Race W	Age 26	Weapon <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Injured <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Killed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify) <u>Mentally UNStable</u>		Arrested <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Charges <u>DC:29-14 / DC:12-18(5)(A)</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    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 _____ [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"/> 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    Number of Shots Fired _____ <input type="checkbox"/> Canine    Number of Hits _____ [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: 	Date: 8/12/15
Print Supervisor Name: Sgt Paul Sullivan	Supervisor Signature: 