

Lacey Police Department

USE OF FORCE REPORT

A. Incident Information

Date: 01/08/2015	Time: 00:32	Day of Week: Thursday	Location: ORLANDO DR , FORKED RIVER NJ 08731	Incident Number: 15-000635
<input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input checked="" 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): Verwey, Michael	Badge #: 0098	Sex: M	Race: White	Age: 30	Injured: <input type="checkbox"/>	Killed: <input type="checkbox"/>
Rank: Patrolman	Duty Assignment: Patrol	Years of Service: 10	On Duty: <input checked="" type="checkbox"/>	Uniform: <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): [REDACTED]	Sex: Male	Race: White	Age: 52	Weapon: <input type="checkbox"/>	Injured: <input type="checkbox"/>	Killed: <input type="checkbox"/>		
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other Unusual condition (specify) EDP		Arrested: <input type="checkbox"/>	Charges					
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 the 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/natural agent <input type="checkbox"/> Strike/use baton or other object <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify)				Firearms Discharge (check all that apply) <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: <input type="checkbox"/>	Injured: <input type="checkbox"/>	Killed: <input type="checkbox"/>		
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other Unusual condition (specify)		Arrested: <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 the subject (check all that apply) <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 (check all that apply) <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: Verwey, Michael	Date: 01/09/2015
Supervisor Name: [Signature]	Supervisor Signature: [Signature] #67

Lacey POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 1/21/15	Time 2050	Day of Week WEDNESDAY	Location 1411 FAIRWAY	INCIDENT NUMBER 15-1945
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>Assist other Agency (DCPP)</u>				

B. Officer Information

Name (Last, First, Middle) <u>SANO, ANTHONY, B</u>	Badge # 96	Sex m	Race W	Age 29	Injured Y/N	Killed Y/N
Rank PATROLMAN	Duty assignment B	Years of service 2	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) <u>ROOSE, KIMBERLY, J</u>	Sex F	Race W	Age 44	Weapon Y/N	Injured Y/N	Killed Y/N
<input checked="" type="checkbox"/> Under the influence	Arrested Y/N	Charges <u>DC:12-1B(5)(A)</u>				
<input checked="" type="checkbox"/> Other unusual condition (specify) <u>PESS EVALUATION</u>						
Subject's actions (check all that apply)			Officer's use of force toward this subject (check all that apply)			
<input checked="" type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify)			<input checked="" type="checkbox"/> Compliance hold Firearms Discharge <input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object 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	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 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>PAH. [Signature] #96</u>	Date: 1-21-15
Print Supervisor Name: Sgt Paul Sullivan 77	Supervisor Signature: Sgt [Signature] 77

Lacey POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date <u>1-21-15</u>	Time <u>2050</u>	Day of Week <u>Wednesday</u>	Location <u>1411 Earle way</u>	INCIDENT NUMBER <u>15-1945</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>Assist other agency (ACPI)</u>				

B. Officer Information

Name (Last, First, Middle) <u>McKee, John, J</u>	Badge # <u>81</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>46</u>	Injured <u>Y</u>	Killed <u>Y</u>
Rank <u>Patrolman</u>	Duty assignment <u>B</u>	Years of service <u>12</u>	On-Duty <u>IN</u>	Uniform <u>IN</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>Kocsos, Kimberly, J</u>	Sex <u>F</u>	Race <u>W</u>	Age <u>44</u>	Weapon <u>Y</u>	Injured <u>IN</u>	Killed <u>Y</u>
<input checked="" type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify) <u>RESS Evaluation</u>	Arrested <u>IN</u>	Charges <u>2012-185)(a)</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 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 _____ <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>	Date: <u>1-21-15</u>
Print Supervisor Name: <u>Sgt Paul Sullivan 77</u>	Supervisor Signature: <u>[Signature]</u>