

Lacey POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date <u>07/21/15</u>	Time <u>0027</u>	Day of Week <u>Tuesday</u>	Location <u>Ash Rd, Linnets Harbor</u>	INCIDENT NUMBER <u>15-19070</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>				

B. Officer Information

Name (Last, First, Middle) <u>May, Charles S</u>	Badge # <u>91</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>31</u>	Injured Y/ <input checked="" type="radio"/> N	Killed Y/ <input checked="" type="radio"/> N
Rank <u>Patrolman</u>	Duty assignment <u>Patrol</u>	Years of service <u>7+</u>	On-Duty <input checked="" type="radio"/> N	Uniform <input checked="" type="radio"/> N		

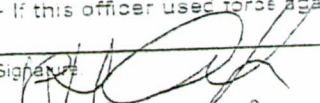
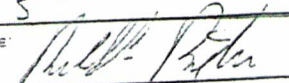
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section E.)

Name (Last, First, Middle) <u>[REDACTED]</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>16</u>	Weapon Y/ <input checked="" type="radio"/> N	Injured Y/ <input checked="" type="radio"/> N	Killed Y/ <input checked="" type="radio"/> N
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify):		Arrested Y/ <input checked="" type="radio"/> N	Charges <u>N/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 Intentional <input type="checkbox"/> Kicks/feet 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 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):			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 Intentional <input type="checkbox"/> Kicks/feet Accidental <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify):			
			Number of Shots Fired _____ Number of Hits _____ [Use "UNK" if unknown]			

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

Signature 	Date <u>07/21/15</u>
Print Supervisor Name <u>Ronald P. Burdow Has</u>	Supervisor Signature 

Lacey Twp. POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date <u>7/26/15</u>	Time <u>0027</u>	Day of Week <u>Tuesday</u>	Location <u>[Redacted] Ash Rd, Lacey WA</u>	INCIDENT NUMBER <u>15-19070</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>Peris</u>				

B. Officer Information

Name (Last, First, Middle) <u>TSALWAS, DIMITRI</u>	Badge # <u>76</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>41</u>	Injured Y/ <input checked="" type="checkbox"/> N	Killed Y/ <input checked="" type="checkbox"/> N
Rank: <u>Parkman</u>	Duty assignment: <u>Parkman</u>	Years of service <u>14</u>	On-Duty <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Uniform <u>9</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>M</u>	Race <u>W</u>	Age <u>16</u>	Weapon Y/ <input checked="" type="checkbox"/> N	Injured Y/ <input checked="" type="checkbox"/> N	Killed Y/ <input checked="" type="checkbox"/> N		
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify):	Arrested Y/ <input checked="" type="checkbox"/> N	Charges <u>N/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 <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify):				Number of Shots Fired _____ Number of Hits _____ [Use "UNK" if unknown]	

C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle)	Sex	Race	Age	Weapon Y/N	Injured Y/N	Killed Y/N		
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify):	Arrested Y/N	Charges						
Subject's actions (check all that apply): <input type="checkbox"/> Resisted police officer control <input type="checkbox"/> Physical threat/attack on officer or another <input type="checkbox"/> Threatened/attacked officer or another with blunt object <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle <input type="checkbox"/> Threatened officer or another with firearm <input type="checkbox"/> Fired at officer or another <input type="checkbox"/> Other (specify):			Officer's use of force toward this subject: (check all that apply): <input type="checkbox"/> Compliance hold Firearms Discharge <input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify):				Number of Shots Fired _____ Number of Hits _____ [Use "UNK" if unknown]	

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

Signature <u>[Signature]</u>	Date <u>7/26/15</u>
Print Supervisor Name <u>Ronald P. Beck</u>	Supervisor Signature <u>[Signature]</u>

LACEY TOWNSHIP POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 07-23-15	Time 13:03	Day of Week THURSDAY	Location WALMART 580 ROUTE 9 N, LANOKA HARBOR	INCIDENT NUMBER 15-19257	
Type of Incident					
<input type="checkbox"/> Crime in progress		<input type="checkbox"/> Domestic	<input type="checkbox"/> Other dispute	<input checked="" type="checkbox"/> Suspicious person	<input type="checkbox"/> Traffic stop
<input type="checkbox"/> Other (specify)					

B. Officer Information

Name (Last, First, Middle) SURTEES JR. ROBERT F	Badge # 72	Sex M	Race W	Age 43	Injured Y (N)	Killed Y (N)
Rank DETECTIVE	Duty assignment DETECTIVE	Years of service 15	On-Duty (N)	Uniform Y (N)		


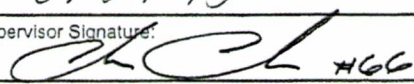
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) DEMEO, JESSICA T	Sex F	Race W	Age 20	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 2C:29-1A 2C:29-3A(7)			
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: 07-27-15
Print Supervisor Name: DET. CHRIS CORNELIUS	Supervisor Signature:  #66