

Lacey Twp. POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date <u>1/8/15</u>	Time <u>0131</u>	Day of Week <u>SUNDAY</u>	Location <u>234 HAINES ST E</u>	INCIDENT NUMBER <u>2015-50413</u>
Type of Incident				
<input type="checkbox"/> Crime in progress		<input type="checkbox"/> Domestic	<input checked="" type="checkbox"/> Other dispute	<input type="checkbox"/> Suspicious person
<input type="checkbox"/> Other (specify)				

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>31</u>	Injured <u>Y</u>	Killed <u>Y</u>
Rank <u>PATROLMAN</u>	Duty assignment <u>PATROL</u>	Years of service <u>11</u>	On-Duty <u>Y</u>	Uniform <u>Y</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>BELLVALDO, VINCENT</u>		Sex <u>M</u>	Race <u>W</u>	Age <u>22</u>	Weapon <u>Y</u>	Injured <u>Y</u>	Killed <u>Y</u>
<input checked="" type="checkbox"/> Under the influence		Arrested <u>Y</u>	Charges <u>2C:33-2a</u> <u>2C:29-2A3 A</u>				
<input checked="" type="checkbox"/> Other unusual condition (specify) <u>SUICIDAL THREATS</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 <input checked="" 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		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"/> 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: <u>[Signature]</u> #98	Date: <u>1/8/15</u>
Print Supervisor Name: <u>Det. J. SIMONSON</u>	Supervisor Signature: <u>[Signature]</u>

Lacey Township POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date <i>11-8-15</i>	Time <i>0131</i>	Day of Week <i>Sunday</i>	Location <i>234 Haines St E</i>	INCIDENT NUMBER <i>15-30413</i>
Type of Incident				
<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, Middle) <i>McKee, John, J</i>	Badge # <i>81</i>	Sex <i>M</i>	Race <i>W</i>	Age <i>47</i>	Injured <i>Y</i>	Killed <i>Y</i>
Rank <i>Patrolman</i>	Duty assignment <i>Patrol (B)</i>	Years of service <i>14y 15 mos</i>	On-Duty <i>A</i>	Uniform <i>N</i>		

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) <i>Belluardo, Vincent</i>	Sex <i>M</i>	Race <i>W</i>	Age <i>22</i>	Weapon <i>Y</i>	Injured <i>Y</i>	Killed <i>Y</i>
<input checked="" type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify) <i>suicidal threats</i>		Arrested <i>Y</i>	Charges <i>2C: 33-29(1)</i> <i>2C: 29-20(b) a</i>			
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 checked="" 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: <i>John McKee #81</i>	Date: <i>11-8-15</i>
Print Supervisor Name: <i>Ptl. John Simpson</i>	Supervisor Signature: <i>[Signature]</i> #75

Lacey Township POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date <u>11/08/15</u>	Time <u>0232</u>	Day of Week <u>Sunday</u>	Location <u>Beach Bl, Forked River</u>	INCIDENT NUMBER <u>15-30414</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>Watkins, Patricia Q</u>	Badge # <u>103</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>30</u>	Injured <u>Y</u>	Killed <u>Y</u>
Rank <u>Patrolman</u>	Duty assignment <u>Patrol</u>	Years of service <u>1yr 3 months</u>	On-Duty <u>Y</u>	Uniform <u>Y</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>45</u>	Weapon <u>Y</u>	Injured <u>Y</u>	Killed <u>Y</u>
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested <u>Y</u>	Charges <u>Written + case # 15-30415</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 checked="" 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)			<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)			<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>Patricia Watkins</u>	Date: <u>11/08/15</u>
Print Supervisor Name: <u>JOHN SIMONSON</u>	Supervisor Signature: <u>[Signature]</u> <u>11/8/15</u>