

USE OF FORCE REPORT

A. Incident Information

Date 02/11/16	Time 1825 HRS	Day of Week THURSDAY	Location 50 HAMMRELL AV FORKED RIVER, NJ	INCIDENT NUMBER 16-4553
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) HOLT, BRIAN G.	Badge # 100	Sex M	Race WHITE	Age 30	Injured Y/N	Killed Y/N
Rank PATROLMAN	Duty assignment PATROL DIVISION	Years of service 1	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 M	Race WHITE	Age 30	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify) MENTALLY HANDICAPPED	Arrested Y/N	Charges NONE				
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 checked="" type="checkbox"/> Other (specify) Arm-bar take down [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    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: Brian Holt #100	Date: 02/12/16
Print Supervisor Name: Sgt Val Sullivan	Supervisor Signature: [Signature]

Lacey Twp POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date 2/11/16	Time 1819	Day of Week Saturday	Location Sommerell Ave	INCIDENT NUMBER 16-4553
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>Group Home, assault on staff</u>				

**B. Officer Information**

Name (Last, First, Middle) Barcalow, Julie, L	Badge # 85	Sex F	Race W	Age 43	Injured Y/N	Killed Y/N
Rank Patrol	Duty assignment Patrol	Years of service 11	On-Duty <input checked="" type="checkbox"/> Y/N	Uniform <input checked="" type="checkbox"/> 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 M	Race W	Age 50	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify) <u>mental Downs Syndrome</u>		Arrested Y/N	Charges <u>not charged</u>			
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 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 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    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: 4/13/16
Print Supervisor Name: Sgt. Paul Sullivan	Supervisor Signature: #77

Lacey Twp POLICE DEPARTMENT  
USE OF FORCE REPORT

A. Incident Information

Date <b>2-26-16</b>	Time <b>1001 hrs</b>	Day of Week <b>Friday</b>	Location <b>Manchester Av</b>	INCIDENT NUMBER <b>16-6518</b>
Type of Incident:				
<input type="checkbox"/> Crime in progress		<input type="checkbox"/> Domestic		<input checked="" type="checkbox"/> Other dispute
<input type="checkbox"/> Other (specify)		<input type="checkbox"/> Suspicious person		
<input type="checkbox"/> Traffic stop				

B. Officer Information

Name (Last, First, Middle) <b>Nick, Darrell P</b>	Badge # <b>80</b>	Sex <b>M</b>	Race <b>Wt</b>	Age <b>37</b>	Injured Y/N <input type="checkbox"/> <input checked="" type="checkbox"/>	Killed Y/N <input type="checkbox"/> <input checked="" type="checkbox"/>
Rank <b>Patrolman</b>	Duty assignment <b>Patrol</b>	Years of service <b>13</b>	On-Duty <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Uniform <input type="checkbox"/> Y <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 <b>M</b>	Race <b>Wt</b>	Age <b>50</b>	Weapon Y/N <input type="checkbox"/> <input checked="" type="checkbox"/>	Injured Y/N <input type="checkbox"/> <input checked="" type="checkbox"/>	Killed Y/N <input type="checkbox"/> <input checked="" type="checkbox"/>
<input type="checkbox"/> Under the influence		Arrested Y/N <input checked="" type="checkbox"/>		Charges —		
<input checked="" type="checkbox"/> Other unusual condition (specify): <b>Mentally Disabled</b>						
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"/> Hands/fists		
<input type="checkbox"/> Threatened/attacked officer or another with blunt object				<input type="checkbox"/> Kicks/feet		
<input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object				<input type="checkbox"/> Chemical/natural agent		
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle				<input type="checkbox"/> Strike/use baton or other object		
<input type="checkbox"/> Threatened officer or another with firearm				<input type="checkbox"/> Canine		
<input type="checkbox"/> Fired at officer or another				Number of Shots Fired _____		
<input type="checkbox"/> Other (specify)				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"/> Compliance hold		
<input type="checkbox"/> Physical threat/attack on officer or another				<input type="checkbox"/> Hands/fists		
<input type="checkbox"/> Threatened/attacked officer or another with blunt object				<input type="checkbox"/> Kicks/feet		
<input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object				<input type="checkbox"/> Chemical/natural agent		
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle				<input type="checkbox"/> Strike/use baton or other object		
<input type="checkbox"/> Threatened officer or another with firearm				<input type="checkbox"/> Canine		
<input type="checkbox"/> Fired at officer or another				Number of Shots Fired _____		
<input type="checkbox"/> Other (specify)				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 <b>Della Sata #80</b>	Date <b>2-26-16</b>
Print Supervisor Name <b>Sgt. Samuel Della Sata #82</b>	Supervisor Signature <b>Sgt. Della Sata #82</b>