

Lacey Township POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date <b>05/21/16</b>	Time <b>1928</b>	Day of Week <b>Saturday</b>	Location <b>CMC ER Parking Lot</b>	INCIDENT NUMBER <b>16-15968</b>
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) <b>intoxicated suicidal male transported to CMC for PESS Eval</b>				

**B. Officer Information**

Name (Last, First, Middle) <b>Copes, Elton, Lee</b>	Badge # <b>101</b>	Sex <b>M</b>	Race <b>Black</b>	Age <b>35</b>	Injured <b>Y/N</b>	Killed <b>Y/N</b>
Rank <b>Officer</b>	Duty assignment <b>Patrol</b>	Years of service <b>1 1/2 years</b>	On-Duty <b>N</b>	Uniform <b>N</b>		



**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) <b>[REDACTED]</b>	Sex <b>M</b>	Race <b>White</b>	Age <b>26</b>	Weapon <b>Y/N</b>	Injured <b>Y/N</b>	Killed <b>Y/N</b>
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)	Arrested <b>Y/N</b>	Charges				
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)			<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:  101	Date: <b>05/22/2016</b>
Print Supervisor Name: <b>PDK Duffly #63 LTPD</b>	Supervisor Signature:  #63 LTPD

Lacey Police Department

USE OF FORCE REPORT

A. Incident Information

Date: 05/24/2016	Time: 19:54	Day of Week Tuesday	Location 108 LAUREL BL , LANOKA HARBOR NJ 08734	Incident Number 16-016208
<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) <b>Warrant Service</b>				

B. Officer Information

Name (Last, First) <b>Verwey, Michael</b>	Badge # 0098	Sex M	Race Caucasian	Age 31	Injured <input type="checkbox"/>	Killed <input type="checkbox"/>
Rank Patrolman	Duty Assignment Patrol	Years of Service 12	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) <b>TSARNAS ALEXANDRO</b>	Sex Male	Race White	Age 21	Weapon <input type="checkbox"/>	Injured <input type="checkbox"/>	Killed <input type="checkbox"/>
<input checked="" type="checkbox"/> Under the influence		Arrested <input checked="" type="checkbox"/>	Charges <b>Resisting Arrest 3rd Degree - Uses Or Threatens To Use Force</b>			
<input type="checkbox"/> Other Unusual condition (specify)						
<u>Subject's actions</u> (check all that apply) <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Resisted police officer control</li> <li><input type="checkbox"/> Physical threat/attack on officer or another</li> <li><input type="checkbox"/> Threatened/attacked officer or another with blunt object</li> <li><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object</li> <li><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle</li> <li><input type="checkbox"/> Threatened officer or another with firearm</li> <li><input type="checkbox"/> Fired at officer or another</li> <li><input type="checkbox"/> Other (specify)</li> </ul>			<u>Officer's use of force toward the subject</u> (check all that apply) <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Compliance hold</li> <li><input type="checkbox"/> Hands/fists</li> <li><input type="checkbox"/> Kicks/feet</li> <li><input type="checkbox"/> Chemical/natural agent</li> <li><input type="checkbox"/> Strike/use baton or other object</li> <li><input type="checkbox"/> Canine</li> <li><input type="checkbox"/> Other (specify)</li> </ul> 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 <input type="checkbox"/>	Injured <input type="checkbox"/>	Killed <input type="checkbox"/>
<input type="checkbox"/> Under the influence		Arrested <input type="checkbox"/>	Charges			
<input type="checkbox"/> Other Unusual condition (specify)						
<u>Subject's actions</u> (check all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> Resisted police officer control</li> <li><input type="checkbox"/> Physical threat/attack on officer or another</li> <li><input type="checkbox"/> Threatened/attacked officer or another with blunt object</li> <li><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object</li> <li><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle</li> <li><input type="checkbox"/> Threatened officer or another with firearm</li> <li><input type="checkbox"/> Fired at officer or another</li> <li><input type="checkbox"/> Other (specify)</li> </ul>			<u>Officer's use of force toward the subject</u> (check all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> Compliance hold</li> <li><input type="checkbox"/> Hands/fists</li> <li><input type="checkbox"/> Kicks/feet</li> <li><input type="checkbox"/> Chemical/natural agent</li> <li><input type="checkbox"/> Strike/use baton or other object</li> <li><input type="checkbox"/> Canine</li> <li><input type="checkbox"/> Other (specify)</li> </ul> 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: <b>Verwey, Michael</b>	Date: <b>06/09/2016</b>
Supervisor Name: <i>Sgt. [Signature]</i>	Supervisor Signature: <i>[Signature]</i>



Lacey Township POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date 5/24/16	Time 19:54	Day of Week Tuesday	Location 108 Laurel Bl	INCIDENT NUMBER 116-116208
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>Warrant Service</u>				

**B. Officer Information**

Name (Last, First, Middle) Keefe, Scott R		Badge # 47	Sex M	Race W	Age 29	Injured Y/O	Killed Y/O
Rank Patrolman	Duty assignment Patrol	Years of service 3	On-Duty O/N	Uniform O/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) Tarnas, Alexandro G		Sex M	Race W	Age 21	Weapon Y/O	Injured Y/O	Killed Y/O
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested O/N	Charges 2C: 35-10A(1) 2C: 29-2A(1)				
<b>Subject's actions</b> (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)				<b>Officer's use of force toward this subject</b> (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 _____ <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				
<b>Subject's actions</b> (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)				<b>Officer's use of force toward this subject</b> (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 _____ <input type="checkbox"/> Other (specify)      [Use 'UNK' if unknown]			

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Signature:  #97	Date: 5/24/16
Print Supervisor Name: Sgt Paul Sullivan #77	Supervisor Signature: 