

Lacey TWP. POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

| | | | | |
|---|-------------------------|------------------------------|--|------------------------------------|
| Date 11-4-16 | Time 0207 hrs | Day of Week FRIDAY | Location SINCLAIR AVE LANOKA HARBOR NJ 08734 | INCIDENT NUMBER 16-32119 |
| 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) PESS, SUICIDAL THREATS | | | | |

B. Officer Information

| | | | | | | |
|--|---|-------------------------------|---|---|---|--|
| Name (Last, First, Middle) Buxton, Ronald, P | Badge # 65 | Sex M | Race W | Age 52 | Injured <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Killed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Rank SERGEANT | Duty assignment Patrol Supervisor | Years of service 20 | On-Duty <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Uniform <input checked="" type="checkbox"/> Y <input 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 F | Race W | Age 54 | Weapon <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Injured <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Killed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| <input checked="" type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify) SUICIDAL ATTACKING OFFICERS | | Arrested <input type="checkbox"/> Y <input type="checkbox"/> N | Charges 2C:12-1b(5)(A) (3) ASSAULT ON OFFICER 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 checked="" type="checkbox"/> Other (specify) THREATENED TO BITE AND DID BITE | | | <input checked="" type="checkbox"/> Compliance hold <input checked="" type="checkbox"/> Hands/fists Pushing away <input type="checkbox"/> Kicks/feet Blocked Kicks <input type="checkbox"/> Chemical/natural agent <input type="checkbox"/> Strike/use baton or other object <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify) | | | |
| | | | <input type="checkbox"/> 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) | | | |
| | | | <input type="checkbox"/> 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: Ronald P. Buxton #65 | Date: 11-4-16 |
| Print Supervisor Name: LT VINCENT MEEHAN | Supervisor Signature: [Signature] |

LACEI TWP POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

| | | | | |
|---|----------------------|------------------------------|--|------------------------------------|
| Date 11-4-16 | Time 02:07 | Day of Week FRIDAY | Location SWCLAIR AV L4, NJ 08734 | INCIDENT NUMBER 16-32119 |
| 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) PESS EVALUATION | | | | |

B. Officer Information

| | | | | | | | |
|---|---------------------------------------|-------------------------------|-----------------------|-----------------------|------------------|-----------------------|----------------------|
| Name (Last, First, Middle) RESEAR, GEORGE J | | Badge # 90 | Sex M | Race W | Age 35 | Injured Y/N | Killed Y/N |
| Rank PATROLMAN | Duty assignment PATROL SQ D | Years of service 11 | On-Duty @/N | Uniform @/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 F | Race W | Age 54 | Weapon Y/N | Injured @/N | Killed Y/N |
| <input checked="" type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify) SUICIDAL; Threatening officer | | Arrested Y/N | Charges 3 x 2C:12-1b(s)(a) | | | | |
| 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 checked="" type="checkbox"/> Hands/fists pushed away <input type="checkbox"/> Intentional <input type="checkbox"/> Kicks/feet After being punched <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) | | | |

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 _____ [Use 'UNK' if unknown] <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: #90 | Date: 11-4-2016 |
| Print Supervisor Name: Ronald Boylan | Supervisor Signature: |

Lacey Twp. POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

| | | | | |
|---|-----------------|-----------------------|--------------------------------------|-----------------------------|
| Date 11-04-16 | Time 0207hrs | Day of Week Friday | Location [redacted] Sinclair Ave. | INCIDENT NUMBER 16-32119 |
| 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) PESS Evaluation and Agg. Assault on 3 officers | | | | |

B. Officer Information

| | | | | | | |
|--|---------------------------|------------------------|----------------|----------------|----------------|---------------|
| Name (Last, First, Middle) Duffy, Robert M. | Badge # 63 | Sex M | Race W | Age 46 | Injured Y/N | Killed Y/N |
| Rank Patrolman | Duty assignment Patrol | Years of service 21 | 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 F | Race W | Age 54 | Weapon Y/N | Injured Y/N | Killed Y/N |
| <input checked="" type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify) suicidal (drug overdose) | | Arrested Y/N | Charges 2C:12-16(s)(a) 3 Counts | | | |
| 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 checked="" type="checkbox"/> Other (specify) only on the 3rd OC burst did subject react to agent | | | Officer's use of force toward this subject (check all that apply) <input checked="" type="checkbox"/> Compliance hold <input checked="" type="checkbox"/> Hands/fists <input type="checkbox"/> Kicks/feet <input checked="" type="checkbox"/> Chemical/natural agent 3 burst <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) <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"/> 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: <i>[Signature]</i> #63 LTPO | Date: 11-04-16 |
| Print Supervisor Name: <i>Ronald P. Burton</i> | Supervisor Signature: <i>[Signature]</i> #63 |

Lacey TWP POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

| | | | | |
|---|---------------------|------------------------------|--|------------------------------------|
| Date <u>11/14/16</u> | Time <u>0754</u> | Day of Week <u>Monday</u> | Location <u>[Redacted] Zineview rd For Road River</u> | INCIDENT NUMBER <u>16-33013</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>Schafer, Noah L</u> | | Badge # <u>84</u> | Sex <u>M</u> | Race <u>C</u> | Age <u>38</u> | Injured <u>Y/N</u> | Killed <u>Y/N</u> |
| Rank <u>Patrolman</u> | Duty assignment <u>patrol</u> | Years of service <u>11</u> | On-Duty <u>Y/N</u> | Uniform <u>Y/N</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>C</u> | Age <u>20</u> | Weapon <u>Y/N</u> | Injured <u>Y/N</u> | Killed <u>Y/N</u> |
| <input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify) | | Arrested <u>Y/N</u> | Charges <u>2C:12-1A(1)</u> | | | | |
| Subject's actions (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) | | | | Officer's use of force toward this subject (check all that apply) <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 <u>0</u> <input type="checkbox"/> Canine Number of Hits <u>0</u> <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 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>Noah L Schafer</u> | Date: <u>11/14/16</u> |
| Print Supervisor Name: <u>PH. JEFFREY R SLOMA</u> | Supervisor Signature: <u>[Signature]</u> |

Lacey Township POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

| | | | | |
|--|--------------|-----------------------|---|-----------------------------|
| Date 11/14/16 | Time 0754 | Day of Week Monday | Location Pineview Rd. ^{Park Rd. River St} | INCIDENT NUMBER 16-33013 |
| 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) Baldasari, Michael | Badge # 106 | Sex M | Race W | Age 30 | Injured Y <input checked="" type="checkbox"/> | Killed Y <input checked="" type="checkbox"/> |
| Rank Patrolman | Duty assignment patrol | Years of service 3 months | On-Duty <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Uniform <input checked="" type="checkbox"/> Y <input 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 M | Race W | Age 20 | Weapon Y <input checked="" type="checkbox"/> | Injured Y <input checked="" type="checkbox"/> | Killed Y <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify) | Arrested <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | Charges 2C:12-1A(1) | | | |
| Subject's actions (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) | | | Officer's use of force toward this subject (check all that apply) <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 <u>0</u> <input type="checkbox"/> Canine Number of Hits <u>0</u> <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 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: 11/14/16 |
| Print Supervisor Name: PH JEFFREY R. SLOTA | Supervisor Signature: <u>[Signature]</u> # 72 |