

LACEY Township POLICE DEPARTMENT USE OF FORCE REPORT

A. Incident Information

Date 09/20/16	Time 1230	Day of Week Monday	Location 550 FT 911 Walmart, Lanok Harbor	INCIDENT NUMBER 16-28281
Type of Incident				
<input checked="" 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 type="checkbox"/> Other (specify)				

B. Officer Information

Name (Last, First, Middle) Hein, Michael Joseph		Badge # 94	Sex M	Race W	Age 29	Injured Y/ <input type="checkbox"/> N/ <input checked="" type="checkbox"/>	Killed Y/ <input type="checkbox"/> N/ <input checked="" type="checkbox"/>
Rank PTH.	Duty assignment Patrol	Years of service 3	On-Duty Y/ <input checked="" type="checkbox"/> N/ <input type="checkbox"/>		Uniform Y/ <input checked="" type="checkbox"/> N/ <input 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, Middle) Syers, Janet		Sex F	Race W	Age 55	Weapon Y/ <input type="checkbox"/> N/ <input checked="" type="checkbox"/>	Injured Y/ <input type="checkbox"/> N/ <input checked="" type="checkbox"/>	Killed Y/ <input type="checkbox"/> N/ <input checked="" type="checkbox"/>
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y/ <input checked="" type="checkbox"/> N/ <input type="checkbox"/>		Charges 2C:20-113 (2) Shopt. ftng. 2C:29-2A(3) A Resisting			
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 _____ <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: PTH Michael Joseph Hein	Date: 09/20/2016
Print Supervisor Name: PTH Jeffrey Slota #73	Supervisor Signature: [Signature] #73

Luccy Township POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date <u>9/26/16</u>	Time <u>1220</u>	Day of Week <u>Monday</u>	Location <u>Walmart 580 Route 9 Lanoka Harbor</u>	INCIDENT NUMBER <u>76-28281</u>
Type of Incident				
<input checked="" 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 type="checkbox"/> Other (specify)				

B. Officer Information

Name (Last, First, Middle) <u>Julian, Martin, Andrew</u>	Badge # <u>105</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>30</u>	Injured <u>Y/N</u>	Killed <u>Y/N</u>
Rank <u>Patrolman</u>	Duty assignment <u>Patrol</u>	Years of service <u>7 months</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>Syers, Janet</u>	Sex <u>F</u>	Race <u>W</u>	Age <u>55</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:20-116(2)</u> <u>2C:29-2(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 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: <u>Pat. Mar A. Pisci</u>	Date: <u>9/26/16</u>
Print Supervisor Name: <u>Pat. JEFFREY R. SLOTA #73</u>	Supervisor Signature: <u>[Signature]</u> #73

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USE OF FORCE REPORT

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B. Officer Information

Name (Last, First, Middle) Julian, Martin, Andrew		Badge # 105	Sex M	Race W	Age 30	Injured Y/N	Killed Y/N
Rank Patrolman	Duty assignment Patrol	Years of service 7 months		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) Syers, Janet		Sex F	Race W	Age 55	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:20-11b(2) 2C:29-2(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 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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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]			

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Signature: Pt. Martin A. Press	Date: 9/26/16
Print Supervisor Name: Pt. JEFFREY R. SLOTA #73	Supervisor Signature: [Signature] #73