

LACEY

POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 3/29/17	Time 1406	Day of Week Wednesday	Location [redacted] Holme Ave, FL 33073	INCIDENT NUMBER 17-10396
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) <i>Narcotics Investigation</i>				

B. Officer Information

Name (Last, First, Middle) Flyn, Brian, W	Badge # 93	Sex M	Race white	Age 39	Injured Y (N)	Killed Y (N)
Rank Detective	Duty assignment Detective	Years of service 10	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) Mooney, Anna, E	Sex F	Race white	Age 19	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:29-1A 2C:35-10A(4) 2C:35-5B(2)				
<u>Subject's actions</u> (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)	<u>Officer's use of force toward this subject</u> (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 _____ [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) [redacted]	Sex M	Race white	Age 16	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:29-1A 2C:35-10A(4) 2C:35-5B(1A)				
<u>Subject's actions</u> (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)	<u>Officer's use of force toward this subject</u> (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 _____ [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: <i>[Signature]</i>	Date: 3/29/17
Print Supervisor Name: CHRIS CORNELIUS / DLT.	Supervisor Signature: <i>[Signature]</i> #06