

LACEY TOWNSHIP **POLICE DEPARTMENT**
USE OF FORCE REPORT

A. Incident Information

Date 4/10/18	Time 0940	Day of Week TUESDAY	Location LACEY TWP.	INCIDENT NUMBER 18-11052
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) Assault				

B. Officer Information

Name (Last, First, Middle) LEE, JASON, S	Badge # 99	Sex M	Race W	Age 32	Injured Y/N	Killed Y/N
Rank PATROLMAN	Duty assignment PATROL	Years of service 4	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) ROBLES, ADAM	Sex M	Race W	Age 47	Weapon Y/N	Injured Y/N	Killed Y/N
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y/N	Charges 2C:12-1B(5)A				
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 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)	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 _____ [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: 	Date: 4/10/18
Print Supervisor Name: SERGEANT RON BUXTON	Supervisor Signature: 

LACEY TOWNSHIP POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 4/10/18	Time 0940	Day of Week TUESDAY	Location LACEY TWP.	INCIDENT NUMBER 18-11052
<u>Type of Incident</u> <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>Assault</i>				

B. Officer Information

Name (Last, First, Middle) DALZIEL, JESSE, V	Badge # 104	Sex M	Race W	Age 31	Injured Y/N	Killed Y/N
Rank PATROLMAN	Duty assignment PATROL	Years of service 4	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) ROBLES, ADAM	Sex M	Race W	Age 47	Weapon Y/N	Injured Y/N	Killed Y/N
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y/N	Charges 2C:12-1B(5)A			
<u>Subject's actions</u> (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)			<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 _____ <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			
<u>Subject's actions</u> (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)			<u>Officer's use of force toward this subject</u> (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: 	Date: 4/10/18
Print Supervisor Name: SERGEANT RON BUXTON	Supervisor Signature: 

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date <u>4/24/18</u>	Time <u>1835</u>	Day of Week <u>Tuesday</u>	Location <u>Police Headquarters</u>	INCIDENT NUMBER <u>18-12677</u>
Type of Incident				
<input type="checkbox"/> Crime in progress		<input type="checkbox"/> Domestic		<input type="checkbox"/> Traffic stop
<input type="checkbox"/> Other (specify)		<input type="checkbox"/> Other dispute		<input checked="" type="checkbox"/> Suspicious person <u>DWI</u>

B. Officer Information

Name (Last, First, Middle) <u>Watkins, Patrick Q</u>		Badge # <u>103</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>32</u>	Injured <u>Y/N</u>	Killed <u>Y/N</u>
Rank <u>Patrolman</u>	Duty assignment <u>Patrol</u>	Years of service <u>3.8</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>Robles, Adam</u>		Sex <u>M</u>	Race <u>H</u>	Age <u>47</u>	Weapon <u>Y/N</u>	Injured <u>Y/N</u>	Killed <u>Y/N</u>
<input checked="" type="checkbox"/> Under the influence		Arrested <u>Y/N</u>		Charges <u>39:4-50, 39:4-96</u>			
<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 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)				<input checked="" 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]			

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"/> 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)			
				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: <u>Patrick A. Watkins</u>	Date: <u>4/24/18</u>
Print Supervisor Name: <u>Sgt Ron Buxton</u>	Supervisor Signature: <u>Paul R. [Signature]</u> #65

LACEY TOWNSHIP POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 4/24/18	Time 1840	Day of Week Tuesday	Location FORKED RIVER	INCIDENT NUMBER 18-12677
<u>Type of Incident</u> <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>DWI PROCESSING</u>				

B. Officer Information

Name (Last, First, Middle) SLOTA, ANDREW, J		Badge # 89	Sex M	Race W	Age 36	Injured Y/ <input checked="" type="checkbox"/> N	Killed Y/ <input checked="" type="checkbox"/> N
Rank PATROLMAN	Duty assignment PATROL	Years of service 12.5	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) ROBLES, ADAM		Sex M	Race W	Age 47	Weapon Y/ <input checked="" type="checkbox"/> N	Injured Y/ <input checked="" type="checkbox"/> N	Killed Y/ <input checked="" type="checkbox"/> N
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested <input checked="" type="checkbox"/> Y/ <input type="checkbox"/> N		Charges <u>39.4-50</u>			
<u>Subject's actions</u> (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)				<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 _____ <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			
<u>Subject's actions</u> (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)				<u>Officer's use of force toward this subject</u> (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: 	Date: 4/25/18
Print Supervisor Name: SERGEANT ROBERT FLYNN	Supervisor Signature: 

LACEY POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 4/27/18	Time 2141 hrs	Day of Week FRIDAY	Location FONKED RIVER	INCIDENT NUMBER 18-12946
Type of Incident				
<input type="checkbox"/> Crime in progress <input checked="" 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) SARNO, ANTHONY, R			Badge # 96	Sex M	Race W	Age 32	Injured Y (N)	Killed Y (N)
Rank PATROLMAN	Duty assignment PATROL	Years of service 5	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) Ofsanko, James, M			Sex M	Race W	Age 49	Weapon Y (N)	Injured Y (N)	Killed Y (N)
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)			Arrested Y (N)	Charges 20:29-2A(1), 20:12-15(2), 20:39-4d, 20:39-5d				
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 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) Ofsanko, John			Sex M	Race W	Age 49	Weapon Y (N)	Injured Y (N)	Killed Y (N)
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)			Arrested Y (N)	Charges 20:29-1A, 20:12-1A(1), 20:29-2A(1)				
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 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]				

➤ If this officer used force against more than two subjects in this incident, attach additional USE OF FORCE REPORTS.

Signature: 	Date: 4/27/18
Print Supervisor Name: Sgt Michael Eden	Supervisor Signature: 

Lacey Township POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 4/27/18	Time 2141	Day of Week Friday	Location Forked River	INCIDENT NUMBER 18-12946
Type of Incident				
<input type="checkbox"/> Crime in progress		<input checked="" 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) Baldasar, Michael	Badge # 106	Sex M	Race W	Age 31	Injured Y <input checked="" type="checkbox"/>	Killed Y <input checked="" type="checkbox"/>
Rank Patrolman	Duty assignment: Patrol	Years of service 1.5 years	On-Duty N <input checked="" type="checkbox"/>	Uniform N <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, Middle) Ofsanko, James, M.	Sex M	Race W	Age 49	Weapon 0/N	Injured Y <input checked="" type="checkbox"/>	Killed Y <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Under the influence		Arrested N <input checked="" type="checkbox"/>		Charges 2C:29-2A(1) 2C:12-13(B) 2C:39-40, 2C:39-5D		
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		Firearms Discharge		
<input type="checkbox"/> Physical threat/attack on officer or another		<input type="checkbox"/> Hands/fists		<input type="checkbox"/> Intentional		
<input type="checkbox"/> Threatened/attacked officer or another with blunt object		<input type="checkbox"/> Kicks/feet		<input type="checkbox"/> Accidental		
<input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object		<input type="checkbox"/> Chemical/natural agent		Number of Shots Fired _____		
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle		<input type="checkbox"/> Strike/use baton or other object		Number of Hits _____		
<input type="checkbox"/> Threatened officer or another with firearm		<input type="checkbox"/> Canine		[Use 'UNK' if unknown]		
<input type="checkbox"/> Fired at officer or another		<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		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"/> Compliance hold		Firearms Discharge		
<input type="checkbox"/> Physical threat/attack on officer or another		<input type="checkbox"/> Hands/fists		<input type="checkbox"/> Intentional		
<input type="checkbox"/> Threatened/attacked officer or another with blunt object		<input type="checkbox"/> Kicks/feet		<input type="checkbox"/> Accidental		
<input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object		<input type="checkbox"/> Chemical/natural agent		Number of Shots Fired _____		
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle		<input type="checkbox"/> Strike/use baton or other object		Number of Hits _____		
<input type="checkbox"/> Threatened officer or another with firearm		<input type="checkbox"/> Canine		[Use 'UNK' if unknown]		
<input type="checkbox"/> Fired at officer or another		<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: 	Date: 4/28/18
Print Supervisor Name: Sgt Michael Eden #559	Supervisor Signature: 

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 4/27/18	Time 21:41	Day of Week Friday	Location Forked River	INCIDENT NUMBER 18-12946
Type of Incident				
<input type="checkbox"/> Crime in progress <input checked="" 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) Keefe, Scott R.		Badge # 97	Sex M	Race W	Age 31	Injured Y/ <input checked="" type="radio"/> N	Killed Y/ <input type="radio"/> N
Rank Patrolman	Duty assignment Patrol	Years of service 5	On-Duty <input checked="" type="radio"/> N	Uniform <input checked="" type="radio"/> N			


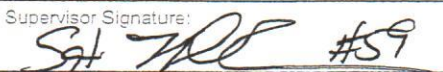
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) Ofsanko, John L.		Sex M	Race W	Age 49	Weapon Y/ <input type="radio"/> N	Injured <input checked="" type="radio"/> N	Killed Y/ <input type="radio"/> N
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested <input checked="" type="radio"/> N	Charges 2C:12-1A(1) 2C:29-1A 2C:29-2A(1)				
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 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) Ofsanko, James M.		Sex M	Race W	Age 49	Weapon <input type="radio"/> N	Injured <input type="radio"/> N	Killed Y/ <input type="radio"/> N
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested <input checked="" type="radio"/> N	Charges 2C:29-2A(1) 2C:39-5D 2C:12-1B(2) 2C:39-4D				
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 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]			

➤ If this officer used force against more than two subjects in this incident, attach additional USE OF FORCE REPORTS.

Signature: 	Date: 4/28/18
Print Supervisor Name: Sgt. Michael Eden #59	Supervisor Signature: 

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 04/27/18	Time 21:41	Day of Week Friday	Location Forked River	INCIDENT NUMBER 18-12946
Type of Incident				
<input type="checkbox"/> Crime in progress	<input checked="" 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) Maeller Michael D	Badge # 5-7	Sex M	Race W	Age 20	Injured Y (N)	Killed Y (N)
Rank SLEU II	Duty assignment Patrol	Years of service 1	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) O'Sonko James M	Sex M	Race W	Age 49	Weapon O/N	Injured O/N	Killed Y (N)
<input checked="" type="checkbox"/> Under the influence	Arrested O/N	Charges 2C:19-2A(1) 2C:12-1B(2) 2C:39-4D 2C:39-5D				
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		Firearms Discharge			
<input type="checkbox"/> Physical threat/attack on officer or another	<input type="checkbox"/> Hands/fists	<input type="checkbox"/> Intentional				
<input type="checkbox"/> Threatened/attacked officer or another with blunt object	<input type="checkbox"/> Kicks/feet	<input type="checkbox"/> Accidental				
<input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object	<input type="checkbox"/> Chemical/natural agent	Number of Shots Fired _____				
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle	<input type="checkbox"/> Strike/use baton or other object	Number of Hits _____				
<input type="checkbox"/> Threatened/attacked officer or another with firearm	<input type="checkbox"/> Canine	[Use 'UNK' if unknown]				
<input type="checkbox"/> Fired at officer or another	<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) O'Sonko John L	Sex M	Race W	Age 49	Weapon Y (O)	Injured O/N	Killed Y (O)
<input checked="" type="checkbox"/> Under the influence	Arrested O/N	Charges 2C:29-1A 2C:12-1A(1) 2C:29-2A(1)				
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		Firearms Discharge			
<input type="checkbox"/> Physical threat/attack on officer or another	<input type="checkbox"/> Hands/fists	<input type="checkbox"/> Intentional				
<input type="checkbox"/> Threatened/attacked officer or another with blunt object	<input type="checkbox"/> Kicks/feet	<input type="checkbox"/> Accidental				
<input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object	<input type="checkbox"/> Chemical/natural agent	Number of Shots Fired _____				
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle	<input type="checkbox"/> Strike/use baton or other object	Number of Hits _____				
<input type="checkbox"/> Threatened officer or another with firearm	<input type="checkbox"/> Canine	[Use 'UNK' if unknown]				
<input type="checkbox"/> Fired at officer or another	<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: #5-7	Date: 04/28/18
Print Supervisor Name: Sgt. Michael Edew #59	Supervisor Signature: #59

Lacey Twp

POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date	Time	Day of Week	Location	INCIDENT NUMBER
4/27/18	2141 Hrs	Friday	Forked River	18-12946
Type of Incident				
<input type="checkbox"/> Crime in progress	<input checked="" 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)	Badge #	Sex	Race	Age	Injured	Killed
Julian, Martin, A	105	M	W	31	Y/N	Y/N
Rank	Duty assignment	Years of service	On-Duty	Uniform		
Patrolman	Patrol	2 years	Y/N	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)	Sex	Race	Age	Weapon	Injured	Killed
Ofsanko, John	M	W	49	Y/N	Y/N	Y/N
<input checked="" type="checkbox"/> Under the influence	Arrested	Charges				
<input type="checkbox"/> Other unusual condition (specify)	Y/N	2C:29-1A 2C:12-1A(1) 2C:29-2A(1)				
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	Firearms Discharge				
<input type="checkbox"/> Physical threat/attack on officer or another	<input type="checkbox"/> Hands/fists	<input type="checkbox"/> Intentional				
<input type="checkbox"/> Threatened/attacked officer or another with blunt object	<input type="checkbox"/> Kicks/feet	<input type="checkbox"/> Accidental				
<input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object	<input type="checkbox"/> Chemical/natural agent	Number of Shots Fired		_____		
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle	<input type="checkbox"/> Strike/use baton or other object	Number of Hits		_____		
<input type="checkbox"/> Threatened officer or another with firearm	<input type="checkbox"/> Canine	[Use 'UNK' if unknown]				
<input type="checkbox"/> Fired at officer or another	<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	Injured	Killed
Ofsanko, James, M	M	W	49	Y/N	Y/N	Y/N
<input checked="" type="checkbox"/> Under the influence	Arrested	Charges				
<input type="checkbox"/> Other unusual condition (specify)	Y/N	2C:29-2A(1) 2C:12-1B(2) 2C:39-4D 2C:39-5D				
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	Firearms Discharge				
<input type="checkbox"/> Physical threat/attack on officer or another	<input type="checkbox"/> Hands/fists	<input type="checkbox"/> Intentional				
<input type="checkbox"/> Threatened/attacked officer or another with blunt object	<input type="checkbox"/> Kicks/feet	<input type="checkbox"/> Accidental				
<input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object	<input type="checkbox"/> Chemical/natural agent	Number of Shots Fired		_____		
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle	<input type="checkbox"/> Strike/use baton or other object	Number of Hits		_____		
<input type="checkbox"/> Threatened officer or another with firearm	<input type="checkbox"/> Canine	[Use 'UNK' if unknown]				
<input type="checkbox"/> Fired at officer or another	<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:	Date:
Pt. M. A. #105	4/27/18
Print Supervisor Name:	Supervisor Signature:
Sgt Michael Eden	Sgt Z. #15

Vaughn Index OPRA Request for Use of Force Reports April 2018

Document Number	Record Requested	Location	Existing/CAD CFS Code Record	Privileges/Exceptions/Redactions
18-11052	Use of Force Report	Forked River	4021-Suspicious Incident	Enclosed
18-12677	Use of Force Report	Forked River	2100-DWI	Enclosed
18-12946	Use of Force Report	Forked River	2471-Dispute	Enclosed