



Lacey POLICE DEPARTMENT  
USE OF FORCE REPORT

A. Incident Information

Date 02/15/18	Time 2134	Day of Week Thursday	Location Forked River	INCIDENT NUMBER 18-4863
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>overdose</u>				

B. Officer Information

Name (Last, First, Middle) Meyers, Chris, M	Badge # 102	Sex M	Race W	Age 28	Injured Y/N	Killed Y/N
Rank Patrolman	Duty assignment Patrol	Years of service 3	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 M	Race W	Age 42	Weapon Y/N	Injured Y/N	Killed Y/N
<input checked="" type="checkbox"/> Under the influence	Arrested Y/N	Charges N/A				
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)	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"/> 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: 	Date: 2/16/18
Print Supervisor Name: ROBERT SURTEES	Supervisor Signature: 







Vaughn Index OPRA Request for Use of Force Reports February 2018

Document Number	Record Requested	Location	Existing/CAD CFS Code Record	Privileges/Exceptions/Redactions
18-4868	Use of Force Report	Forked River	7009- Ambulance Call	Enclosed with redacted name due to Medical Record under N.J.S.A. 47:1A-9(a) Based on Executive order #26 sec. 4(b)1 confidentiality of medical records
18-6210	Use of Force Report	Forked River	7009- Ambulance Call	Enclosed with redacted name due to Medical Record under N.J.S.A. 47:1A-9(a) Based on Executive order #26 sec. 4(b)1 confidentiality of medical records