

Lacey Township POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date <u>01/18/18</u>	Time <u>0036 hrs</u>	Day of Week <u>Thursday</u>	Location <u>Glen Oak Dr, Forked River</u>	INCIDENT NUMBER <u>18-1673</u>
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>EIP</u>				

**B. Officer Information**

Name (Last, First, Middle) <u>Watkins, Patricia Q</u>	Badge # <u>103</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>32</u>	Injured <u>Y</u>	Killed <u>Y</u>
Rank <u>Patrolman</u>	Duty assignment <u>Patrol</u>	Years of service <u>3.5</u>	On-Duty <u>Y</u>	Uniform <u>Y</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], [Redacted] J.</u>	Sex <u>F</u>	Race <u>W</u>	Age <u>48</u>	Weapon <u>Y</u>	Injured <u>Y</u>	Killed <u>Y</u>
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested <u>Y</u>	Charges <u>2C:12-1(b)(5)(a)</u>			
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) <u>"All of you just shoot me now"</u>			<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 <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)			
			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>Patricia Watkins</u>	Date: <u>01/18/18</u>
Print Supervisor Name: <u>PT. Duffy #63</u>	Supervisor Signature: <u>PT. Duffy #63</u>

Lacey Twp POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date <u>11/18/18</u>	Time <u>0036</u>	Day of Week <u>Thursday</u>	Location <u>[REDACTED] Glen Oak DR</u>	INCIDENT NUMBER <u>18-1673</u>
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>EOP</u>				

**B. Officer Information**

Name (Last, First, Middle) <u>Lee, Jason, Steven</u>	Badge # <u>99</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>3.5</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>F</u>	Race <u>W</u>	Age <u>48</u>	Weapon <u>Y/N</u>	Injured <u>Y/N</u>	Killed <u>Y/N</u>
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested <u>Y/N</u>	Charges <u>2C:12-1(b)(5)(a)</u>			
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) <u>"All of you just shoot me now"</u>			<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]			

**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: <u>[Signature]</u> <u>99</u>	Date: <u>11/18/18</u>
Print Supervisor Name: <u>PTC Duff, #63</u>	Supervisor Signature: <u>[Signature]</u> <u>#63</u>

Lacey POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date 1/18/18	Time 0036	Day of Week Thursday	Location [REDACTED] Glen Oak Dr	INCIDENT NUMBER 18-1673
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>EDP</u>				

**B. Officer Information**

Name (Last, First, Middle) Dulziel, Jesse V		Badge # 104	Sex M	Race W	Age 31	Injured Y/N	Killed Y/N
Rank Officer	Duty assignment Patrol	Years of service 2	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] J		Sex F	Race W	Age 48	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:12-1(B)5(A)				
<b>Subject's actions</b> (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) <u>Suicidal Statements</u>				<b>Officer's use of force toward this subject</b> (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				
<b>Subject's actions</b> (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)				<b>Officer's use of force toward this subject</b> (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: 1/18/2018
Print Supervisor Name: PTC Duff #63	Supervisor Signature: 

Lacey TWP POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date <u>01/30/18</u>	Time <u>2330 hrs</u>	Day of Week <u>Tuesday</u>	Location <u>Forked River</u>	INCIDENT NUMBER <u>2018-3106</u>
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>PESS Involuntary Commitment</u>				

**B. Officer Information**

Name (Last, First, Middle) <u>Watkins, Patricia 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>3.5 yrs</u>	On-Duty <u>0/N</u>	Uniform <u>0/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] J.</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>30</u>	Weapon <u>N/A</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			
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	Injured	Killed
	Y/N			Y/N	Y/N	Y/N
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested <u>Y/N</u>	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)			
			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>Patricia A. Watkins</u>	Date <u>01/31/18</u>
Print Supervisor Name <u>SGT. ROBERT SURTEES</u>	Supervisor Signature <u>Robert Surtees</u>

Lacey Twp POLICE DEPARTMENT  
USE OF FORCE REPORT

**APPENDIX A**

**A. Incident Information**

Date <u>1/30/18</u>	Time <u>2330</u>	Day of Week <u>Tuesday</u>	Location <u>Fenwick River</u>	<b>INCIDENT NUMBER</b> <u>18-3106</u>
<b>Type of Incident</b>				
<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>involuntary commitment (PSS)</u>				

**B. Officer Information**

Name (Last, First, Middle) <u>SARNO, ANTHONY, ROBERT</u>		Badge # <u>96</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>PLI</u>	Duty assignment <u>Patrolman</u>	Years of service <u>4 YEARS</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], J</u>		Sex <u>M</u>	Race <u>W</u>	Age <u>30</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				
<b>Subject's actions</b> (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)				<b>Officer's use of force toward this subject</b> (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				
<b>Subject's actions</b> (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)				<b>Officer's use of force toward this subject</b> (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: <u>1/30/18</u>
Print Supervisor Name: <u>SGT ROBERT SURTEES #72</u>	Supervisor Signature: 

7/2001

Lacey TWP POLICE DEPARTMENT  
USE OF FORCE REPORT

A. Incident Information

Date 1/30/18	Time 2330	Day of Week Tuesday	Location Forked River	INCIDENT NUMBER 18-3106
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>PESS Involuntary commitment</u>				

B. Officer Information

Name (Last, First, Middle) Julian, Martin, Andrew	Badge # 105	Sex M	Race W	Age 31	Injured Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Killed Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Rank Patrolman	Duty assignment Patrol	Years of service 2	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) [REDACTED] J	Sex M	Race W	Age 30	Weapon Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Injured Y <input checked="" type="checkbox"/> N <input 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 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 <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: 	Date 1-31-18
Print: Supervisor Name Sgt Robert Surtees	Supervisor Signature: 

**Vaughn Index OPRA Request for Use of Force Reports January 2018**

Document Number	Record Requested	Location	Existing/CAD CFS Code Record	Privileges/Exceptions/Redactions
18-1673	Use of Force Report	Glen Oak Drive Forked River	4511-Mental	Enclosed with redacted name & address 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
18-3106	Use of Force Report	Forked River	4511-Mental	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