

LACEY TWP POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 06/12/18	Time 1512	Day of Week TUESDAY	Location [REDACTED]	INCIDENT NUMBER 18-18019
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) MENTAL (37)				

B. Officer Information

Name (Last, First, Middle) ABRECHT, ALAN		Badge # 87	Sex M	Race W	Age 35	Injured Y/N	Killed Y/N
Rank PATROLMAN	Duty assignment PATROL	Years of service 13	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) [REDACTED]		Sex F	Race W	Age 13	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify) MENTAL (37)		Arrested Y/N	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 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: 06/12/18
Print Supervisor Name: PA. JEFFROY R STOTA	Supervisor Signature: 

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Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date <u>6/19/18</u>	Time <u>2010 hrs</u>	Day of Week <u>Tuesday</u>	Location <u>Forked River</u>	INCIDENT NUMBER <u>18-18822</u>
Type of Incident				
<input type="checkbox"/> Crime in progress <input checked="" 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) <u>Lee Jason Steven</u>	Badge # <u>99</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>32</u>	Injured Y/N <input checked="" type="checkbox"/>	Killed Y/N <input checked="" type="checkbox"/>
Rank <u>Pt</u>	Duty assignment <u>patrol</u>	Years of service <u>3.10.10</u>	On-Duty Y/N <input checked="" type="checkbox"/>	Uniform Y/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) [REDACTED]	Sex <u>M</u>	Race <u>W</u>	Age <u>34</u>	Weapon Y/N <input checked="" type="checkbox"/>	Injured Y/N <input checked="" type="checkbox"/>	Killed Y/N <input checked="" type="checkbox"/>
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify) <u>EDP</u>		Arrested Y/N <input checked="" type="checkbox"/>	Charges <u>N/A</u>			
Subject's actions (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)			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]			

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 _____ <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>99</u>	Date: <u>6/19/18</u>
Print Supervisor Name: <u>Ronald Buxton</u>	Supervisor Signature:

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT


A. Incident Information

Date	Time	Day of Week	Location	INCIDENT NUMBER
6/19/2018	2:10 hrs	Tuesday	Forked River	2018-18822
Type of Incident				
<input type="checkbox"/> Crime in progress <input checked="checked" type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop				
<input checked="checked" type="checkbox"/> Other (specify) <i>Mental/PSS</i>				


B. Officer Information

Name (Last, First, Middle)	Badge #	Sex	Race	Age	Injured	Killed
<i>Watkins, Patrick Q.</i>	<i>103</i>	<i>M</i>	<i>W</i>	<i>32</i>	<i>Y/N</i>	<i>Y/N</i>
Rank	Duty assignment	Years of service	On-Duty	Uniform		
<i>Patrolman</i>	<i>Patrol</i>	<i>3.10</i> <i>Y15</i>	<i>Y/N</i>	<i>Y/N</i>		

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
	<i>M</i>	<i>W</i>	<i>34</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>
<input type="checkbox"/> Under the influence		Arrested		Charges		
<input checked="checked" type="checkbox"/> Other unusual condition (specify) <i>PSS</i>		<i>Y/N</i>		<i>N/A</i>		
Subject's actions (check all that apply)				Officer's use of force toward this subject (check all that apply)		
<input checked="checked" type="checkbox"/> Resisted police officer control				<input checked="checked" type="checkbox"/> Compliance hold		
<input type="checkbox"/> Physical threat/attack on officer or another				Firearms Discharge		
<input type="checkbox"/> Threatened/attacked officer or another with blunt object				<input type="checkbox"/> Intentional		
<input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object				<input type="checkbox"/> Accidental		
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle				Number of Shots Fired _____		
<input type="checkbox"/> Threatened officer or another with firearm				Number of Hits _____		
<input type="checkbox"/> Fired at officer or another				[Use 'UNK' if unknown]		
<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
				<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>
<input type="checkbox"/> Under the influence		Arrested		Charges		
<input type="checkbox"/> Other unusual condition (specify)		<i>Y/N</i>				
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		
<input type="checkbox"/> Physical threat/attack on officer or another				Firearms Discharge		
<input type="checkbox"/> Threatened/attacked officer or another with blunt object				<input type="checkbox"/> Intentional		
<input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object				<input type="checkbox"/> Accidental		
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle				Number of Shots Fired _____		
<input type="checkbox"/> Threatened officer or another with firearm				Number of Hits _____		
<input type="checkbox"/> Fired at officer or another				[Use 'UNK' if unknown]		
<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:
<i>Patrick Watkins #103</i>	<i>6/19/2018</i>
Print Supervisor Name:	Supervisor Signature:
<i>Ronald Buxton</i>	<i>[Signature]</i>

Lacey Twp. POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date <u>6/19/2018</u>	Time <u>2010 hrs</u>	Day of Week <u>Tuesday</u>	Location <u>Forked River</u>	INCIDENT NUMBER <u>18-18822</u>
Type of Incident				
<input type="checkbox"/> Crime in progress <input checked="" 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>Mental / PESS</u>				

B. Officer Information

Name (Last, First, Middle) <u>Daniel, Jesse V.</u>		Badge # <u>104</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>31</u>	Injured <u>Y</u> <input checked="" type="checkbox"/>	Killed <u>Y</u> <input checked="" type="checkbox"/>
Rank <u>Patrolman</u>	Duty assignment <u>Patrol</u>	Years of service <u>4 years</u>	On-Duty <u>Y</u> <input checked="" type="checkbox"/>	Uniform <u>Y</u> <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) <u>[REDACTED]</u>		Sex <u>M</u>	Race <u>W</u>	Age <u>34</u>	Weapon <u>Y</u> <input checked="" type="checkbox"/>	Injured <u>Y</u> <input checked="" type="checkbox"/>	Killed <u>Y</u> <input checked="" type="checkbox"/>
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify) <u>Mental / PESS</u>		Arrested <u>Y</u> <input checked="" type="checkbox"/>	Charges <u>N/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 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: <u>6/19/2018</u>
Print Supervisor Name: <u>Ronald Buxton</u>	Supervisor Signature: 

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 10/27/11	Time 2230	Day of Week Wednesday	Location Lanoka Harbor	INCIDENT NUMBER 18-19723
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>Highly intoxicated female</u>				

B. Officer Information

Name (Last, First, Middle) Lee Jason Steven	Badge # 99	Sex m	Race w	Age 32	Injured Y/N	Killed Y/N
Rank Patrolman	Duty assignment patrol	Years of service 3yr 11 months	On-Duty Y/N	Uniform Y/N		


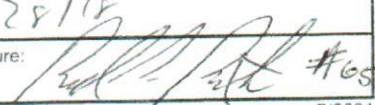
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) Dimaggio, Theresa	Sex F	Race w	Age 56	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: 29-2 2C: 12-1(b)(6)a				
Subject's actions (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)			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]			

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]			

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

Signature: 	Date: 10/27/11
Print Supervisor Name: Ronald Buxton	Supervisor Signature:  #65

Vaughn Index OPRA Request for Use of Force Reports June 2018

Document Number	Record Requested	Location	Existing/CAD CFS Code Record	Privileges/Exceptions/Redactions
18-18019	Use of Force Report	Forked River	4511-Mental	Enclosed with redaction of juvenile name and address (2A:4A-60)
18-18822	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
18-19723	Use of Force Report	Lanoka Harbor	0803-Assault-Agg/Police Officer, etc	Enclosed