

LACEY TWP. POLICE DEPARTMENT  
USE OF FORCE REPORT

**APPENDIX A**

**A. Incident Information**

Date <u>3/12/18</u>	Time <u>00:03</u>	Day of Week <u>Monday</u>	Location <u>Fenken River</u>	INCIDENT NUMBER <u>18-7686</u>
Type of Incident				
<input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input checked="" type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop <input type="checkbox"/> Other (specify)				

**B. Officer Information**

Name (Last, First, Middle) <u>SARNO, ANTHONY, R</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>PATROLMAN</u>	Duty assignment <u>PATROL</u>	Years of service <u>5</u>	On-Duty <u>Y/N</u>	Uniform <u>Y/N</u>			


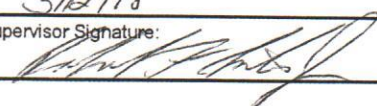
**C1. Subject 1** (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) <u>McKee Douglas J</u>		Sex <u>M</u>	Race <u>W</u>	Age <u>26</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 <u>2C:29-2A(1)</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>3/12/18</u>
Print Supervisor Name: <u>ROBERT ESUNTERES, JR.</u>	Supervisor Signature: 

7/2001

LACEY TWP. POLICE DEPARTMENT  
USE OF FORCE REPORT

**APPENDIX A**

**A. Incident Information**

Date 03/12/18	Time 00:03	Day of Week MONDAY	Location Parked River	INCIDENT NUMBER 18-7686
Type of Incident				
<input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input checked="" type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop <input type="checkbox"/> Other (specify)				

**B. Officer Information**

Name (Last, First, Middle) SURTEES ROBERT F		Badge # 72	Sex M	Race W	Age 46	Injured Y/N	Killed Y/N
Rank SERGEANT	Duty assignment PATROL	Years of service 17	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) McKEE DOUGLAS J		Sex M	Race W	Age 26	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Charges 2C-29-2A(1)				
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: 03/12/18
Print Supervisor Name: Lt. Vincent	Supervisor Signature: 

7/2001

LACEY TOWNSHIP POLICE DEPARTMENT  
USE OF FORCE REPORT

A. Incident Information

Date 3/14/18	Time 1125	Day of Week WEDNESDAY	Location FORKED RIVER	INCIDENT NUMBER 18-7959
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</u>				

B. Officer Information

Name (Last, First, Middle) SLOTA, ANDREW, J	Badge # 89	Sex M	Race W	Age 36	Injured Y/N <input checked="" type="checkbox"/>	Killed Y/N <input type="checkbox"/>
Rank PATROLMAN	Duty assignment PATROL	Years of service 12	On-Duty <input checked="" type="checkbox"/> N	Uniform <input checked="" 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) [Redacted]	Sex M	Race W	Age 54	Weapon Y/N <input checked="" type="checkbox"/>	Injured Y/N <input checked="" type="checkbox"/>	Killed Y/N <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y/N <input checked="" type="checkbox"/>	Charges				
Subject's actions (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)	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 checked="" 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: 3/14/18
Print Supervisor Name: SERGEANT ROBERT FLYNN	Supervisor Signature: 



LACEY TOWNSHIP POLICE DEPARTMENT

**USE OF FORCE REPORT**

**A. Incident Information**

Date 3/14/18	Time 1125	Day of Week WEDNESDAY	Location FORKED RIVER	INCIDENT NUMBER 18-7959
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>P255</u>				

**B. Officer Information**

Name (Last, First, Middle) SLOTA, JEFFREY, R	Badge # 73	Sex M	Race W	Age 46	Injured Y/ <input checked="" type="checkbox"/>	Killed Y/ <input type="checkbox"/>
Rank PATROLMAN	Duty assignment PATROL	Years of service 18	On-Duty <input checked="" type="checkbox"/> / <input type="checkbox"/>	Uniform <input checked="" type="checkbox"/> / <input type="checkbox"/>		

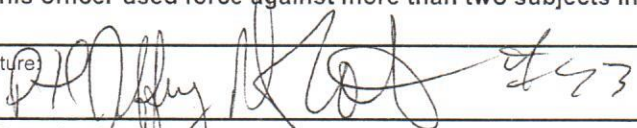
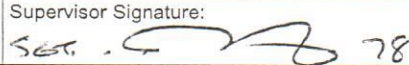
**C1. Subject 1** (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) <span style="background-color: black; color: black;">[REDACTED]</span>	Sex M	Race W	Age 54	Weapon Y/ <input checked="" type="checkbox"/>	Injured Y/ <input type="checkbox"/>	Killed Y/ <input type="checkbox"/>
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)	Arrested Y/ <input checked="" type="checkbox"/>	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 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)			<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: 	Date: 3/14/18
Print Supervisor Name: SERGEANT ROBERT FLYNN	Supervisor Signature: 

Vaughn Index OPRA Request for Use of Force Reports March 2018

Document Number	Record Requested	Location	Existing/CAD CFS Code Record	Privileges/Exceptions/Redactions
18-7686	Use of Force Report	Forked River	4022-Suspicious Person	Enclosed
18-7959	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