

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

Document Number	Record Requested	Location	Existing/CAD CFS Code Record	Privileges/Exceptions/Redactions
18-29936	Use of Force Report	Forked River	2471-Dispute	Enclosed with redacted name under N.J.S.A. 47:1A-9(a) other laws (2C:25-33)
18-30359	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
18-31408	Use of Force Report	Forked River	4022-Suspicious Person	Enclosed

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

**A. Incident Information**

Date 10/03/18	Time 1332	Day of Week WEDNESDAY	Location FORKED RIVER	<b>INCIDENT NUMBER</b> 18-29936
<u>Type of Incident</u>				
<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 type="checkbox"/> Other (specify)				

**B. Officer Information**

Name (Last, First, Middle) SLOTA, ANDREW, J	Badge # 89	Sex M	Race W	Age 36	Injured Y/N	Killed Y/N
Rank PATROLMAN	Duty assignment PATROL	Years of service 13	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 F	Race W	Age 18	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 2C:33-7a, 2C:29-2a(1)			
<u>Subject's actions</u> (check all that apply)			<u>Officer's use of force toward this subject</u> (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 <input type="checkbox"/> Other unusual condition (specify)		Arrested Y/N	Charges			
<u>Subject's actions</u> (check all that apply)			<u>Officer's use of force toward this subject</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)			<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: 10/03/18
Print Supervisor Name: SGT. ROBERT FLYNN #78	Supervisor Signature: 

LACEY TOWNSHIP POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 10/03/18	Time 1332	Day of Week WEDNESDAY	Location FORKED RIVER	INCIDENT NUMBER 18-29936
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 type="checkbox"/> Other (specify)				

B. Officer Information

Name (Last, First, Middle) SCHAFER, NOAH, L	Badge # 84	Sex M	Race W	Age 40	Injured Y/N	Killed Y/N
Rank PATROLMAN	Duty assignment PATROL	Years of service 14	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)	Sex F	Race W	Age 18	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 2C-33-4a 2C-29-2a1				
<u>Subject's actions</u> (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)	<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      Number of Shots Fired _____ <input type="checkbox"/> Strike/use baton or other object      Number of Hits _____ <input type="checkbox"/> Canine      [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				
<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      Number of Shots Fired _____ <input type="checkbox"/> Strike/use baton or other object      Number of Hits _____ <input type="checkbox"/> Canine      [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: 10/03/18
Print Supervisor Name: SGT. ROBERT FLYNN #78	Supervisor Signature:

Lacey Twp POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date <u>10/8/18</u>	Time <u>0247hrs</u>	Day of Week <u>Monday</u>	Location <u>Fonken River</u>	INCIDENT NUMBER <u>18-30359</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</u>				

**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>33</u>	Injured Y/ <input checked="" type="checkbox"/> N	Killed Y/ <input checked="" type="checkbox"/> N
Rank <u>PATROLMAN</u>	Duty assignment <u>PATROL</u>	Years of service <u>5</u>	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) [REDACTED]		Sex <u>F</u>	Race <u>W</u>	Age <u>20</u>	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>2C:12-18(5A)/2C:29-14</u> <u>2C:12-13/2C:29-2A(1)</u>				
<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 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>10/8/18</u>
Print Supervisor Name: <u>ROBERT SURTEES</u>	Supervisor Signature: 

Lacey Twp POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date <b>10/8/18</b>	Time <b>0247</b>	Day of Week <b>Monday</b>	Location <b>Forked River</b>	INCIDENT NUMBER <b>18-30354</b>
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) <b>PESS</b>				

**B. Officer Information**

Name (Last, First, Middle) <b>Keefe, Scott R</b>		Badge # <b>97</b>	Sex <b>M</b>	Race <b>W</b>	Age <b>32</b>	Injured Y/ <input checked="" type="checkbox"/> N	Killed Y/ <input type="checkbox"/> N
Rank <b>Patrolman</b>	Duty assignment <b>Patrol</b>	Years of service <b>5</b>	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 <b>F</b>	Race <b>W</b>	Age <b>20</b>	Weapon Y/ <input checked="" type="checkbox"/> N	Injured Y/ <input checked="" type="checkbox"/> N	Killed Y/ <input type="checkbox"/> N
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested <input checked="" type="checkbox"/> Y / N	Charges <b>2c: 12-1b(5a) 2c: 12-13/2c: 29-2A(1) 2c: 29-1A</b>				
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     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 <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify)			
				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     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 <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify)			
				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: <b>10/8/18</b>
Print Supervisor Name: <b>ROBERT SULTES</b>	Supervisor Signature: 

Lacey Twp POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date <b>10/8/18</b>	Time <b>0247 hrs</b>	Day of Week <b>Monday</b>	Location <b>Forked River</b>	INCIDENT NUMBER <b>18-30359</b>
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) <b>PESS</b>				

**B. Officer Information**

Name (Last, First, Middle) <b>Julian, Martin, A</b>		Badge # <b>105</b>	Sex <b>M</b>	Race <b>W</b>	Age <b>32</b>	Injured Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Killed Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Rank <b>Patrolman</b>	Duty assignment <b>Patrol</b>	Years of service <b>2</b>	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) <b>[REDACTED]</b>		Sex <b>F</b>	Race <b>W</b>	Age <b>20</b>	Weapon Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Injured Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Killed Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify)		Arrested Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Charges <b>2C:12-1B(5A) 2C:29-1A/2C:12-3/2C:29-2A(1)</b>				
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     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: <b>[Signature]</b> #105	Date: <b>10/8/18</b>
Print Supervisor Name: <b>ROBERT SURVEY</b>	Supervisor Signature: <b>[Signature]</b>

Lacey

POLICE DEPARTMENT

USE OF FORCE REPORT

A. Incident Information

Date 10/18/18	Time 8:33p	Day of Week Thursday	Location Lanark Harbor	INCIDENT NUMBER 18-31408
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) Lee, Jason, Steven	Badge # 99	Sex M	Race W	Age 33	Injured Y/N	Killed Y/N
Rank Patrolman	Duty assignment Patrol	Years of service 4	On-Duty Y/N	Uniform Y/N		

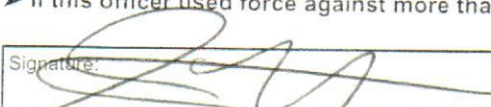
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) Banks, Savannah, L	Sex F	Race W	Age 20	Weapon Y/N	Injured Y/N	Killed Y/N
<input checked="" type="checkbox"/> Under the influence	Arrested <input checked="" type="checkbox"/> Y/N	Charges 2C:12-1B(5)(A) 2C:12-1B(5)(c) 2C:33-15				
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	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: 10/24/18
Print Supervisor Name Sgt Ron Burton #65	Supervisor Signature: 