

Vaughn Index OPRA Request for Use of Force Reports December 2019

Document Number	Record Requested	Location	CAD CFS Code	Privileges/Exceptions/Redactions
19-38550	Use of Force Report	Forked River	4511- Mental	Enclosed with redaction of name under N.J.S.A. 47:1A-9(a) Based on Executive Order #26 sec. 4(b)1 confidentiality of medical records
19-38550	Use of Force Report	Forked River	4511- Mental	Enclosed with redaction of name under N.J.S.A. 47:1A-9(a) Based on Executive Order #26 sec. 4(b)1 confidentiality of medical records

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date	Time	Day of Week	Location	INCIDENT NUMBER
12/21/2019	18:07	Saturday	Forked River	19-038550
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) EDP				

B. Officer Information

Name (Last, First, Middle)	Badge #	Sex	Race	Age	Injured	Killed
Lee, Jason, Steven	99	M	W	34	Y/N	Y/N
Rank	Duty assignment	Years of service	On-Duty	Uniform		
Patrolman	Patrol	5	0/N	0/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	Race	Age	Weapon	Injured	Killed
[REDACTED]	M	W	42	Y/N	Y/N	Y/N
<input type="checkbox"/> Under the influence		Arrested	Charges			
<input checked="" type="checkbox"/> Other unusual condition (specify) EDP		Y/N				
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"/> Compliance hold		
<input checked="" type="checkbox"/> Physical threat/attack on officer or another				<input type="checkbox"/> Hands/fists		
<input type="checkbox"/> Threatened/attacked officer or another with blunt object				<input type="checkbox"/> Kicks/feet		
<input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object				<input type="checkbox"/> Chemical/natural agent		
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle				<input type="checkbox"/> Strike/use baton or other object		
<input type="checkbox"/> Threatened officer or another with firearm				<input type="checkbox"/> Canine		
<input type="checkbox"/> Fired at officer or another				Number of Shots Fired _____		
<input type="checkbox"/> Other (specify)				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	Injured	Killed
				Y/N	Y/N	Y/N
<input type="checkbox"/> Under the influence		Arrested	Charges			
<input type="checkbox"/> Other unusual condition (specify)		Y/N				
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				<input type="checkbox"/> Hands/fists		
<input type="checkbox"/> Threatened/attacked officer or another with blunt object				<input type="checkbox"/> Kicks/feet		
<input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object				<input type="checkbox"/> Chemical/natural agent		
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle				<input type="checkbox"/> Strike/use baton or other object		
<input type="checkbox"/> Threatened officer or another with firearm				<input type="checkbox"/> Canine		
<input type="checkbox"/> Fired at officer or another				Number of Shots Fired _____		
<input type="checkbox"/> Other (specify)				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: [Signature]	99	Date: 12/21/19
Print Supervisor Name: K. CHRISTOPHER HENNY		Supervisor Signature: [Signature]

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date <u>12/21/2019</u>	Time <u>18:07</u>	Day of Week <u>Saturday</u>	Location <u>Forked River</u>	INCIDENT NUMBER <u>19-038550</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>EDP</u>				

B. Officer Information

Name (Last, First, Middle) <u>Carver, Bruce, Allen</u>		Badge # <u>110</u>	Sex <u>M</u>	Race <u>W</u>	Age <u>27</u>	Injured Y/ <input checked="" type="radio"/> N	Killed Y/ <input checked="" type="radio"/> N
Rank <u>Patrolman</u>	Duty assignment <u>Patrol</u>	Years of service <u>3</u>	On-Duty <input checked="" type="radio"/> N	Uniform <input checked="" type="radio"/> N			

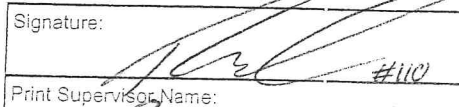
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) [REDACTED]		Sex <u>M</u>	Race <u>W</u>	Age <u>42</u>	Weapon Y/ <input checked="" type="radio"/> N	Injured Y/ <input checked="" type="radio"/> N	Killed Y/ <input checked="" type="radio"/> N
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify) <u>EDP</u>		Arrested Y/ <input checked="" type="radio"/> N	Charges <u>—</u>				
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 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: 	Date: <u>12/21/19</u>
Print Supervisor Name: <u>Lt. CHRISTOPHER HENRY</u>	Supervisor Signature: 