

Vaughn Index OPRA Request for Use of Force Reports November 2019

Document Number	Record Requested	Location	CAD CFS Code	Privileges/Exceptions/Redactions
19-35537	Use of Force Report	Forked River	2471-Dispute	Enclosed with redaction of name under N.J.S.A. 47:1A9(a) other laws (2C:25-33)
19-35537	Use of Force Report	Forked River	2471-Dispute	Enclosed with redaction of name under N.J.S.A. 47:1A9(a) other laws (2C:25-33)
19-35537	Use of Force Report	Forked River	2471-Dispute	Enclosed with redaction of name under N.J.S.A. 47:1A9(a) other laws (2C:25-33)
19-35537	Use of Force Report	Forked River	2471-Dispute	Enclosed with redaction of name under N.J.S.A. 47:1A9(a) other laws (2C:25-33)

Lacey Township POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 11/19/19	Time 21:52	Day of Week Tuesday	Location Forked River	INCIDENT NUMBER 19-35537
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) Lee, Jason, Steven	Badge # 99	Sex M	Race Wh	Age 34	Injured Y/ <input checked="" type="checkbox"/> N/ <input type="checkbox"/>	Killed Y/ <input type="checkbox"/> N/ <input checked="" type="checkbox"/>
Rank Patrolman	Duty assignment Patrol	Years of service 5	On-Duty Y/ <input type="checkbox"/> N/ <input checked="" type="checkbox"/>	Uniform Y/ <input type="checkbox"/> N/ <input checked="" type="checkbox"/>		

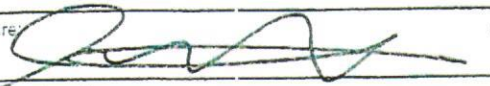

C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) [REDACTED]	Sex M	Race Wh	Age 46	Weapon Y/ <input checked="" type="checkbox"/> N/ <input type="checkbox"/>	Injured Y/ <input type="checkbox"/> N/ <input checked="" type="checkbox"/>	Killed Y/ <input checked="" type="checkbox"/> N/ <input type="checkbox"/>
<input checked="" type="checkbox"/> Under the influence	Arrested Y/ <input checked="" type="checkbox"/> N/ <input type="checkbox"/>	Charges: (1) 2C:12-1(B)(5)(a) (2) 2C:29-2A(1)(A) (2) 2C:17-3A(1) (4) 2C:12-1A(1) (1) 2C:12-1B(13)				
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 Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the influence	Arrested Y/N	Charges				
<input type="checkbox"/> Other unusual condition (specify):						
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:  99	Date: 11/20/19
Post-Supervisor Name: SERGEANT G. RESETAR	Supervisor Signature:  190

Lacey Township POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date <u>11/19/19</u>	Time <u>2152 HRS</u>	Day of Week <u>Tuesday</u>	Location <u>Forked River</u>	INCIDENT NUMBER <u>19-35537</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 type="checkbox"/> Other (specify):				

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>33</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>		

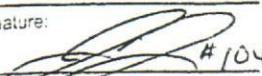
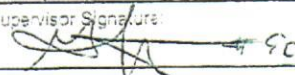
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) [REDACTED]	Sex <u>M</u>	Race <u>W</u>	Age <u>46</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>(1) 2C:12-11(b)(5)(A), (1) 2C:12-11A, (1) 2C:12-11B(13), (1) 2C:12-11A(1), (1) 2C:12-11A(1), (1) 2C:12-11A(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 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 _____ [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 _____ [Use 'UNK' if unknown]			

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

Signature:  #104	Date: <u>11/20/19</u>
Print Supervisor Name: <u>SERGEANT G. ROSETAZ</u>	Supervisor Signature:  #90

LACLEY TOWNSHIP POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 11/19/19	Time 2122 HRS	Day of Week TUESDAY	Location FOCKED RIVER	INCIDENT NUMBER 19-3553
Type of incident:				
<input type="checkbox"/> Crime in progress	<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Other disputes	<input type="checkbox"/> Suspicious person	<input type="checkbox"/> Traffic stop
<input type="checkbox"/> Other (specify):				

B. Officer Information

Name (Last, First, Middle) HOLT, BRIAN	Badge # 100	Sex M	Race W	Age 33	Injured Y <input checked="" type="checkbox"/>	Killed Y <input checked="" type="checkbox"/>
Rank PATROLMAN	Duty assignment PATROL	Years of service 5	On-Duty Y <input checked="" type="checkbox"/>	Uniform Y <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 M	Race W	Age 46	Weapon Y <input checked="" type="checkbox"/>	Injured Y <input checked="" type="checkbox"/>	Killed Y <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify):	Arrested Y <input checked="" type="checkbox"/>	Charges (a) 2C:12-1(B)(5)(A), (1) 2C:23-1a (1) 2C:12-16(b), (1) 2C:29-2A(1)(A), (1) 2C:23-2d (1) 2C:12-1A(1)(b)(2)(17-3a(1)), (1) 2C:17-3a(1)				
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: [Signature]	Date: 11/20/19
Print Supervisor Name: SERGEANT G. RESOTAR	Supervisor Signature: [Signature] #90

Lacey Township POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date	Time	Day of Week	Location	INCIDENT NUMBER
11/19/19	2152	Tuesday	Forked River	19-35537
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)	Badge #	Sex	Race	Age	Injured	Killed
Peper, Eiten, L	101	M	BLK	39	Y/N	Y/N
Rank	Duty assignment	Years of service	On-Duty	Uniform		
Patrolman	Patrol	5	<input checked="" type="checkbox"/> N	<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)	Sex	Race	Age	Weapon	Injured	Killed
[REDACTED]	M	WH	46	Y/N	Y/N	Y/N
<input checked="" type="checkbox"/> Under the influence	Arrested	Charges (CC: 12-1(B)(5)(A))				
<input type="checkbox"/> Other unusual condition (specify)	<input checked="" type="checkbox"/> N	(1) CC: 24-2A(1)A (6) CC: 11-3A(1) (6) CC: 12-1A(1) (1) CC: 12-1B(1)				
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	Firearms Discharge				
<input checked="" type="checkbox"/> Physical threat/attack on officer or another	<input type="checkbox"/> Hands/fists	<input type="checkbox"/> Intentional				
<input type="checkbox"/> Threatened/attacked officer or another with blunt object	<input type="checkbox"/> Kicks/feet	<input type="checkbox"/> Accidental				
<input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object	<input type="checkbox"/> Chemical/natural agent	Number of Shots Fired		_____		
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle	<input type="checkbox"/> Strike/use baton or other object	Number of Hits		_____		
<input type="checkbox"/> Threatened officer or another with firearm	<input type="checkbox"/> Canine	[Use 'UNK' if unknown]				
<input type="checkbox"/> Fired at officer or another	<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
				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	Firearms Discharge				
<input type="checkbox"/> Physical threat/attack on officer or another	<input type="checkbox"/> Hands/fists	<input type="checkbox"/> Intentional				
<input type="checkbox"/> Threatened/attacked officer or another with blunt object	<input type="checkbox"/> Kicks/feet	<input type="checkbox"/> Accidental				
<input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object	<input type="checkbox"/> Chemical/natural agent	Number of Shots Fired		_____		
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle	<input type="checkbox"/> Strike/use baton or other object	Number of Hits		_____		
<input type="checkbox"/> Threatened officer or another with firearm	<input type="checkbox"/> Canine	[Use 'UNK' if unknown]				
<input type="checkbox"/> Fired at officer or another	<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: 11/20/19
Print Supervisor Name: SERGEANT C. RESETA	Supervisor Signature: 