

LACEY TOWNSHIP                          POLICE DEPARTMENT

**USE OF FORCE REPORT**

**A. Incident Information**

Date <b>02/22/2020</b>	Time <b>0220</b>	Day of Week <b>SATURDAY</b>	Location <b>LACEY TOWNSHIP</b>	<b>INCIDENT NUMBER</b> <b>20-6544</b>
<u>Type of Incident</u>				
<input checked="" 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 type="checkbox"/> Other (specify) _____				

**B. Officer Information**

Name (Last, First, Middle) <b>COPESE, ELTON, L</b>	Badge # <b>101</b>	Sex <b>M</b>	Race <b>W</b>	Age <b>38</b>	Injured <b>Y</b> <b>N</b>	Killed <b>Y</b> <b>N</b>
Rank <b>PATROLMAN</b>	Duty assignment <b>PATROL</b>	Years of service <b>5</b>	On-Duty <b>Y</b> <b>N</b>	Uniform <b>Y</b> <b>N</b>		

**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>VANDORN, ALEXANDRA C</b>	Sex <b>F</b>	Race <b>W</b>	Age <b>33</b>	Weapon <b>Y</b> <b>N</b>	Injured <b>Y</b> <b>N</b>	Killed <b>Y</b> <b>N</b>
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify) _____	Arrested <b>Y</b> <b>N</b>	Charges 2C:12-1B(5)A, 2C:36-2, 2C:36-6A, 2C:29-2A(3)A, 39:4-50				
<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 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				
<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: <b>PTL. ELTON L. COPESE #101</b>	Date: <b>02/22/2020</b>
Print Supervisor Name: <b>SERGEANT JOHN MCKEE</b>	Supervisor Signature: <i>Sgt John McKee</i>

LACEY TOWNSHIP POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date 02/22/2020	Time 0220	Day of Week SATURDAY	Location Lacey Township	<b>INCIDENT NUMBER</b> 20-6544
Type of Incident <input checked="" 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 type="checkbox"/> Other (specify)				

**B. Officer Information**

Name (Last, First, Middle) Hein, Michael, J	Badge # 94	Sex M	Race W	Age 32	Injured Y <input checked="" type="checkbox"/> N	Killed Y <input checked="" type="checkbox"/> N
Rank Patrolman	Duty assignment Patrol	Years of service 7	On-Duty Y <input checked="" type="checkbox"/> N	Uniform Y <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) VANDORN, ALEXANDRA C	Sex F	Race W	Age 33	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 Y <input checked="" type="checkbox"/> N	Charges 2C:12-1B(5)A, 2C:36-2, 2C:36-6A, 2C:29-2A(3)A, 39-4-50				
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: <i>Michael J Hein #94</i> Ptl. Michael J. Hein #94	Date: 02/22/2020
Print Supervisor Name: <i>Sgt. John McVee</i>	Supervisor Signature: <i>Sgt. John McVee</i>



Lacey Township **POLICE DEPARTMENT**  
**USE OF FORCE REPORT**

**A. Incident Information**

Date <b>02/22/2020</b>	Time <b>0220</b>	Day of Week <b>Saturday</b>	Location <b>Lacey Township</b>	<b>INCIDENT NUMBER</b> 20-6544
Type of Incident				
<input checked="" 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 type="checkbox"/> Other (specify) _____				

**B. Officer Information**

Name (Last, First, Middle) <b>Watkins, Patrick Q.</b>	Badge # <b>103</b>	Sex <b>M</b>	Race <b>W</b>	Age <b>34</b>	Injured <b>Y/N</b>	Killed <b>Y/N</b>
Rank <b>Patrolman</b>	Duty assignment <b>Patrol</b>	Years of service <b>5.5 yrs</b>	On-Duty <b>Y/N</b>	Uniform <b>Y/N</b>		

**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>Vandorn, Alexandra C.</b>	Sex <b>F</b>	Race <b>W</b>	Age <b>33</b>	Weapon <b>Y/N</b>	Injured <b>Y/N</b>	Killed <b>Y/N</b>
<input checked="" type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify) _____		Arrested <b>Y/N</b>	Charges <b>2C:12-1b(5), 2C:36-2, 2C:36-6a, 2C:29-2a(3)a, 39:4-50</b>			
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 <b>Y/N</b>	Injured <b>Y/N</b>	Killed <b>Y/N</b>
<input type="checkbox"/> Under the influence <input type="checkbox"/> Other unusual condition (specify) _____		Arrested <b>Y/N</b>	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: <b>Ptl Patrick Watkins #103</b>	Date: <b>02/22/2020</b>
Print Supervisor Name: <b>Sgt John McKee #81</b>	Supervisor Signature: <i>Sgt John McKee</i>

LACEY TOWNSHIP POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date 02/22/2020	Time 0220	Day of Week SATURDAY	Location LACEY TOWNSHIP	<b>INCIDENT NUMBER</b> 20-6544
Type of Incident				
<input checked="" 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 type="checkbox"/> Other (specify)				

**B. Officer Information**

Name (Last, First, Middle) RAVALLO, ANHTONY, M		Badge # 111	Sex M	Race W	Age 25	Injured Y <input checked="" type="checkbox"/> N	Killed Y <input checked="" type="checkbox"/> N
Rank PATROLMAN	Duty assignment PATROL	Years of service 6	On-Duty Y <input checked="" type="checkbox"/> N		Uniform Y <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) VANDORN, ALEXANDRA C		Sex F	Race W	Age 33	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 Y <input checked="" type="checkbox"/> N		Charges 2C:12-1B(5)A, 2C:36-6A, 2C:29-2A(3)A, 39:4-50			
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] <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)				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] <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: 2/22/20
Print Supervisor Name: Sgt. John McKee	Supervisor Signature:



LACEY TOWNSHIP POLICE DEPARTMENT  
USE OF FORCE REPORT

**A. Incident Information**

Date 02/22/2020	Time 0220	Day of Week Saturday	Location Lacey Township	<b>INCIDENT NUMBER</b> 20-6544
<b>Type of Incident</b>				
<input checked="" 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 type="checkbox"/> Other (specify)				

**B. Officer Information**

Name (Last, First, Middle) McKee, John, J	Badge # 81	Sex M	Race W	Age 51	Injured Y/N	Killed Y/N
Rank Sergeant	Duty assignment Patrol	Years of service 17	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) Vandorn, Alexandra, C	Sex F	Race W	Age 33	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:12-1b(5), 2C:36-2, 2C:36-6A, 2C:29-2A(3)A, 39:4-50			
<b>Subject's actions</b> (check all that apply)			<b>Officer's use of force toward this subject</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)			<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)			<b>Officer's use of force toward this subject</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)			<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: Sgt. John McKee #81 <i>Sgt. McKee</i>	Date: 02/22/2020
Print Supervisor Name: Lieutenant Paul Sullivan #77	Supervisor Signature: