

Vaughn Index OPRA Request for Use of Force Reports July 2020

Document Number	Record Requested	Location	CAD CFS Code	Privileges/Exceptions/Redactions
20-24684	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 and other laws 2A:4A-60
20-26345	Use of Force Report	Forked River	4021- Suspicious Incident	Enclosed with redaction of name under N.J.S.A. 2C:25-33
20-26557	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 and other laws 2A:4A-60

Lacey Twp POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 7/5/20	Time 1930	Day of Week Sunday	Location FORKED RIVER	INCIDENT NUMBER 20-24684
Type of Incident				
<input checked="" type="checkbox"/> Crime in progress		<input type="checkbox"/> Domestic		<input type="checkbox"/> Other dispute
<input checked="" type="checkbox"/> Other (specify): FDP		<input type="checkbox"/> Suspicious person		<input type="checkbox"/> Traffic stop

B. Officer Information

Name (Last, First, Middle) VERWEY, MICHAEL, C		Badge # 98	Sex M	Race W	Age 35	Injured Y/N	Killed Y/N
Rank PATROLMAN	Duty assignment PATROL	Years of service 16	On-Duty G/N	Uniform O/N			

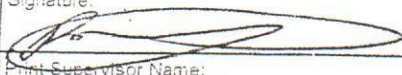
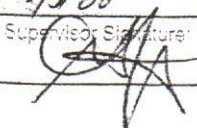
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) [REDACTED]		Sex M	Race W	Age 15	Weapon Y/N	Injured Y/N	Killed Y/N
<input type="checkbox"/> Under the influence		Arrested O/N		Charges 2C 12-1B 5A 2C 20-2A 2C 29-2A 3B 2C 17-3A 2C 29-1A			
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"/> Firearms Discharge			
<input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object				<input type="checkbox"/> Intentional			
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle				<input type="checkbox"/> Accidental			
<input type="checkbox"/> Threatened officer or another with firearm				<input type="checkbox"/> Chemical/natural agent			
<input type="checkbox"/> Fired at officer or another				<input type="checkbox"/> Strike/use baton or other object			
<input type="checkbox"/> Other (specify):				<input type="checkbox"/> Canine			
				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	Injured	Killed
		Y/N			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"/> Firearms Discharge			
<input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object				<input type="checkbox"/> Intentional			
<input type="checkbox"/> Threatened/attacked officer or another with motor vehicle				<input type="checkbox"/> Accidental			
<input type="checkbox"/> Threatened officer or another with firearm				<input type="checkbox"/> Chemical/natural agent			
<input type="checkbox"/> Fired at officer or another				<input type="checkbox"/> Strike/use baton or other object			
<input type="checkbox"/> Other (specify):				<input type="checkbox"/> Canine			
				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: 7/5/20
Print Supervisor Name: Sgt G. RESESTAR #90	Supervisor Signature: 

LACEY TOWNSHIP POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 07/18/2020	Time 1923	Day of Week SATURDAY	Location FORKED RIVER	INCIDENT NUMBER 20-26345
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) Carver, Bruce, Allen	Badge # 110	Sex M	Race W	Age 28	Injured Y/N	Killed Y/N
Rank PATROLMAN	Duty assignment PATROL	Years of service 3	On-Duty Y/N	Uniform Y/N		


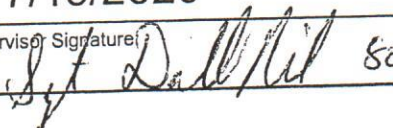
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) [REDACTED]	Sex M	Race W	Age 35	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:12-1B(5)(A) 2C:29-1A 2C:29-2A(3)A 2C:17-3A(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 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 _____ <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) N/A	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: 7/18/2020
Print Supervisor Name: SGT. DARRELL NICK	Supervisor Signature:  80

LACEY TOWNSHIP POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date 07/18/2020	Time 1923	Day of Week SATURDAY	Location FORKED RIVER	INCIDENT NUMBER 20-26345
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) RAVALLO, ANTHONY, MICHAEL		Badge # 111	Sex M	Race W	Age 26	Injured Y/N	Killed Y/N
Rank PATROLMAN	Duty assignment PATROL	Years of service 6	On-Duty Y/N		Uniform Y/N		

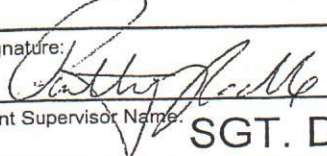
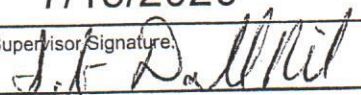
C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

Name (Last, First, Middle) [REDACTED]		Sex M	Race W	Age 35	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:12-1B(5)(A) 2C:29-1A 2C:29-2A(3)A 2C:17-3A(1)						
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 <input checked="" type="checkbox"/> Hands/fists <input checked="" 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) N/A		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 <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: 7/18/2020
Print Supervisor Name: SGT. DARRELL NICK	Supervisor Signature:  80

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

A. Incident Information

Date 07/20/20	Time 12:29pm	Day of Week MONDAY	Location Lacey Township	INCIDENT NUMBER 20-26557
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) SCHAFFER, NOAH L	Badge # 84	Sex M	Race W	Age 42	Injured Y (N)	Killed Y (N)
Rank PATROLMAN	Duty assignment PATROL	Years of service 15	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 M	Race W	Age 16	Weapon Y (N)	Injured Y (N)	Killed Y (N)
<input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other unusual condition (specify) Pess		Arrested Y (N)	Charges 2C:39-4D, 2C:39-5D, 2C:12-3A, 2C:12-1B(2)			
Subject's actions (check all that apply) <input 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 checked="" 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 checked="" type="checkbox"/> Other (specify) <i>Threatened therapist and Sgt. John mckee w/ knife.</i>			Officer's use of force toward this subject (check all that apply) <input type="checkbox"/> Compliance hold <input type="checkbox"/> 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 <u>0</u> <input type="checkbox"/> Canine Number of Hits <u>N/A</u> <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 <input type="checkbox"/> 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: 7/20/20
Print Supervisor Name: SERGEANT John McKee #81	Supervisor Signature: 