



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE (609) 267-0170 FAX (609) 267-6627
www.twp.mountholly.nj.us

THOMAS F. MASTRANGELO
Chief of Police

TO: Time to Change- Jersey Style
FROM: Lieutenant William Fields
DATE: December 7, 2017
RE: OPRA request

Enclosed please find the documents requested in your OPRA request. There were no Police Use of Deadly Force reports generated during this time frame. There were no Public Synopsis reports required other than the information supplied in the Annual Summary report. Additionally any request for information regarding annual basic police training would need to be answered by the New Jersey Police Training Commission and any information regarding breathalyzer training would be answered by the New Jersey State Police. We do not have any dispatchers, call takers, or K9 officers.

We follow the Attorney General's Guidelines for our annual firearm training, use of force training, bias incident training, domestic violence training, and pursuit training and I have enclosed the policies in this correspondence. Cultural Diversity training is handled by the NJ Department of Law and Public Safety and information regarding training would be answered by that agency.

Please contact me if you have any questions regarding this request.

Lt. William Fields

Mt. Holly Township Police Department

(609)-845-1115

Email: wfields@twp.mountholly.nj.us



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: 17-00098

A. Incident Information

Date	01/03/17	Time	1504	Day of Week	Tues	Location	45 High St
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☒ Other Type of Call Specify: Harassment		☐ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☐ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Howard, Jordan	Y	Obstruction & Resisting Arrest	M	B	25	N	N	N

(Check yes only for injury/hospital
resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Harper, James	5006	Y	Y	N	N

Officer Signature:		Police Officer Assignment:	Patrol
Print Supervisor Name:	Sgt. James Harper	Supervisor Signature:	



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Use of Force

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A. Incident Information

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B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Howard, Jordan	Y	Obstruction & Resisting Arrest	M	B	25	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Thompson, Craig	5019	Y	Y	N	N

Officer Signature:		Police Officer Assignment:	Patrol
Print Supervisor Name:	Sgt. James Harper	Supervisor Signature:	



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A. Incident Information

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B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Howard, Jordan	Y	Obstruction & Resisting Arrest	M	B	25	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Egler, Matthew	5015	Y	Y	N	N

Officer Signature:		Police Officer Assignment:	Patrol
Print Supervisor Name:	Sgt. James Harper	Supervisor Signature:	



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A. Incident Information

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Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☒ Other Type of Call Specify: Harassment		☐ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☐ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Howard, Jordan	Y	Obstruction & Resisting Arrest	M	B	25	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Walters, Greg	5016	Y	Y	Y	Y

Officer Signature:	Police Officer Assignment:	Patrol
Print Supervisor Name:	Sgt. James Harper	Supervisor Signature:



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Use of Force

A. Incident Information				Case #:	
Date	Time	Day of Week	Location		
01/21/17	0103	SAT.	97 APT B WASHINGTON ST		
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☐ Other Type of Call Specify:		☒ Domestic ☐ Traffic Violation ☐ Other Dispute		
			Type of Person:	☐ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
FRANCIS HACKLEY	Y	2C:29-9A 2C:35-10A1	M	W	27	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
PTL. M. EGLER	5015	Y	Y	N	N

Officer Signature:		Police Officer Assignment:	PATROL
Print Supervisor Name:	PTL. J. LOEHR 5012	Supervisor Signature:	



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Use of Force

A. Incident Information

Date	02/07/17	Time	11:33	Day of Week	Tues	Location	Case #: 17-1358 212 Cardinal Ln Mount Holly Nj 08060
Type of Incident:	☒ Crime in Progress ☐ Suspicious Person ☐ Other Type of Call Specify:		☐ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☐ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Saxton, Matthew, Franklin	Y	2C:29-2A(1) 2C:18-3B 2C:35-10A(4)	M	Whi	19	N	N	N

(Check yes only for injury/hospital
resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Hubel, Daniel, Joseph	5041	Y	Y	N	N

Officer Signature: <i>Daniel Hubel</i>	Police Officer Assignment: Patrol



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Use of Force

Case #: 17-1358

A. Incident Information

Date	2/7/17	Time	1133	Day of Week	Tues	Location	212 Cardinal Ln, Mt Holly
Type of Incident:	☒ Crime in Progress ☐ Suspicious Person ☐ Other Type of Call Specify:		☐ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☐ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Scott, Timothy, Gene, Jr	Y	2C:29-2A(1)	M	W	19	N	N	N
-		2C:18-3B						
-		2C:35-10A(4)						

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☐	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☒	☐	☐
...Other (specify Ran from police)			

D. Type of Force Used (check all that apply)

Type of Force Used:	☐ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☒ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine Tackled	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Ptl C. Cruz	5018	Y	Y	N	N

Officer Signature:		Police Officer Assignment:	Patrol
Print Supervisor Name:	Ptl Fullerton #5009	Supervisor Signature:	



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Use of Force

Case #: 17-02732

A. Incident Information

Date	03/17/17	Time	1320	Day of Week	Friday	Location	161 Rancocas Road
Type of Incident:	☒ Crime in Progress ☐ Suspicious Person ☐ Other Type of Call Specify: Violation of TRO			☐ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☒ Under the Influence ☐ Other Unusual Condition Specify:

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Knight, Almalik	Y	2C:29-9a, 2C:29-2a	F	B	25	N	N	Y

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Deveney, Declan	5019	Y	Y	N	N

Officer Signature:		Police Officer Assignment:	Patrol
Print Supervisor Name:	Sgt. Richard Pietrow 5004	Supervisor Signature:	



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MOUNT HOLLY, NEW JERSEY 08060
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Use of Force

Case #: 17-02732

A. Incident Information

Date	03/17/17	Time	1320	Day of Week	Friday	Location	161 Rancocas Road
Type of Incident:	☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute Specify: Violation of TRO			Type of Person:	☒ Under the Influence ☐ Other Unusual Condition Specify:		

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Knight, Almalik	Y	2C:29-9a, 2C:29-2a	F	B	25	N	N	Y

(Check yes only for injury/hospital
resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force (Specify):	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Pietrow, Richard	5004	Y	Y	N	N

Officer Signature:		Police Officer Assignment:	Patrol
Print Supervisor Name:	Sgt. Richard Pietrow 5004	Supervisor Signature:	



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Use of Force

Case #: 17-3759

A. Incident Information

Date	4/13/17	Time	0032	Day of Week	Wed	Location	Cherry and Garden Street
Type of Incident:	☐ Crime in Progress ☒ Suspicious Person ☐ Other Type of Call Specify:			☐ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☐ Under the Influence ☐ Other Unusual Condition Specify:

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Fryar, Michael, N	Y	2C:36-2, 2C:35-10a1, 2C:12-1b5a	M	B	46	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☒ Other Force (Specify): Takedown	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Sergeant Spencer	5006	Y	Y	Y	N

Officer Signature:		Police Officer Assignment:	Patrol
Print Supervisor Name:	Sgt C Spencer	Supervisor Signature:	



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Use of Force

A. Incident Information

Case #: [REDACTED]

Date	5/1/17	Time	2203	Day of Week	Mon	Location	33 Bartram Ave
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☒ Other Type of Call Specify: SCIP / Well Being Check		☐ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☐ Under the Influence ☒ Other Unusual Condition Specify: Suicidal	

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
[REDACTED]	N	SCIP	W	F	[REDACTED]	N	N	Y

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Spencer, Clifford	5006	Y	Y	N	N

Officer Signature:		Police Officer Assignment:	Patrol
Print Supervisor Name:	Sgt. C. Spencer	Supervisor Signature:	



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #:

A. Incident Information		Date		5/1/17		Time		2203		Day of Week		Mon		Location		33 Bartram Ave	
Type of Incident:		☐ Crime in Progress		☐ Domestic		Type of Person:		☐ Under the Influence		Specify: Suicidal		☒ Other Unusual Condition					
		☐ Suspicious Person		☐ Traffic Violation													
		☒ Other Type of Call		☐ Other Dispute													
		Spec		SCIP / Well Being Check													
		ify:															

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
[REDACTED]	N	SCIP	W	F	[REDACTED]	N	N	Y

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold	☐ Hands/Fists	Firearms Discharge:	☐ Intentional
	☐ Chemical/Natural Agent	☐ Kicks/Feet		☐ Accidental
	☐ Strike/Use Baton or Other Object	☐ Canine		Number of Shots Fired:
	☐ Other Force (Specify):			Number of Hits:
				(Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Cruz, Carlos	5017	Y	Y	N	N

Officer Signature:		Police Officer Assignment:	Patrol
Print Supervisor Name:	Sgt. C Spencer	Supervisor Signature:	



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: [REDACTED]

A. Incident Information

Date	5/17/17	Time	1759	Day of Week	Wed	Location	75 Pine Street
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☒ Other Type of Call Specify: SCIP Call		☐ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☐ Under the Influence ☒ Other Unusual Condition Specify: Emotionally Disturbed Subject	

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
[REDACTED]	N	-	F	W	[REDACTED]	N	Y	N
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify EDP - Barricaded in Home)	☒	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☒ Other Force (Specify): Taken To Ground for Officer Safety	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: - Number of Hits: - (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Perro, Jeffery, Thomas	5045	Y	Y	N	N

Officer Signature:		Police Officer Assignment:	Court/Downtown
Print Supervisor Name:	Sgt. James Harper	Supervisor Signature:	



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: 17-5330

A. Incident Information

Date	05/22/17	Time	1400	Day of Week	Mon.	Location	513 Stevens Drive
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☒ Other Type of Call Specify: Warrant Service			☐ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☐ Under the Influence ☐ Other Unusual Condition Specify:

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Pamuk, Rifat	Y	Resisting Arrest 2C:29-1a(1)	M	OTH	24	N	N	N
---	---	---	---	---	---	---	---	---
---	---	---	---	---	---	---	---	---

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Loehr, Jana, M.	5012	Y	Y	N	N

Officer Signature:		Police Officer Assignment:	Patrol
Print Supervisor Name:	Sgt. Richard Pietrow	Supervisor Signature:	



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: 17-5330

A. Incident Information

Date	05/22/17	Time	1400	Day of Week	Mon.	Location	513 Stevens Drive
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☒ Other Type of Call Specify: Warrant Service			☐ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☐ Under the Influence ☐ Other Unusual Condition Specify:

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Pamuk, Rifat	Y	Resisting Arrest 2C:29-1a(1)	M	OTH	24	N	N	N
---	---	---	---	---	---	---	---	---
---	---	---	---	---	---	---	---	---

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Dell-Priscoli, Nicholas.	5046	Y	Y	N	N

Officer Signature:		Police Officer Assignment:	Patrol
Print Supervisor Name:	Sgt. Richard Pietrow	Supervisor Signature:	



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT
23 WASHINGTON STREET
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Use of Force

Case #: 17-5464

A. Incident Information		Date: 5/25/17		Time: 2157	Day of Week: Thurs	Location: 136 Washington Street
Type of Incident:	☒ Crime in Progress	☐ Domestic	Type of Person:		☐ Under the Influence ☐ Other Unusual Condition Specify:	
	☒ Suspicious Person	☐ Traffic Violation				
	☐ Other Type of Call	☐ Other Dispute				
Specify:						

B. Suspect(s) Information (only those persons who were subjects of police use of force)								
Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Mount, Heather, Margaret	Y	Obstruction, Resisting Arrest, Hindering	F	W	23	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)			
Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify Created a foot pursuit by running from scene)	☒	☐	☐

D. Type of Force Used (check all that apply)			
Type of Force Used:	☒ Compliance Hold	☐ Hands/Fists	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: 0 Number of Hits: 0 (Use "UKN" if unknown)
	☐ Chemical/Natural Agent	☐ Kicks/Feet	
	☐ Strike/Use Baton or Other Object	☐ Canine	
	☐ Other Force (Specify):		

E. Officer Information					
Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
S/O Perro	5045	Y	Y	N	N

Officer Signature:	<i>[Signature]</i>	Police Officer Assignment:	D/T
Print Supervisor Name:	<i>Sgt. [Signature]</i>	Supervisor Signature:	<i>Sgt. E. [Signature]</i>



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: 17-5464

A. Incident Information

Date	5/25/17	Time	2157	Day of Week	Thurs	Location	136 Washington Street
Type of Incident:	☒ Crime in Progress ☒ Suspicious Person ☐ Other Type of Call Specify:			☐ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☐ Under the Influence ☐ Other Unusual Condition Specify:

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Mount, Heather, Margaret	Y	Obstruction, Resisting Arrest, Hindering	F	W	23	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify Created a foot pursuit by running from scene)	☒	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: 0 Number of Hits: 0 (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
S/O Ahrens	5042	Y	Y	N	N

Officer Signature:	<i>S/O Ahrens</i>	Police Officer Assignment:	D/T
Print Supervisor Name:	<i>Sgt. M. [Signature]</i>	Supervisor Signature:	<i>Sgt. E. [Signature]</i>



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
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Use of Force

Case #: 17-5817

A. Incident Information

Date	6/2/17	Time	0105	Day of Week	Friday	Location	71 Mill Street
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☒ Other Type of Call Specify: Hindering/Resisting Arrest				Type of Person:	☒ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Bowser Jr, Chester	Y	2C:35-10A(1), 2C:29-3B(4)	M	B	47	N	N	N
		2C:29-2A(2), 2C:29-1A						
		53:1-15						

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☐ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☒ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine Knee to Common Peroneal	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
McQuarry, Earl	5003	Y	Y	N	N

Officer Signature:	<i>Sgt. C. Spencer</i>	Police Officer Assignment:	Patrol
Print Supervisor Name:	Sgt C Spencer	Supervisor Signature:	<i>Sgt. J. [Signature]</i>



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: 17-5848

A. Incident Information		Time		2258	Day of Week	Sat	Location	25 1/2 Garden Street
Date	6/4/2017	Type of Incident:		☐ Crime in Progress ☒ Suspicious Person ☐ Other Type of Call Specify:		Type of Person:		☐ Under the Influence ☐ Other Unusual Condition Specify:

B. Suspect(s) Information (only those persons who were subjects of police use of force)								
Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Shealey, Justin Jewel	Y	Obstruction / Resisting	M	B	27	N	Y	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)			
Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)		Firearms Discharge:	
Type of Force Used:	☐ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☒ Other Force (Specify): Take Down	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information		Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Name (last, first, middle)		5006	Y	y	Y	N
Spencer, Clifford						

Officer Signature:		Police Officer Assignment:	Patrol
Print Supervisor Name:	Sgt C Spencer	Supervisor Signature:	



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
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Use of Force

Case #: 17-7012

A. Incident Information

Date	07/02/17	Time	2132	Day of Week	Sun	Location	63 Mill Street
Type of Incident:	☒ Crime in Progress ☐ Suspicious Person ☐ Other Type of Call Specify:			☐ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☒ Under the Influence ☐ Other Unusual Condition Specify: Alcohol

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Ward, Joseph	Y	Disorderly Conduct Obstruction Resisting Arrest	M	B	33	N	Y	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Cruz, Carlos	5017	Y	Y	N	N

Officer Signature:		Police Officer Assignment:	Road
Print Supervisor Name:	Sgt. E. McJarry	Supervisor Signature:	



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT
23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

A. Incident Information		Case #: 17-7012	
Date	07/02/17	Time	2132
Type of Incident:		Day of Week	Sun
☒ Crime in Progress ☐ Suspicious Person ☐ Other Type of Call Specify:		Location	63 Mill Street
☐ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☒ Under the Influence ☐ Other Unusual Condition Specify: Alcohol

B. Suspect(s) Information (only those persons who were subjects of police use of force)								
Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Ward, Joseph	Y	Disorderly Conduct CPB Resisting Arrest	M	B	33	N	Y	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)			
Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☒	☐	☐
...Other (specify Pushed Officer)			

D. Type of Force Used (check all that apply)		Firearms Discharge:
Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information		Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Name (last, first, middle)		5014	Y	Y	N	N
Egler, Matthew Det						

Officer Signature:	Det. M. Egler	Police Officer Assignment:	FireWorks Detail
Print Supervisor Name:	Sgt. E. McSherry	Supervisor Signature:	Sgt. E. McSherry



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
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Use of Force

A. Incident Information		Case #: [REDACTED]	
Date	07/27/17	Time	0026
Type of Incident:		Day of Week	Thurs
☐ Crime in Progress ☐ Suspicious Person ☒ Other Type of Call Specify: Psychiatric Emergency		Location	214 Blue Jay Lane
		Type of Person:	☒ Under the Influence ☐ Other Unusual Condition Specify:

B. Suspect(s) Information (only those persons who were subjects of police use of force)								
Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
[REDACTED]	N	Psychiatric Emergency	M	W	[REDACTED]	N	N	Y

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)			
Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☒	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)		Firearms Discharge:	
Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information					
Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Loehr, Jana, M	5011	Y	Y	N	N

Officer Signature:	[Signature]	Police Officer Assignment:	Patrol
Print Supervisor Name:	P.O. Jana Loehr	Supervisor Signature:	[Signature]



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: [REDACTED]

A. Incident Information

Date	07/27/17	Time	0026	Day of Week	Thurs	Location	214 Blue Jay Lane
Type of Incident:	☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other Type of Call ☐ Other Dispute Specify: Psychiatric Emergency				Type of Person:	☒ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
[REDACTED]	N	Psychiatric Emergency	M	W	[REDACTED]	N	N	Y

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☒	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Deveney, Declan	5018	Y	Y	N	N

Officer Signature: [Signature]	Police Officer Assignment: Patrol
Print Supervisor Name: P.O. Jana Loehr	Supervisor Signature: [Signature]



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

A. Incident Information

Date	8-1-17	Time	3:35 PM	Day of Week	Tuesday	Location	Case #:
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☒ Other Type of Call Specify: SCIP Transport			☐ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☐ Under the Influence ☒ Other Unusual Condition Specify: Altered mental status
246 Pine Street							

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
[REDACTED]	N	-	M	W	[REDACTED]	N	N	Y

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Thompson, Craig Michael	5017	Y	Y	N	N
Officer Signature:	Police Officer Assignment:		Supervisor Signature:		
Print Supervisor Name:	J. Miller		Patriz		

MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

A. Incident Information		Case #: [REDACTED]	
Date: <u>8-1-17</u>	Time: <u>3:36 PM</u>	Day of Week: <u>Tuesday</u>	Location: <u>246 Pine Street</u>
Type of Incident: ☐ Crime in Progress ☐ Suspicious Person ☒ Other Type of Call Specify: <u>Scie Transport</u> ☐ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person: ☐ Under the Influence ☒ Other Unusual Condition Specify: <u>Altered Mental Status</u>	

B. Suspect(s) Information (only those persons who were subjects of police use of force)								
Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
<u>[REDACTED]</u>	<u>N</u>	<u>-</u>	<u>M</u>	<u>W</u>	<u>[REDACTED]</u>	<u>N</u>	<u>N</u>	<u>Y</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)			
Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify _____)	☐	☐	☐

D. Type of Force Used (check all that apply) Type of Force Used: ☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify): _____ ☐ Hands/Fists ☐ Kicks/Feet ☐ Canine		Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: _____ Number of Hits: _____ (Use "UKN" if unknown)

E. Officer Information		Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Name (last, first, middle)		<u>5014</u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>N</u>
<u>Walters, Greg</u>						

Officer Signature:	<u>[Signature]</u>	Police Officer Assignment:	<u>Patrol</u>
Print Supervisor Name:	<u>Harper</u>	Supervisor Signature:	<u>[Signature]</u>



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: [REDACTED]

A. Incident Information		Time: 1452		Day of Week: WED		Location: 175 MADISON AVE	
Date: 7/23/17	Type of Incident:	Type of Person:		Under the Influence ☒ Other Unusual Condition Specify: SCIP PT REFUSAL RESTRAINTS			
☐ Crime in Progress ☐ Suspicious Person ☒ Other Type of Call		☐ Domestic ☐ Traffic Violation ☐ Other Dispute					
Specify: DES 0202204 P022207							

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
[REDACTED]	N	—	M	W	[REDACTED]	N	N	Y

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☐ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☒ Other Force (Specify): HELD DOWN LEFT ARM SECURELY	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Pietrow Richard Arthur	5004	Y	Y	N	N

Officer Signature:	[Signature]	Police Officer Assignment:	PATROL
Print Supervisor Name:	RICHARD PIETROW	Supervisor Signature:	[Signature]



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: [REDACTED]

A. Incident Information		Date: 9/1/17		Time: 0911		Day of Week: FRI		Location: 147 RZSDOW ST	
Type of Incident:		☐ Crime in Progress		☐ Domestic		Type of Person:		☐ Under the Influence	
☐ Suspicious Person		☐ Traffic Violation		☐ Other Dispute				☒ Other Unusual Condition	
☒ Other Type of Call								Specify: CONFIRMED SCHIZOPHRENIA	
Specify: SUICIDAL SUBJECT								HEARING VOICES	

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
[REDACTED]	N	EDP	M	W	[REDACTED]	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold	☐ Hands/Fists	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)
	☐ Chemical/Natural Agent	☐ Kicks/Feet	
	☐ Strike/Use Baton or Other Object	☐ Canine	
	☐ Other Force (Specify):		

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Deveney, Declan, Sean	5018	Y	Y	N	N

Officer Signature: [Signature]	Police Officer Assignment: PATROL
Print Supervisor Name: RICHARD PLETOW	Supervisor Signature: [Signature]



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

A. Incident Information		Case #:	
Date	9/1/17	Time	0911
Day of Week		FRZ	
Location		[REDACTED]	
Type of Incident:	Type of Person:		
☐ Crime in Progress	☐ Domestic	☐ Under the Influence	
☐ Suspicious Person	☐ Traffic Violation	☒ Other Unusual Condition	
☒ Other Type of Call	☐ Other Dispute	Specify: CONFIRMED SCHIZOPHRENIC	
Specify: SUICIDAL SUBJECT		HEARING VOICES	

B. Suspect(s) Information (only those persons who were subjects of police use of force)								
Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
[REDACTED]	N	RDP	M	W	[REDACTED]	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)			
Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)			
Type of Force Used:	☒ Compliance Hold	☐ Hands/Fists	Firearms Discharge:
	☐ Chemical/Natural Agent	☐ Kicks/Feet	☐ Intentional
	☐ Strike/Use Baton or Other Object	☐ Canine	☐ Accidental
	☐ Other Force (Specify):		Number of Shots Fired:
			Number of Hits:
			(Use "UKN" if unknown)

E. Officer Information					
Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
PIETROW, RICHARD ARTHUR	5004	Y	Y	N	N

Officer Signature:	[Signature]	Police Officer Assignment:	PA 1004
Print Supervisor Name:	RICHARD PIETROW	Supervisor Signature:	[Signature]



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: [REDACTED]

A. Incident Information

Date	9/1/17	Time	0911	Day of Week	FRI	Location	147 RISON ST
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☒ Other Type of Call Specify: SUICIDAL SUBJECT			☐ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☐ Under the Influence ☒ Other Unusual Condition Specify: Confirmed schizophrenic hearing voices

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
[REDACTED]	N	N/A / EDP	M	W	[REDACTED]	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)			

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
BANLEY, Scott, Samuel	5007	Y	Y	N	N

Officer Signature:	[Signature]	Police Officer Assignment:	Patrol
Print Supervisor Name:	Rosemarie Puznow	Supervisor Signature:	[Signature]



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

A. Incident Information

Date	9/16/17	Time	0823	Day of Week	Sat	Location	Case #: 17-9832 Charles / Bispham
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☒ Other Type of Call			☐ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☒ Under the Influence ☐ Other Unusual Condition Specify:
Specify: Concerned Citizen/Well-being Check							

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Taylor, Bryan, D	Y	AC: 35-10a(1) AC: 29-29a(1)	M	B	38	N	Y	Y

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Perro, Jeffery, T	5042	R/D	Y	N	N

Officer Signature:	Police Officer Assignment: Road Detail
Print Supervisor Name: RICHARD P. ZATROW	Supervisor Signature:



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: 17-09832

A. Incident Information

Date	9/16/17	Time	8:23 AM	Day of Week	SAT	Location	CHARLES BESPHAM
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☒ Other Type of Call					Type of Person:	☒ Under the Influence ☐ Other Unusual Condition Specify:
Specify: CONCERNED CITIZEN WOULD BE ON CRACK							

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
TAYLOR, BRYAN	Y	2C: 35-10a(1) 2C: 29-2a(1)	M	B	38	N	Y	Y

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☒ Other Force (Specify): HEAD LOCK TAKE DOWN	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
PIETROW, RICHARD ARTHUR	5004	Y	Y	N	N

Officer Signature:		Police Officer Assignment:	Pietrow
Print Supervisor Name:	RICHARD PIETROW	Supervisor Signature:	



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: 17-9832

A. Incident Information		Date: 9-16-17		Time: 8:23 AM		Day of Week: Sat		Location: Charles St / Ripton St	
Type of Incident:		☐ Crime in Progress		☐ Domestic		Type of Person:		☒ Under the Influence	
		☐ Suspicious Person		☐ Traffic Violation				☐ Other Unusual Condition	
		☒ Other Type of Call		☐ Other Dispute				Specify:	
		Specify: Concerned citizen w/ check							

B. Suspect(s) Information (only those persons who were subjects of police use of force)								
Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Payler, Bryan		22: 35-1022.1 26: 29-2a(1)	B	M	38	N	Y	Y

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)			
Suspect...	Suspect #1	Suspect #2	Suspect #3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)			
Type of Force Used:	☒ Compliance Hold	☐ Hands/Fists	Firearms Discharge:
	☐ Chemical/Natural Agent	☐ Kicks/Feet	☐ Intentional
	☐ Strike/Use Baton or Other Object	☐ Canine	☐ Accidental
	☒ Other Force (Specify): wrist lock		Number of Shots Fired:
			Number of Hits:
			(Use "UKN" if unknown)

E. Officer Information					
Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Egler, Matthew John	5013	Y	Y	N	N

Officer Signature: Det. M. Egler	Police Officer Assignment: Road Patrol 1
Print Supervisor Name: [Signature]	Supervisor Signature: [Signature]



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #:

A. Incident Information

Date	9/16/17	Time	1839	Day of Week	SAT	Location	15 WASHINGTON ST.
Type of Incident:	☒ Crime in Progress ☐ Suspicious Person ☐ Other Type of Call Specify:			☐ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☐ Under the Influence ☐ Other Unusual Condition Specify:

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
[REDACTED]	Y	2C: 29-1a 2C: 29-2a(1)	F	B	[REDACTED]	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☒ Other Force (Specify): PUSHED AGAINST DOOR TO PREVENT RETURNING	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
PRETROW, RICHARD ARTHUR	5004	Y	Y	N	N

Officer Signature:	[Signature]	Police Officer Assignment:	PARKER
Print Supervisor Name:	RICHARD PRETROW	Supervisor Signature:	[Signature]



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: 17-10382

A. Incident Information		Day of Week	Location
Date: 9/28/17	Time: 1:25	Thurs.	205 N. Hunterdon
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☐ Other Type of Call Specify:	☐ Domestic ☐ Traffic Violation ☒ Other Dispute	Type of Person: ☒ Under the Influence ☐ Other Unusual Condition Specify:

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Berry, Kyli	N	MOR	M	WH	22	N	N	Y

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect #1	Suspect #2	Suspect #3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
McQuarry, Earl	5003	Y	Y	N	N
Officer Signature: Sgt. E. McQuarry	Police Officer Assignment: Supervisor		Supervisor Signature: [Signature] #5003		
Print Supervisor Name: Sgt. E. McQuarry					



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: 17-10382

A. Incident Information

Date: 9/28/17 Time: 1729 Day of Week: Thurs. Location: 255 N. Hunterdon

Type of Incident:

☐ Crime in Progress ☐ Domestic
☐ Suspicious Person ☐ Traffic Violation
☐ Other Type of Call ☒ Other Dispute

Type of Person:

☒ Under the Influence
☐ Other Unusual Condition
Specify:

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Berry, Kglil	N	MUR	M	WH	22	N	N	Y

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect #1	Suspect #2	Suspect #3
...resisted Police Officer control	☐	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:

☒ Compliance Hold ☐ Hands/Fists
☐ Chemical/Natural Agent ☐ Kicks/Feet
☐ Strike/Use Baton or Other Object ☐ Canine
☐ Other Force (Specify):

Firearms Discharge:

☐ Intentional
☐ Accidental
Number of Shots Fired:
Number of Hits:
(Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Cruz, Carlos	506	Y	Y	N	N

Officer Signature: [Signature]

Police Officer Assignment: Patrol

Print Supervisor Name: Sgt. E. McQuerry

Supervisor Signature: [Signature] #503



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: 17-10382

A. Incident Information

Date: 7/25/17	Time: 1:25	Day of Week: Thurs.	Location: 205 N. Henderson
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☐ Other Type of Call Specify:	☐ Domestic ☐ Traffic Violation ☒ Other Dispute	Type of Person: ☒ Under the Influence ☐ Other Unusual Condition Specify:

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Berry, Kyli	N	Mur	M	WH	22	N	N	Y

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect #1	Suspect #2	Suspect #3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Greenwich, Thomas, Edward	5105	Y	Y	N	N

Officer Signature: [Signature]	Police Officer Assignment: Patrol
Print Supervisor Name: Sgt. E. [Signature]	Supervisor Signature: [Signature]



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #:

A. Incident Information

Date	10/5/17	Time	1421	Day of Week	Thurs	Location	103 Hulme St
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☒ Other Type of Call Specify: Disorderly JV		☐ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☐ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
[REDACTED]	N	N	M	B	[REDACTED]	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Ahrens, Stephen, Thompson	5019	Y	Y	N	N

Officer Signature:		Police Officer Assignment:	Road
Print Supervisor Name:	Det. Lalena	Supervisor Signature:	



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: [REDACTED]

A. Incident Information

Date	10/5/17	Time	1421	Day of Week	Thurs	Location	103 Hulme St
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☒ Other Type of Call Specify: Disorderly JV		☐ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☐ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
[REDACTED]	N	N	M	B	[REDACTED]	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Lalena, Nicholas, R	5012	Y	Y	N	N

Officer Signature:		Police Officer Assignment:	Road
Print Supervisor Name:	Det. Lalena	Supervisor Signature:	



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
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Use of Force

Case #: [REDACTED]

A. Incident Information

Date	10/5/17	Time	1421	Day of Week	Thurs	Location	103 Hulme St
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☒ Other Type of Call Spec Disorderly JV ify:			☐ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☐ Under the Influence ☐ Other Unusual Condition Specify:

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
[REDACTED]	N	N	M	B	[REDACTED]	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Dell-Priscoli, Nicholas, Peter	5020	Y	Y	N	N

Officer Signature:	<i>[Signature]</i> #5020	Police Officer Assignment:	Road
Print Supervisor Name:	Det. Lalena	Supervisor Signature:	<i>[Signature]</i>



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: 17-10874

A. Incident Information

Date	10/10/17	Time	2021	Day of Week	Tues	Location	Green Street
Type of Incident:	☐ Crime in Progress ☐ Domestic ☒ Suspicious Person ☐ Traffic Violation ☐ Other Type of Call ☐ Other Dispute Spec Called in as Suspicious person loitering in ify: the street looking for CDS					Type of Person:	☒ Under the Influence ☐ Other Unusual Condition Specify:

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Edwards, John	Y	2C:35-10a(4) 2C:35-10a(1) 2C:29-2a(3)(a) 2A:10a(1)	M	W	24	N	N	
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-

(Check yes only for injury/hospital
resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☐	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify Subject Fled on foot)	☒	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☐ Compliance Hold ☐ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☒ Other Force (Specify): Physically pushing the subject to the ground	Firearms Discharge:	☐ Intentional ☐ Accidental Number of Shots Fired: - Number of Hits: - (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Dell-Priscoli, Nicholas, Peter	5019	Y	Y	N	N

Officer Signature:

P. Dell-Priscoli

Police Officer Assignment:

Patrol Division



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: 17-10874

A. Incident Information

Date	10/10/17	Time	2021	Day of Week	Tues	Location	Green Street
Type of Incident:	☐ Crime in Progress ☒ Suspicious Person ☐ Other Type of Call Specified: Called in as Suspicious person loitering in the street looking for CDS					Type of Person:	☒ Under the Influence ☐ Other Unusual Condition Specify:

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Edwards, John	Y	2C:35-10a(4) 2C:35-10a(1) 2C:29-2a(3)(a) 2A:10a(1)	M	W	24	N	N	
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☐	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify Subject Fled on foot)	☒	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☐ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☒ Other Force (Specify): Physically pushing the subject to the ground	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: - Number of Hits: - (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Ahrens, Stephen, Thompson	5019	Y	Y	N	N

Officer Signature:

PH. [Signature] / 5019

Police Officer Assignment:

Patrol Division



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: 17-12321

A. Incident Information

Date	11/16/17	Time	1428	Day of Week	THURS.	Location	151 ARCH ST.
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☒ Other Type of Call Specify: INVESTIGATION			☐ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☐ Under the Influence ☐ Other Unusual Condition Specify:

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
WOODS, LAWRENCE, R.	Y	OBSTRUCTION/RESISTING POSS. WEAPON	M	B	41	Y	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
LALONA, NICHOLAS, R		Y	Y	N	N

Officer Signature:		Police Officer Assignment:	DETECTIVE
Print Supervisor Name:	Sgt. JAMES HARPER	Supervisor Signature:	



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

A. Incident Information

Case #: 17-12321

Date	11/16/17	Time	2:28 PM	Day of Week	THURS.	Location	151 ARCH ST.
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☒ Other Type of Call Specify: INVESTIGATION			☐ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☐ Under the Influence ☐ Other Unusual Condition Specify:

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
WOODS, LAWRENCE, JR.	Y	OBSTRUCTION/RESISTING Poss. WEAPON	M	B	41	Y	N	N

(Check yes only for injury/hospital
resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Egler, Matthew S	5013	Y	Y	N	N

Officer Signature:	Det. M. Egler	Police Officer Assignment:	Detective
Print Supervisor Name:	Sgt. JAMES WARREN	Supervisor Signature:	[Signature]



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

A. Incident Information

Case #:

Date	11/25/17	Time	0256	Day of Week	Saturday	Location	85 Mill Street, Mount Holly NJ 08060
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☐ Other Type of Call Specify:			☒ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☐ Under the Influence ☒ Other Unusual Condition Specify: POSSIBLE EDP

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
[REDACTED]	Y	<i>RESISTANCE</i> Simple Assault	M	B	[REDACTED]	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☒ Other Force (Specify): <i>CANISTER AND PULSED IN VEHICLE</i>	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Pietrow, Richard	5004	Y	Y	N	N

Officer Signature:		Police Officer Assignment:	Patrol
Print Supervisor Name:	Richard Pietrow	Supervisor Signature:	



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

A. Incident Information

Date	11/25/17	Time	0256	Day of Week	Saturday	Location	Case #: 85 Mill Street, Mount Holly NJ 08060
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☐ Other Type of Call Specify:		☒ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☐ Under the Influence ☒ Other Unusual Condition Specify: <i>possible EDP</i>	

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
<i>[Redacted]</i>	Y	<i>Resisting</i> Simple Assault	M	B	<i>[Redacted]</i>	N	N	N

(Check yes only for injury/hospital
resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☒ Other Force (Specify): <i>Carried, Places in vehicle</i>	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Deveney Declan	5018	Y	Y	N	N

Officer Signature:	<i>[Signature]</i>	Police Officer Assignment:	<i>Patrol</i>
Print Supervisor Name:	<i>Stephen Parnow</i>	Supervisor Signature:	<i>[Signature]</i>

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USE OF FORCE

INCIDENT NUMBER #16-1156

A. Incident Information

Date <u>2/3/16</u>	Time <u>1755</u>	Day of Week <u>WED.</u>	Location <u>Virtue Memorial Hospital</u>
Type of Incident: ☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other type of Call (Specify _____) ☐ Other Dispute (Specify _____)		Type of Person: ☐ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Hoyes, Destiny D.</u>	☒ Y/N	<u>Agg. Asst. Police</u>	<u>F</u>	<u>BLK</u>	<u>20</u>	☒ Y/N	☒ Y/N <u>Kill</u>	☒ Y/N <u>Refused</u>
	☐ Y/N	<u>Dis. AR</u>				☐ Y/N	☐ Y/N	☐ Y/N
	☐ Y/N	<u>Obstruction</u>				☐ Y/N	☐ Y/N	☐ Y/N
		<u>Trespassing</u>						
		<u>Disord. Cond.</u>						

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer	☒		
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☐ Compliance Hold ☐ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☒ Other Force: Specify: <u>taken to ground for control</u>	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>McQuarry, E.</u>	<u>#504</u>	☒ Y/N	☒ Y/N	☒ Y/N	☒ Y/N
Signature: <u>Sgt. E. McQuarry</u>	Police Officer Assignment: <u>Supervising</u>				
Print Supervising Name: <u>Sgt. E. McQuarry</u>					

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER

16-1214

A. Incident Information

Date	Time	Day of Week	Location
2/4/16	2251	Thurs.	#48 Biplane St.
Type of Incident:	Type of Person:		
☐ Crime in Progress ☐ Suspicious Person ☐ Other type of Call (Specify _____)	☒ Domestic ☐ Traffic Violation ☐ Other Dispute (Specify _____)		
☒ Under the Influence ☐ Other Unusual Condition (Specify _____)			

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
Roberson, Felice	☒ Y/N	Simple Ass H	BLK		27	☒ Y/N	☒ Y/N	☒ Y/N
	☐ Y/N	Resist AR				☐ Y/N	☐ Y/N	☐ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
☒ Resisted Police Officer control	☒		
☐ ...physical threat/attack on Police Officer			
☐ ...threatened/attacked Police Officer with blunt object			
☐ ...threatened/attacked Police Officer with knife/cutting object			
☐ ...threatened/attacked Police Officer with motor vehicle			
☐ ...threatened Police Officer with firearm			
☐ ...fired at Police Officer			
☐ ...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify: _____	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
Greenwich, T.	5010	ON	ON	☒ Y/N	☒ Y/N
Signature:	Police Officer Assignment:			Supervisor Signature:	
Print Supervisor Name:	Sgt. F. McQuerry			Sgt. F. McQuerry	

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 16-1259

A. Incident Information

Date <u>2/6/16</u>	Time <u>2200</u>	Day of Week <u>Saturday</u>	Location <u>8 Tinker Dr Mount Holly, NJ 08060</u>
Type of Incident:	☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call ☐ Other Dispute (Specify <u>Warrant Service</u>)		Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify _____)

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Pepe, Steven</u>	☒ Y/N	<u>2C:29-1A</u> <u>2C:29-2A(1)</u>	<u>M</u>	<u>W</u>	<u>44</u>	☒ Y/N	☒ Y/N	☒ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify: _____	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>Matthews, Patrick</u>	<u>5019</u>	☒ Y/N	☒ Y/N	☒ Y/N	☒ Y/N
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>Patrol</u>		
Print Supervisor Name: <u>Sgt J Swan</u>			Supervisor Signature: <u>[Signature]</u>		

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USE OF FORCE

INCIDENT NUMBER 16-1259

A. Incident Information

Date <u>2-6-16</u>	Time <u>2200</u>	Day of Week <u>SATURDAY</u>	Location <u>8 Tinker</u>
Type of Incident:	☒ Crime in Progress	☐ Domestic	Type of Person:
	☐ Suspicious Person	☐ Traffic Violation	☐ Under the Influence
	☒ Other type of Call (Specify <u>WARRANT SERVICE</u>)	☐ Other Dispute	☐ Other Unusual Condition (Specify _____)

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>PERB, STEVEN</u>	<u>Y/N</u>	<u>2C:26-1A</u> <u>2C:29-2A(1)</u>	<u>M</u>	<u>W</u>	<u>44</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect #1	Suspect #2	Suspect #3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold	☐ Hands/Fists	Firearms Discharge:	☐ Intentional
	☐ Chemical/Natural Agent	☐ Kicks/Feet		☐ Accidental
	☐ Strike/Use Baton or Other Object	☐ Canine	Number of Shots Fired _____	
	☐ Other Force: Specify _____		Number of Hits _____	
			(Use "UNK" if unknown)	

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>SWAN, JASON</u>	<u>3</u>	<u>ON</u>	<u>YES</u>	<u>Y/N</u>	<u>Y/N</u>
Signature:	Police Officer Assignment:		Supervisor Signature:		
Print Supervisor Name:	<u>DET J SWAN</u>				

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 16-1309

A. Incident Information

Date <u>02/08/16</u>	Time <u>0121</u>	Day of Week <u>Monday</u>	Location <u>2 Oak St Mt. Holly, NJ 08060</u>
Type of Incident: ☒ Crime in Progress ☒ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other type of Call ☐ Other Dispute (Specify _____)			Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify _____)

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
Bryson, Markeith	☒ Y/N	2C:12-1B(1) 2C:29-1A 2C:35-10A(1)	M	B	42	☒ Y/N	☒ Y/N	☒ Y/N
	☐ Y/N	2C:36-2 2C:39-5b				☐ Y/N	☐ Y/N	☐ Y/N
	☐ Y/N	2C:29-2A(3)(a)				☐ Y/N	☐ Y/N	☐ Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	✓		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify <u>Possession of weapon</u>)	✓		

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☒ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force: Specify: _____	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle) <u>Spencer, Clifford</u>	Badge # <u>5013</u>	On Duty? ☒ Y/N	Uniform? ☒ Y/N	Officer Injured? ☒ Y/N	Taken to Hospital? ☒ Y/N
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>Patrol</u>		
Print Supervisor Name: <u>A.C. Spencer</u>			Supervisor Signature: <u>[Signature]</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 16-1309

A. Incident Information

Date <u>02/08/16</u>	Time <u>0121</u>	Day of Week <u>Monday</u>	Location <u>2 Oak St Mt. Holly, NJ 08060</u>
Type of Incident:	☒ Crime in Progress ☐ Suspicious Person ☐ Other type of Call (Specify _____)	☒ Domestic ☐ Traffic Violation ☐ Other Dispute (Specify _____)	Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify _____)

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
Bryson, Markeith	☒ Y/N	2C:12-1B(1) 2C:29-1A 2C:35-10A(1)	M	B	42	☒ Y/N	☒ Y/N	☒ Y/N
	☐ Y/N	2C:36-2 2C:39-5b				☐ Y/N	☐ Y/N	☐ Y/N
	☐ Y/N	2C:29-2A(3)(a)				☐ Y/N	☐ Y/N	☐ Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify <u>Possession of weapon</u>)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify: _____	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
Matthews, Patrick	5019	☒ Y/N	☒ Y/N	☒ Y/N	☒ Y/N
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>PATROL</u>		
Print Supervisor Name: <u>M. Spencer</u>			Supervisor Signature: <u>[Signature]</u>		



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

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STEVEN E. MARTIN
Chief of Police

USE OF FORCE

INCIDENT NUMBER: 16-1609

A. Incident Information:

Date <u>2/16/16</u>	Time <u>2037</u>	Day of Week <u>Tuesday</u>	Location <u>Washington St</u>
Type of Incident: ☒ Crime in Progress ☐ Domestic ☒ Suspicious Person ☐ Traffic Violation ☐ Other type of Call ☐ Other Dispute (Specify _____)		Type of Person: ☐ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital
<u>Akbar, Isaiah</u>	<u>N</u>	<u>resisting, obstructing, disorderly conduct</u>	<u>M</u>	<u>blk</u>	<u>21</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>
	<u>Y/N</u>							
	<u>Y/N</u>							

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect #1	Suspect #2	Suspect #3
...resisted Police Officer control	<u>✓</u>		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened /attacked Police Officer with knife/cutting object			
...threatened /attacked Police Officer with motor vehicle			
...fired at Police Officer			
...Other (specify)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☒ Other Force Specify <u>Taken to ground</u>	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>Deveney Declan Sean</u>	<u>5042</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>Petro</u>		
Print Supervisor Name: <u>Sgt J Swan</u>			Supervisor Signature: <u>[Signature]</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 16-3120

A. Incident Information		Date <u>3/30/16</u>		Time <u>0035</u>	Day of Week <u>Wednesday</u>	Location <u>Pine Street</u>
Type of Incident:	☐ Crime in Progress	☐ Domestic	Type of Person:			
	☐ Suspicious Person	☒ Traffic Violation	☐ Under the Influence			
	☒ Other type of Call (Specify <u>WARRANT</u>)	☐ Other Dispute	☐ Other Unusual Condition (Specify _____)			

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)								
Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Fryar Jr., Tilton</u>	<u>Y/N</u>	<u>Obstruction</u> <u>Resist. Det. Legal</u> <u>D.R.S.</u>	<u>M</u>	<u>B</u>	<u>37</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)			
Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)		Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)
Type of Force Used: ☒ Compliance Hold	☐ Hands/Fists	
☐ Chemical/Natural Agent	☐ Kicks/Feet	
☐ Strike/Use Baton or Other Object	☐ Canine	
☐ Other Force: Specify: _____		

E. Officer Information		Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
Name (last, first, middle)		<u>5013</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
Signature: <u>Spencer, Clifford</u>		Police Officer Assignment: <u>Patrol</u>				
Print Supervisor Name: <u>St. SWAN</u>		Supervisor Signature: <u>[Signature]</u>				



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: 2016-3582

A. Incident Information

Date	04/11/16	Time	1628	Day of Week	Mond	Location	A/O 942 Woodlane
Type of Incident:	☒ Crime in Progress ☐ Suspicious Person ☐ Other Type of Call Specify:		☒ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☐ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Rocach, Christopher	Y	Obstruction	m	Blk	30	N	Y	N
		Hindering						
		Resisting arrest						

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Swan, Jason Patrick	5003	y	y	n	n

Officer Signature:		Police Officer Assignment:	Patrol
Print Supervisor Name:	Sgt Jason Swan	Supervisor Signature:	



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Use of Force

Case #: 2016-3582

A. Incident Information		Time		Day of Week		Location	
Date	04/11/16	1628		Mond		A/O 942 Woodlane	
Type of Incident:		☒ Crime in Progress		☒ Domestic		Type of Person:	
		☐ Suspicious Person		☐ Traffic Violation			
		☐ Other Type of Call		☐ Other Dispute		☐ Under the Influence	
		Specify:				☐ Other Unusual Condition	
						Specify:	

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Rocach, Christopher	Y	Obstruction	m	Blk	30	N	Y	N
		Hindering						
		Resisting arrest						

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold	☐ Hands/Fists	Firearms Discharge:	☐ Intentional
	☐ Chemical/Natural Agent	☐ Kicks/Feet		☐ Accidental
	☐ Strike/Use Baton or Other Object	☐ Canine		Number of Shots Fired:
	☐ Other Force (Specify):			Number of Hits:
				(Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Harper, James	5005	y	y	n	n

Officer Signature:		Police Officer Assignment:	Patrol
Print Supervisor Name:	Sgt Jason Swan	Supervisor Signature:	

MOUNT HOLLY POLICE

23 WASHINGTON STREET • MOUNT HOLLY, NJ 08060
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USE OF FORCE

CP9

INCIDENT NUMBER #16-3913

A. Incident Information

Date	4/19/16	Time	1946	Day of Week	TUES.	Location	near 87 Mill St.
Type of Incident:	☐ Crime in Progress ☒ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other type of Call (Specify _____) ☐ Other Dispute			Type of Person: ☐ Under the Influence ☐ Other Unusual Condition (Specify _____)			

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
Richardson, Brian Xavier	Y/N	Obstruction	M	BLK	23	Y/N	Y/N	Y/N
	Y/N	Harboring				Y/N	Y/N	Y/N
	Y/N	Resist AF				Y/N	Y/N	Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify: _____	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
Leone, Nick	3014	Y/N	Y/N	Y/N	Y/N
Signature:	Print Supervisor Name: Sgt. E. McWherry #5004		Police Officer Assignment: RTO1		
			Supervisor Signature: Sgt. E. McWherry		



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: 16-4842

A. Incident Information

Date	5/14/16	Time	0114	Day of Week	SAT	Location	24 CHURCH ST
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☐ Other Type of Call Specify:			☒ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☒ Under the Influence ☐ Other Unusual Condition Specify:

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
YOUNG, LAUREN	Y	AGG ASSAULT/ RESISTING ARREST	F	W	26	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☒	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
SPENCER, CLIFFORD	5013	Y	Y	N	N

Officer Signature:		Police Officer Assignment:	PATROL
Print Supervisor Name:	PTL T GREENWICH	Supervisor Signature:	



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Use of Force

Case #: 16-4842

A. Incident Information

Date	5/14/16	Time	0114	Day of Week	SAT	Location	24 CHURCH ST
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☐ Other Type of Call Specify:			☒ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☒ Under the Influence ☐ Other Unusual Condition Specify:

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
YOUNG, LAUREN	Y	AGG ASSAULT/ RESISTING ARREST	F	W	26	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☒	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
CRUZ, CARLOS	5020	Y	Y	N	N

Officer Signature:		Police Officer Assignment:	PATROL
Print Supervisor Name:	PTL T GREENWICH	Supervisor Signature:	

COPY

MOUNT HOLLY POLICE

23 WASHINGTON STREET • MOUNT HOLLY, NJ 08060
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USE OF FORCE

INCIDENT NUMBER #16-515

A. Incident Information

Date	5/11/0	Time	2330	Day of Week	Sat	Location	64 REGENCY DR.
Type of Incident:	☐ Crime in Progress ☐ Domestic ☒ Suspicious Person ☐ Traffic Violation ☐ Other type of Call (Specify _____) ☐ Other Dispute			Type of Person:	☒ Under the Influence ☐ Other Unusual Condition (Specify _____)		

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
JUSTICE WILLIAMS	Y/N	N/A	m	B	24	Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	✓		
...physical threat/attack on Police Officer	✓		
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold	Hands/Fists	Firearms Discharge: ☐ Intentional
☐ Chemical/Natural Agent	☐ Kicks/Feet	☐ Accidental
☐ Strike/Use Baton or Other Object	☐ Canine	Number of Shots Fired _____
☐ Other Force: Specify _____		Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
McQUARRY, EARL	6004	ON	ON	Y/N	Y/N
Signature: Sgt. E. McQuarry	Police Officer Assignment: OIC PATROL				
Print Supervisor Name: Sgt. E. McQuarry					

(609)

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER #16-5157

A. Incident Information

Date <u>5/10</u>	Time <u>2330</u>	Day of Week <u>Sat</u>	Location <u>64 REGENCY DR.</u>
Type of Incident: ☐ Crime in Progress ☒ Suspicious Person ☐ Other type of Call (Specify _____)			Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify _____)

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>JUSTICE WILLIAMS</u>	<u>Y/N</u>	<u>N/A</u>	<u>M</u>	<u>B</u>	<u>24</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	✓		
...physical threat/attack on Police Officer	✓		
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify _____	Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle) <u>WALTERS, G.</u>	Badge # <u>5017</u>	On Duty? <u>Y/N</u>	Uniform? <u>Y/N</u>	Officer Injured? <u>Y/N</u>	Taken to Hospital? <u>Y/N</u>
Signature: <u>G. Walters</u> Detective Captain [Signature]				Police Officer Assignment: <u>PATROL</u>	



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
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Use of Force

Case #: 16-5795

A. Incident Information

Date	6/6/16	Time	0947	Day of Week	Mon	Location	Rancocas/King St
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☐ Other Type of Call Specify:		☒ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☐ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Sowell, Kamau	Y	Resisting, Agg Assault, Obstruction Harassment	M	B	20	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: 0 Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Spencer, Patrolman	5013	Y	Y	N	N

Officer Signature:		Police Officer Assignment:	Patrol
Print Supervisor Name:	Ptl C Spencer	Supervisor Signature:	



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MOUNT HOLLY, NEW JERSEY 08060
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Use of Force

Case #: 16-5795

A. Incident Information		Date		Time		Day of Week		Location	
		6/6/16		0947		Mon		Rancocas/King St	
Type of Incident:		☐ Crime in Progress		☒ Domestic		Type of Person:		☐ Under the Influence	
		☐ Suspicious Person		☐ Traffic Violation				☐ Other Unusual Condition	
		☐ Other Type of Call		☐ Other Dispute				Specify:	
Specify:									

B. Suspect(s) Information (only those persons who were subjects of police use of force)								
Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Sowell, Kamau	Y	Resisting, Agg Assault, Obstruction Harassment	M	B	20	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)			
Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)			
Type of Force Used:	☒ Compliance Hold	☐ Hands/Fists	Firearms Discharge:
	☐ Chemical/Natural Agent	☐ Kicks/Feet	☐ Intentional
	☐ Strike/Use Baton or Other Object	☐ Canine	☐ Accidental
	☐ Other Force (Specify):		Number of Shots Fired: 0
			Number of Hits:
			(Use "UKN" if unknown)

E. Officer Information					
Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Perro, SLEO	5045	Y	Y	N	N

Officer Signature:		Police Officer Assignment:	Patrol
Print Supervisor Name:	Ptl C Spencer	Supervisor Signature:	



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

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MOUNT HOLLY, NEW JERSEY 08060
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Use of Force

Case #: 16-5795

A. Incident Information

Date	6/6/16	Time	0947	Day of Week	Mon	Location	Rancocas/King St
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☐ Other Type of Call Specify:				☒ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person: ☐ Under the Influence ☐ Other Unusual Condition Specify:

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Sowell, Kamau	Y	Resisting, Agg Assault, Obstruction Harassment	M	B	20	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: 0 Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Giorgi, SLEO	5057	Y	Y	N	N

Officer Signature:		Police Officer Assignment:	Patrol
Print Supervisor Name:	Ptl C Spencer	Supervisor Signature:	



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
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Use of Force

Case #: 2016-5860

A. Incident Information

Date	6/7/2016	Time	1930	Day of Week	Tue	Location	Station 500
Type of Incident:	☒ Crime in Progress ☐ Suspicious Person ☐ Other Type of Call Specify:		☒ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☒ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Mitchko, Amanda	Y	Obstruction	F	W	40	N	N	N
		Violation FRO						

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Hubel, Daniel	5041	Y	Y	N	N

Officer Signature:		Police Officer Assignment:	Patrol
Print Supervisor Name:	Sgt Jason Swan	Supervisor Signature:	



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: 2016-5860

A. Incident Information

Date	6/7/2016	Time	1930	Day of Week	Tue	Location	Station 500
Type of Incident:	☒ Crime in Progress ☐ Suspicious Person ☐ Other Type of Call Specify:		☒ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☒ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Mitchko, Amanda	Y	Obstruction	F	W	40	N	N	N
		Violation FRO						

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

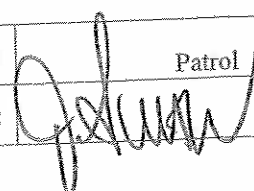
Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Swan Jason Patrick	5003	Y	Y	N	N

Officer Signature: 	Police Officer Assignment: Patrol
Print Supervisor Name: Sgt Jason Swan	Supervisor Signature: 



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: 2016-6730

A. Incident Information

Date	06/27/16	Time	1834	Day of Week	Sun	Location	Bispham Street
Type of Incident:	☒ Crime in Progress ☐ Suspicious Person ☐ Other Type of Call Specify: Intoxicated Subject			☐ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☒ Under the Influence ☐ Other Unusual Condition Specify:

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Carr, Ann	Y	Resisting Arrest	F	W	58	N	Y	N
		Obstruction						
		Disorderly Conduct						

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Swan, Jason Patrick	5003	Y	Y	Y	Y

Officer Signature:		Police Officer Assignment:	Patrol
Print Supervisor Name:	Sgt J Swan	Supervisor Signature:	



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STEVEN E. MARTIN
Chief of Police

USE OF FORCE

INCIDENT NUMBER: 16-8049

A. Incident Information:

Date: <u>07/28/2016</u>	Time: <u>0:10</u>	Day of Week: <u>Thursday</u>	Location: <u>9w monroe</u>
Type of Incident: ☐ Crime in Progress ☐ Suspicious Person ☐ Other type of Call (Specify _____)	☒ Domestic ☐ Traffic Violation ☐ Other Dispute (Specify _____)	Type of Person: ☐ Under the Influence ☐ Other Unusual Condition (Specify _____)	(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital
<u>Strong, Sabor, N</u>	<u>Y/N</u>	<u>Simple Assault</u>	<u>M</u>	<u>BLK</u>	<u>24</u>	<u>N</u>	<u>N</u>	<u>N</u>
	<u>Y/N</u>	<u>DV/Resisting</u>						
	<u>Y/N</u>	<u>Fugitive</u>						

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect #1	Suspect #2	Suspect #3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened /attacked Police Officer with knife/cutting object			
...threatened /attacked Police Officer with motor vehicle			
...fired at Police Officer			
...Other (specify)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force Specify _____	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>HUBEL, Daniel J</u>	<u>5041</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>Patrol</u>		
Print Supervisor Name: <u>P/O Scott Bayley</u>			Supervisor Signature: <u>[Signature]</u>		



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
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Use of Force

Case #: 16-8080

A. Incident Information		Date		Time		Day of Week		Location	
		7/28/16		2327		Thurs		51 White Street	
Type of Incident:		☐ Crime in Progress		☒ Domestic		Type of Person:		☒ Under the Influence	
		☐ Suspicious Person		☐ Traffic Violation				☐ Other Unusual Condition	
		☐ Other Type of Call		☐ Other Dispute				Specify:	

B. Suspect(s) Information (only those persons who were subjects of police use of force)								
Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Melissa Riley	Y	Obstruction/Resisting	F	W	36	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)			
Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)			

D. Type of Force Used (check all that apply)		Firearms Discharge:	
Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information					
Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Bayley, Scott, Samuel	5008	Y	Y	N	N

Officer Signature:	Police Officer Assignment:
Print Supervisor Name:	Supervisor Signature:
P.O. Scott Bayley	Patrol



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: 16-8080

A. Incident Information		Date: 7/28/16		Time: 2327		Day of Week: Thurs		Location: 51 White Street	
Type of Incident:		☐ Crime in Progress		☒ Domestic		Type of Person:		☒ Under the Influence	
		☐ Suspicious Person		☐ Traffic Violation				☐ Other Unusual Condition	
		☐ Other Type of Call		☐ Other Dispute				Specify:	
Specify:									

B. Suspect(s) Information (only those persons who were subjects of police use of force)								
Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Melissa Riley	Y	Obstruction/Resisting	F	W	36	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)			
Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)		Firearms Discharge:	
Type of Force Used:	☒ Compliance Hold	☐ Hands/Fists	☐ Intentional
	☐ Chemical/Natural Agent	☐ Kicks/Feet	☐ Accidental
	☐ Strike/Use Baton or Other Object	☐ Canine	Number of Shots Fired:
	☐ Other Force (Specify):		Number of Hits:
			(Use "UKN" if unknown)

E. Officer Information		Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Name (last, first, middle)		5011	Y	Y	N	N
Brewer, Deborah, Sabrina						

Officer Signature:	<i>[Signature]</i>	Police Officer Assignment:	Patrol
Print Supervisor Name:	P/O Scott Bayley	Supervisor Signature:	<i>[Signature]</i>



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Use of Force

A. Incident Information		Case #:	
Date	08/13/16	Time	2236
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☒ Other Type of Call	Day of Week	Saturday
Specify: <u>Trespassing / Disorderly</u>		Location	Virtua
Type of Person:		☐ Under the Influence ☒ Other Unusual Condition Specify: <u>ADVISED BY SUSPECT B. POLAR</u>	

B. Suspect(s) Information (only those persons who were subjects of police use of force)								
Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
GRAFFITH, PATRICIA	Y	TRESPASSING, DISORDERLY CONDUCT	F	BLK	64	N	N	N
(Check yes only for injury/hospital resulting from police use of force)								

C. Level of Suspect(s) Resistance (check all that apply)			
Suspect...	Suspect #1	Suspect #2	Suspect #3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)		Firearms Discharge:	
Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information					
Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
LOCKER, JANA, M	5012	Y	Y	N	N

Officer Signature:		Police Officer Assignment:	PATROL
Print Supervisor Name:	P.O. JANA LOCKER	Supervisor Signature:	



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Use of Force

Case #:

16-8738

A. Incident Information

Date	08/13/16	Time	2236	Day of Week	Saturday	Location	VIATUA
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☒ Other Type of Call			☐ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☐ Under the Influence ☒ Other Unusual Condition Specify: ADVISED BY SUSPECT B. Polan
Specify:	Trespassing / Disorderly						

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
GRIFFITH, PATRICIA	Y	TRESPASSING, DISORDERLY CONDUCT	F	BLK	64	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect #1	Suspect #2	Suspect #3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Cruz, Carlos	6020	Y	Y	N	N

Officer Signature:		Police Officer Assignment:	Patrol
Print Supervisor Name:	P.O. JAVALEAN	Supervisor Signature:	



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
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Use of Force

A. Incident Information

Date: 8/15/2016 Time: 10:55 AM Day of Week: MON Location: BY PASS / RAN COATS Case #: [REDACTED]

Type of Incident:

☐ Crime in Progress ☐ Domestic
☐ Suspicious Person ☒ Traffic Violation
☐ Other Type of Call ☐ Other Dispute

Type of Person:

☐ Under the Influence
☐ Other Unusual Condition
Specify:

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
[REDACTED]	Y	2C: 29-1.9	M	BLK	[REDACTED]	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect #1	Suspect #2	Suspect #3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:

☒ Compliance Hold ☐ Hands/Fists
☐ Chemical/Natural Agent ☐ Kicks/Feet
☐ Strike/Use Baton or Other Object ☐ Canine
☐ Other Force (Specify):

Firearms Discharge:

☐ Intentional
☐ Accidental
Number of Shots Fired:
Number of Hits:
(Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
PIETROW, RICHARD ARTHUR	5007	Y	Y	N	N

Officer Signature: [Signature]

Print Supervisor Name: SGT J. SWAN

Police Officer Assignment: [Signature]

Supervisor Signature: [Signature]



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: 2016-9022

A. Incident Information

Date	08/21/16	Time	1530	Day of Week	Sunday	Location	119 Risdon
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☐ Other Type of Call Specify:			☒ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☒ Under the Influence ☐ Other Unusual Condition Specify:

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Duncan, Miranda	Y	Obstruction	F	B	43	N	N	N
		Disorderly						
		Resisting						

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Perro, Jeffery	5045	Y	Y	N	N

Officer Signature:	<i>[Signature]</i> 5045	Police Officer Assignment:	Patrol
Print Supervisor Name:	Sgt J. Swan	Supervisor Signature:	<i>[Signature]</i>



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: 2016-9022

A. Incident Information

Date	08/21/16	Time	1530	Day of Week	Sunday	Location	119 Risdon
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☐ Other Type of Call Specify:			☒ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☒ Under the Influence ☐ Other Unusual Condition Specify:

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Duncan, Miranda	Y	Obstruction	F	B	43	N	N	N
		Disorderly						
		Resisting						

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)			

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Swan, Jason P	5003	Y	Y	N	N

Officer Signature:

Police Officer Assignment:

Patrol

Print Supervisor Name:

Supervisor Signature:



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
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Use of Force

Case #: 2016-9022

A. Incident Information		Date		Time		Day of Week		Location	
		08/21/16		1530		Sunday		119 Risdon	
Type of Incident:		☐ Crime in Progress		☒ Domestic		Type of Person:		☒ Under the Influence	
		☐ Suspicious Person		☐ Traffic Violation				☐ Other Unusual Condition	
		☐ Other Type of Call		☐ Other Dispute				Specify:	
		Specify:							

B. Suspect(s) Information (only those persons who were subjects of police use of force)								
Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Duncan, Miranda	Y	Obstruction	F	B	43	N	N	N
		Disorderly						
		Resisting						

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)			
Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)		Firearms Discharge:	
Type of Force Used:	☒ Compliance Hold	☐ Hands/Fists	☐ Intentional
	☐ Chemical/Natural Agent	☐ Kicks/Feet	☐ Accidental
	☐ Strike/Use Baton or Other Object	☐ Canine	Number of Shots Fired:
	☐ Other Force (Specify):		Number of Hits:
			(Use "UKN" if unknown)

E. Officer Information		Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Name (last, first, middle)		5007	Y	Y	N	N
Pietrow, Richard						

Officer Signature:	Police Officer Assignment:
Print Supervisor Name: <i>Sgt J Swan</i>	Supervisor Signature: <i>[Signature]</i>

MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

A. Incident Information		Case #:	
Date	7/1/16	Time	1402
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☒ Other Type of Call Specify: <i>WEAPON COMP.</i>	Day of Week	THUR
		Location	CHURCH & CHARLES
		Type of Person:	☐ Under the Influence ☐ Other Unusual Condition Specify:

B. Suspect(s) Information (only those persons who were subjects of police use of force)								
Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
<i>[REDACTED]</i>	N		M	B	<i>[REDACTED]</i>	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)			
Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)		Firearms Discharge:	
Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information		Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Name (last, first, middle)		5017	Y	Y	N	N
<i>WALTERS, GREGG</i>						

Officer Signature:	<i>[Signature]</i>	Police Officer Assignment:	<i>[Signature]</i>
Print Supervisor Name:	<i>SWAN</i>	Supervisor Signature:	<i>[Signature]</i>



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: [REDACTED]

A. Incident Information

Date	09/03/2016	Time	19:43	Day of Week	Sat.	Location	11 Wall St
Type of Incident:	☒ Crime in Progress ☐ Suspicious Person ☒ Other Type of Call Specify: Pending Investigation (Juvenile)		☐ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☐ Under the Influence ☐ Other Unusual Condition Specify: Juvenile	

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
[REDACTED]	Y	2C:1B-5(a)	M	B	[REDACTED]	n	n	n
		2C:29-2(a)1						
		2C:29-1a						

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☒	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)			

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Hubel, Daniel, Joseph	5041	☒	☒	☒	☒

Officer Signature:	Police Officer Assignment:	Patrol
Print Supervisor Name: P.O. M. Egler	Supervisor Signature: P.O. M. Egler	



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: 16-10251

A. Incident Information

Date	09/21/16	Time	2311	Day of Week	Wed	Location	Garden St & MHBC
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☐ Other Type of Call Specify:			☒ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☒ Under the Influence ☐ Other Unusual Condition Specify:

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Keuper, Shannon	N	N/A	F	W	33	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Swan, Jason Patrick	5003	y	y	n	N

Officer Signature:	Police Officer Assignment:
Print Supervisor Name: Sgt J Swan	Supervisor Signature:



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: 16-10251

A. Incident Information

Date	09/21/16	Time	2311	Day of Week	Wed	Location	Garden St & MHBC
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☐ Other Type of Call Specify:			☒ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☒ Under the Influence ☐ Other Unusual Condition Specify:

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Keuper, Shannon	N	N/A	F	W	33	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
McQuarry, Earl	5004	y	y	n	N

Officer Signature:	<i>Sgt. E. McQuarry</i>	Police Officer Assignment:	Patrol
Print Supervisor Name:	<i>Sgt. E. McQuarry</i>	Supervisor Signature:	<i>Sgt. E. McQuarry</i>



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
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Use of Force

Case #:

16-10737

A. Incident Information

Date	10-4-16	Time	10:02	Day of Week	Thurs	Location	148 1/2 mile ST
Type of Incident:	☒ Crime in Progress ☐ Suspicious Person ☐ Other Type of Call Specify:			☐ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person: ☐ Under the Influence ☐ Other Unusual Condition Specify:	

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
Gharrero Ramon	N	Defiant Transport	m	WH	42	N	N	N
/		/						

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☐	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☒	☐	☐
...Other (specify)) dt. driver follow directions	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☐ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☒ Other Force (Specify): take down	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Harper James	5005	Y	Y	N	N

Officer Signature:	Pt James Harper	Police Officer Assignment:	Patrol
Print Supervisor Name:	Pt James Harper	Supervisor Signature:	Pt James Harper



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #:

A. Incident Information		Time		Day of Week	Location
Date	11/11/2016	2103	FRZ	258 PINE ST	
Type of Incident:	☒ Crime in Progress ☐ Suspicious Person ☐ Other Type of Call		☐ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:
Specify:	COMBATIVE REVENUE				☐ Under the Influence ☒ Other Unusual Condition Specify: BEHAVIORALLY CHALLENGED IND.

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
[REDACTED]	N	-	M	H	[REDACTED]	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☐ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☒ Other Force (Specify): FOLDED LEGS TO PREVENT KICKING	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
ROZCHARD ARTHUR PIETROW	5807	Y	Y	N	N

Officer Signature:	Police Officer Assignment:
Print Supervisor Name: SGT JASON SWAN	Supervisor Signature:



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Incident Information		Day of Week	Location	Case #
Date	11/22/16	TUES	RV High School	
Type of Incident:	☒ Crime in Progress ☐ Suspicious Person ☐ Other Type of Call	☐ Domestic ☐ Traffic Violation ☐ Other Dispute	Type of Person:	☐ Under the Influence ☐ Other Unusual Condition Specify:
Specify:				

B. Suspect(s) Information (only those persons who were subjects of police use of force)								
Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
[REDACTED]	A Yes	Agg. Assault Bk Resisting/obstruction D.C. Conduct/obstruction	M	B	[REDACTED]	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)			
Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☒	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)			

D. Type of Force Used (check all that apply)		Firearms Discharge:
Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☒ Other Force (Specify): Foot Sweep Take Down	☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information		Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Name (last, first, middle)		08	Y	Y	N	N
BAYLEY, Scott, S						
Officer Signature:	[Signature]		Police Officer Assignment:			
Print Supervisor Name:	Sgt J. Smith		Supervisor Signature: [Signature]			



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: 16-13772

A. Incident Information		Time		Day of Week		Location	
Date	12/24/16	8:11 PM		SAT		437 PINE ST	
Type of Incident:		Type of Person:		Under the Influence			
☐ Crime in Progress		☐ Domestic		☐ Other Unusual Condition			
☐ Suspicious Person		☐ Traffic Violation		Specify:			
☒ Other Type of Call		☐ Other Dispute					
Specify:		DZS6005 Person complain					

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
KOUHI, LISA MAE	Y	DC29-1a DC:1839 DC29-2a DC:332a	F	W	49	N	N	Y SCAR

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)			

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold	☐ Hands/Fists	Firearms Discharge:	☐ Intentional
	☐ Chemical/Natural Agent	☐ Kicks/Feet		☐ Accidental
	☐ Strike/Use Baton or Other Object	☐ Canine		Number of Shots Fired:
	☐ Other Force (Specify):			Number of Hits:
				(Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
PIETROW, RICHARD ARTHUR	5005	Y	Y	N	N
Officer Signature:	Police Officer Assignment:	PATROL			
Print Supervisor Name:	Supervisor Signature:				
SGT RICHARD PIETROW					



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

Case #: 16-13598

A. Incident Information		Time		Day of Week	Location
Date	12/19/2016	2325	Mon	PINE ST	
Type of Incident:	☒ Crime in Progress ☐ Suspicious Person ☐ Other Type of Call		☐ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person: ☒ Under the Influence ☐ Other Unusual Condition Specify:
Specify:					

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
BRACEY, BERNARD	Y	OC: 29-1a OC: 29-2a	M	B	21	N	N	N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☒ Other Force (Specify): BEND/PLY FINGERS APART	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
PSETROW, RICHARD ARTHUR	5005	Y	Y	N	N
Officer Signature:	Police Officer Assignment:				
Print Supervisor Name: RICHARD PSETROW SGT	Supervisor Signature: [Signature] SGT				



MOUNT HOLLY TOWNSHIP POLICE DEPARTMENT

23 WASHINGTON STREET
MOUNT HOLLY, NEW JERSEY 08060
PHONE 609-267-0170 - FAX 609-267-6627

Use of Force

A. Incident Information

Date	12/13/16	Time	12:13 pm	Day of Week	Tue	Location	243 Pine St	Case #:	[REDACTED]
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☒ Other Type of Call		☐ Domestic ☐ Traffic Violation ☐ Other Dispute		Type of Person:	☐ Under the Influence ☒ Other Unusual Condition Specify: SCIP			
Specify:	SCIP								

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest Y/N	Charge(s)	Sex	Race	Age	Weapon? Y/N	Suspect Injured? Y/N	Hospital? Y/N
[REDACTED]	N	MUR	F	B	[REDACTED]	N	N	Y

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☐	☐
...physical threat/attack on Police Officer	☐	☐	☐
...threatened/attacked Police Officer with blunt object	☐	☐	☐
...threatened/attacked Police Officer with knife/cutting object	☐	☐	☐
...threatened/attacked Police Officer with motor vehicle	☐	☐	☐
...threatened Police Officer with firearm	☐	☐	☐
...fired at Police Officer	☐	☐	☐
...Other (specify)	☐	☐	☐

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force (Specify):	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: Number of Hits: (Use "UKN" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Greenwich, Thomas, Edward	5010	Y	Y	N	N

Officer Signature:	[Signature]	Police Officer Assignment:	Patrol
Print Supervisor Name:	Sgt. JAMES HARPER	Supervisor Signature:	[Signature]

MOUNT HOLLY POLICE

23 WASHINGTON STREET • MOUNT HOLLY, NJ 08060
(609) 267-0170 • FAX (609) 267-6627

USE OF FORCE

INCIDENT NUMBER 14-12567

A. Incident Information

Date <u>12/25/2014</u>	Time <u>0015</u>	Day of Week <u>THURSDAY</u>	Location <u>23 WASHINGTON ST</u>
Type of Incident:		Type of Person:	
☐ Crime in Progress ☐ Suspicious Person ☐ Other type of Call (Specify _____)		☒ Domestic ☐ Traffic Violation ☐ Other Dispute (Specify _____)	
		☒ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
LAMBERT, EDWARD, A	☒ Y/N	OBSTRUCTION RESISTING	M	B	57	☒ Y/N	☒ Y/N	☒ Y/N
	Y/N					Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used:	Firearms Discharge:
☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify: _____	☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)
☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
LALANA, NICHOLAS R.	5017	☒ Y/N	☒ Y/N	☒ Y/N	☒ Y/N
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>PATROL</u>		
Print Supervisor Name: <u>SGT M TRIMBLE</u>			Supervisor Signature: <u>[Signature]</u>		

MOUNT HOLLY POLICE

23 WASHINGTON STREET • MOUNT HOLLY, NJ 08060
(609) 267-0170 • FAX (609) 267-6627

USE OF FORCE

INCIDENT NUMBER 14-10953

A. Incident Information

Date <u>10.31.14</u>	Time <u>1739</u>	Day of Week <u>FRIDAY</u>	Location <u>High ST</u>
Type of Incident:	☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other type of Call (Specify _____) ☐ Other Dispute (Specify _____)		Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify _____)

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
BRIQGS, BRANDEN L	☒ Y/N	<u>THEFT</u> <u>Resisting</u> <u>ASSAULT</u>	<u>M</u>	<u>BLK</u>	<u>24</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	Y/N					Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force: Specify: _____	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>SWAN JASON PATRICK</u>	<u>05</u>	☒ Y/N	☒ Y/N	☒ Y/N	☒ Y/N
Signature: <u>[Signature]</u>	Police Officer Assignment: <u>PATROL</u>				
Print Supervisor Name: <u>Sgt J SWAN</u>	Supervisor Signature: <u>[Signature]</u>				

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 14-9970

A. Incident Information

Date <u>10/02/2014</u>	Time <u>1615</u>	Day of Week <u>THURSDAY</u>	Location <u>419 Mt. View Ave.</u>
Type of Incident: ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call (Specify <u>Suicidal Subject</u>) ☐ Other Dispute		Type of Person: ☐ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>DURANO, LILY J</u>	<u>Y/N</u>	<u>—</u>	<u>F</u>	<u>W</u>	<u>25</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force: Specify: _____	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>LALENA, NICHOLAS, R</u>	<u>5017</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>Patrol</u>		

MOUNT HOLLY POLICE

23 WASHINGTON STREET • MOUNT HOLLY, NJ 08060

(609) 267-0170 • FAX (609) 267-6627

USE OF FORCE

INCIDENT NUMBER [REDACTED]

A. Incident Information

Date: <u>10/23/14</u>	Time:	Day of Week: <u>THURSDAY</u>	Location: <u>RVRHS</u>
Type of Incident: ☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other type of Call ☐ Other Dispute (Specify _____)		Type of Person: ☐ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
[REDACTED]	Y/N	<u>2c:</u>			[REDACTED]	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	Y/N					Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☐ Compliance Hold ☐ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☒ Other Force: Specify: _____	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: _____ Number of Hits: _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>PIETROW, RICHARD ARTHUR</u>	<u>5010</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>SRO</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER [REDACTED]

A. Incident Information

Date 10-2-14	Time 1615	Day of Week THU	Location 419 MOUNTVIEW
Type of Incident: ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call (Specify <u>SCIP TRANSPORT</u>)		Type of Person: ☒ Under the Influence ☒ Other Unusual Condition (Specify <u>SUBC 121</u>)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
[REDACTED]	Y/N	SCIP TRANSPORT	F	W	[REDACTED]	Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	✓		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☐ Compliance Hold ☐ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☒ Other Force: Specify: <u>HAIR PULL</u>	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle) <u>TRIMBLE MICHELLE</u>	Badge # 3	On Duty? ☒ Y/N	Uniform? ☒ Y/N	Officer Injured? ☒ Y/N	Taken to Hospital? ☒ Y/N
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>PAYO1</u>		
Print Supervisor Name: <u>SP-11 TRIMBLE</u>					

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 14-9896

A. Incident Information

Date <u>9-30-14</u>	Time <u>2256</u>	Day of Week <u>TUE</u>	Location <u>STA. 500</u>
Type of Incident:	☐ Crime in Progress ☒ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other type of Call (Specify _____) ☐ Other Dispute (Specify _____)		Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify _____)

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Hymon, William</u>	<u>Y/N</u>	<u>Terroristic Threats</u>	<u>M</u>	<u>B</u>	<u>59</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify: _____	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>Eglen, Matthew</u>	<u>5018</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>PATROL</u>		
			Supervisor Signature: <u>[Signature]</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 14-9893

A. Incident Information

Date <u>9-30-14</u>	Time <u>07:46 Pm</u>	Day of Week <u>Tuesday</u>	Location <u>Church Street</u>
Type of Incident:	Type of Person:		
☒ Crime in Progress	☐ Under the Influence		
☐ Suspicious Person	☐ Other Unusual Condition (Specify _____)		
☐ Other type of Call (Specify _____)	☒ Other Dispute		

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Calderon, Daniel</u>	<u>Y/N</u>	<u>2C:29-2.1(a)</u> <u>2C:33-2.1(a)</u>	<u>M</u>	<u>Wht</u>	<u>53</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify <u>Ran from officers</u>)	☒		

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Hands/Fists	Firearms Discharge:	☐ Intentional
☐ Chemical/Natural Agent	☐ Kicks/Foot		☐ Accidental
☐ Strike/Use Baton or Other Object	☐ Canine	Number of Shots Fired _____	
☐ Other Force: Specify:		Number of Hits _____ (Use "UNK" if unknown)	

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>P.O. BAKER, Scott, Samuel</u>	<u>5011</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
Signature: <u>[Signature]</u>	Police Officer Assignment: <u>Patrol</u>				

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 14-9893

A. Incident Information

Date <u>9-30-14</u>	Time <u>07:46 Pm</u>	Day of Week <u>Tuesday</u>	Location <u>Church Street</u>
Type of Incident:	Type of Person:		
☒ Crime in Progress	☐ Under the Influence		
☐ Suspicious Person	☐ Other Unusual Condition (Specify _____)		
☐ Other type of Call (Specify _____)	☒ Other Dispute		

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Calderon, Daniel</u>	<u>Y/N</u>	<u>2C:12-2.1(a)</u> <u>2C:33-2.1(a)</u>	<u>M</u>	<u>Wht</u>	<u>53</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify <u>Ran from officers</u>)	☒		

D. Type of Force Used (check all that apply)

Type of Force Used:	Firearms Discharge:
☒ Compliance Hold	☐ Intentional
☒ Hands/Fists	☐ Accidental
☐ Chemical/Natural Agent	Number of Shots Fired _____
☐ Kicks/Feet	Number of Hits _____
☐ Strike/Use Baton or Other Object	(Use "UNK" if unknown)
☐ Canine	
☐ Other Force: Specify: _____	

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>Egler, Matthew John</u>	<u>5018</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
Signature: <u>P.C. [Signature]</u>			Police Officer Assignment: <u>Patrol</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER

14-9838

A. Incident Information

Date	9-29-14	Time	1033	Day of Week	Mon	Location	Rt 541 Bypass
Type of Incident:	☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other type of Call (Specify _____) ☐ Other Dispute (Specify _____)			Type of Person: ☐ Under the Influence ☐ Other Unusual Condition (Specify _____)			

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
Williams Justice	☒ Y/N	2C:29-2A 2C:12-1B	M	B	23	Y/N	Y/N	Y/N
	Y/N	2C:29-1A				Y/N	Y/N	Y/N
	Y/N	2C:33-14				Y/N	Y/N	Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	X		
...physical threat/attack on Police Officer	X		
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☐ Compliance Hold ☐ Hands/Fists ☒ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force: Specify: _____	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
Spiller Richard W	07	☒ Y/N	☒ Y/N	☒ Y/N	Yes
Signature:	Police Officer Assignment:			Patrol	
Defect Complaint Number	Supervisor Signature:				

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER

14-9838

A. Incident Information

Date	9-29-14	Time	1033	Day of Week	Mon	Location	Rt 541 Bypass
Type of Incident:	☒ Crime in Progress ☐ Suspicious Person ☐ Other type of Call (Specify _____)			☐ Domestic ☐ Traffic Violation ☐ Other Dispute (Specify _____)		Type of Person: ☐ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
Williams, Justice	Y/N	2C:29-2A 2C:12-13	M	B	23	Y/N	Y/N	Y/N
	Y/N	2C:29-1A				Y/N	Y/N	Y/N
	Y/N	2C:33-14				Y/N	Y/N	Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	X		
...physical threat/attack on Police Officer	X		
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Chemical/Natural Agent ☒ Strike/Use Baton or Other Object ☐ Other Force: Specify: _____	☒ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
Spencer, Clifford	16	Y/N	Y/N	Y/N	Y/N
Police Officer Assignment: Patrol					

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 14-3461

A. Incident Information

Date <u>9-17-14</u>	Time <u>21:30</u>	Day of Week <u>WEDNESDAY</u>	Location <u>Mill St</u>
Type of Incident: ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call ☐ Other Dispute (Specify <u>PCD stop - crosswalk</u>)		Type of Person: ☐ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>LINDSEY, DEMETRIUS</u>	☒ Y/N	<u>2C:35-10.4, 2C:29.2</u>	<u>M</u>	<u>BL</u>	<u>32</u>	☒ Y/N	☒ Y/N	☒ Y/N
	Y/N					Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force: Specify: _____	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle) <u>HORTON, STEWART, CARSEY</u>	Badge # <u>5043</u>	On Duty? ☒ Y/N	Uniform? ☒ Y/N	Officer Injured? ☒ Y/N	Taken to Hospital? ☒ Y/N
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>DATA</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 14-9084

A. Incident Information

Date <u>9/8/14</u>	Time <u>1444</u>	Day of Week <u>Monday</u>	Location <u>Rancocas Valley High School</u>
Type of Incident:	Type of Person:		
☐ Crime in Progress ☐ Suspicious Person ☐ Other type of Call (Specify _____)	☒ Domestic ☐ Traffic Violation ☐ Other Dispute (Specify _____)		
☐ Under the Influence ☐ Other Unusual Condition (Specify _____)			

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
Allen, Kelly, Lynn	☒ Y/N	Harassment	F	W	19	☒ Y/N	☒ Y/N	☒ Y/N
	☐ Y/N	Resist. AR				☐ Y/N	☐ Y/N	☐ Y/N
	☐ Y/N	Obstruction				☐ Y/N	☐ Y/N	☐ Y/N
		Disord. Conduct						

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used:	Firearms Discharge:
☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify: _____	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>McLure, E.</u>	<u>5006</u>	☒ Y/N	☒ Y/N	☒ Y/N	☒ Y/N
Signature: <u>Sgt. E. McLure</u>			Police Officer Assignment: <u>Supervisor</u>		
			Supervisor Signature: <u>Sgt. E. McLure</u>		

MOUNT HOLLY POLICE

23 WASHINGTON STREET • MOUNT HOLLY, NJ 08060

(609) 267-0170 • FAX (609) 267-6627

USE OF FORCE

INCIDENT NUMBER 14-8305

A. Incident Information

Date <u>8/16/14</u>	Time <u>2059</u>	Day of Week <u>SAT</u>	Location <u>PINE ST / MILL ST</u>
Type of Incident: ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call (Specify <u>TWP ORDINANCE</u>)		Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>J. LES, WILLIAM</u>	<u>Y/N</u>	<u>2C:29-2a</u> <u>2C:29-1a</u>	<u>M</u>	<u>BLK</u>	<u>49</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
<u>...physical threat/attack on Police Officer</u>	☒		
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify: _____	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>LEAH, ANA, MARIE</u>	<u>5015</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>PATROL</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 14-8305

A. Incident Information

Date <u>8/16/14</u>	Time <u>2059</u>	Day of Week <u>SAT</u>	Location <u>PINE ST / MILL ST</u>
Type of Incident: ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call (Specify <u>TWP ORDINANCE</u>)		Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
JILES, William	☒ Y/N	<u>2c:29-2a</u> <u>2c:29-1a</u>	M	BLK	49	☒ Y/N	☒ Y/N	☒ Y/N
	Y/N					Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☒ Other Force: Specify: <u>taken to ground due to threatening behavior</u>	☐ Hands/Fists ☐ Kicks/Fact ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
McQUARRY, EARL	5006	☒ Y/N	☒ Y/N	☒ Y/N	☒ Y/N
Signature: <u>Sgt. E. McQuarry</u>			Police Officer Assignment: <u>Superv. SW</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 14-7775

A. Incident Information

Date <u>8-1-14</u>	Time <u>17:29</u>	Day of Week <u>Friday</u>	Location <u>295 Woodlawn Room</u>
Type of Incident:	Type of Person:		
☒ Crime in Progress	☒ Under the Influence <u>CDS</u>		
☐ Suspicious Person	☐ Other Unusual Condition (Specify _____)		
☐ Domestic			
☐ Traffic Violation			
☐ Other type of Call (Specify <u>Trespass / Disorderly</u>)	☐ Other Dispute		

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Lucas, Todd C</u>	<u>Y/N</u>	<u>Trespass</u> <u>Disorderly Conduct</u> <u>Resisting Arrest</u>	<u>M</u>	<u>Blk</u>	<u>51</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect #1	Suspect #2	Suspect #3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer	☒		
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used:	Firearms Discharge:
☒ Compliance Hold	☐ Intentional
☒ Chemical/Natural Agent	☐ Accidental
☐ Hands/Fists	Number of Shots Fired _____
☐ Kicks/Feet	Number of Hits _____
☐ Strike/Use Baton or Other Object	(Use "UNK" if unknown)
☐ Canine	
☐ Other Force: Specify:	

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>Egler, Matthew John</u>	<u>5018</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
Signature: <u>Matthew Egler</u>			Police Officer Assignment: <u>Patrol</u>		
Supervisor Signature: <u>[Signature]</u>					

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 14-7775

A. Incident Information

Date <u>8-1-14</u>	Time <u>17:29</u>	Day of Week <u>Friday</u>	Location <u>795 Woodlane Road</u>
Type of Incident: ☒ Crime In Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other type of Call (Specify <u>trespass / Disobey</u>) ☐ Other Dispute		Type of Person: ☒ Under the Influence <u>CDS</u> ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Lucas, Todd C</u>	<u>ON</u>	<u>Trespass</u> <u>Disobey</u>	<u>M</u>	<u>Blk</u>	<u>51</u>	<u>Y</u>	<u>ON</u>	<u>ON</u>
	Y/N	<u>Resisting</u>				Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer	☒		
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☒ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force: Specify: _____	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>Cidoni John Joseph</u>	<u>5019</u>	<u>ON</u>	<u>ON</u>	<u>Y</u>	<u>Y</u>
Signature: <u>Pt. John Cidoni</u>			Police Officer Assignment: <u>Patrol</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 14-8055

A. Incident Information

Date: <u>8/10/14</u>	Time: <u>1230</u>	Day of Week: <u>Sunday</u>	Location: <u>6 Lippincott Lane</u>
Type of Incident:	☒ Crime in Progress ☐ Suspicious Person ☐ Other type of Call (Specify _____)		Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify _____)
(Check only if unusual condition in person exists)			

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
DUGAN, DALE, EDWARD	☒ Y/N	Simple Assault Resisting Arrest	M	W	60	☒ Y/N	☒ Y/N	☒ Y/N
	☐ Y/N	Aggravated Assault				☐ Y/N	☐ Y/N	☐ Y/N
	☐ Y/N	Harassment				☐ Y/N	☐ Y/N	☐ Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer	☒		
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify _____	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
FULLERTON, Ricardo Estevan	1012	☒ Y/N	☒ Y/N	☒ Y/N	☒ Y/N
Signature: <i>[Signature]</i>	Police Officer Assignment: <u>Patrol</u>			Supervisor Signature: <i>[Signature]</i>	
Print Supervisor Name: <u>SLT Richard Smith</u>					

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 14-7734

A. Incident Information

Date <u>7/31/14</u>	Time <u>2227</u>	Day of Week <u>Thursday</u>	Location <u>Mill Street</u>
Type of Incident: ☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call (Specify <u>Disorderly Conduct</u>)		Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Briggs, Brandon Lee</u>	<u>Y/N</u>	<u>24-33-24</u> <u>24-34-24</u>	<u>M</u>	<u>B</u>	<u>24</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	Y/N					Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force: Specify _____	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>Esler, Matthew John</u>	<u>5018</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>Police</u>		
Print Supervisor Name: <u>RICHARD PIETROW</u>			Supervisor Signature: <u>[Signature]</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 14-7734

A. Incident Information		Date <u>7/31/2014</u>		Time <u>2227</u>	Day of Week <u>THURSDAY</u>	Location <u>MILL STREET</u>
Type of Incident:	☐ Crime in Progress	☐ Domestic	Type of Person: ☒ Under the Influence			
	☐ Suspicious Person	☐ Traffic Violation	☐ Other Unusual Condition (Specify _____)			
☒ Other type of Call (Specify <u>DISORDERLY CONDUCT</u>)		☐ Other Dispute				

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)								
Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>BREIGGS, BRANDON LEE</u>	<u>Y/N</u>	<u>2C: 33-29</u> <u>2C: 29-29</u>	<u>M</u>	<u>B</u>	<u>24</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)			
Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)		Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)
Type of Force Used: ☒ Compliance Hold	☐ Hands/Fists ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force: Specify: _____	

E. Officer Information		Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
Name (last, first, middle)		<u>5010</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
<u>PIETROW RICHARD ARTHUR</u>						
Signature: <u>[Signature]</u>		Police Officer Assignment: <u>PATROL</u>				
		Supervisor Signature: <u>[Signature]</u>				

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 14-7734

A. Incident Information

Date: <u>7/3/14</u>	Time: <u>2227</u>	Day of Week: <u>Thursday</u>	Location: <u>Mill Street</u>
Type of Incident:	☒ Crime in Progress ☐ Suspicious Person ☐ Other type of Call (Specify: <u>Disorderly Conduct</u>)	☐ Domestic ☐ Traffic Violation ☐ Other Dispute	Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify: _____)

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
Briggs, Brandon, Lee	☒ Y/N	Disorderly resisting arrest	M	B	24	☒ Y/N	☒ Y/N	☒ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect #1	Suspect #2	Suspect #3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify: _____	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: _____ Number of Hits: _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle): <u>Brewer, Deborah, Sabrina</u>	Badge #: <u>5014</u>	On Duty?: ☒ Y/N	Uniform?: ☒ Y/N	Officer Injured?: ☒ Y/N	Taken to Hospital?: ☒ Y/N
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>PATROL</u>		
Supervisor Signature: <u>[Signature]</u>					

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 14-7734

A. Incident Information

Date	07-31-2014	Time	22:27	Day of Week	Thursday	Location	Mill Street
Type of Incident:	☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call (Specify <u>Disorderly Conduct</u>)			Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify _____)			

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
Briggs, Brandon Lee	☒ Y/N	disorderly conduct resisting arrest	M	B	24	☒ Y/N	☒ Y/N	☒ Y/N
	Y/N					Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Hands/Fists ☐ Kicks/Feet ☐ Canine ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify _____	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
Sgt. Kovacs	5046	☒ Y/N	☒ Y/N	☒ Y/N	☒ Y/N
Signature: <u>[Signature]</u>	Police Officer Assignment: <u>D/F</u>			Supervisor Signature: <u>[Signature]</u>	

210 RICHARD PIETROW

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 14-7472

A. Incident Information

Date <u>7/23/14</u>	Time <u>9:31 pm</u>	Day of Week <u>Wednesday</u>	Location <u>11 Bishop Street, Mt. Holly, NJ, 08060</u>
Type of Incident:	☒ Crime in Progress ☐ Suspicious Person ☒ Other type of Call (Specify <u>Criminal Mischief</u>)	☐ Domestic ☐ Traffic Violation ☒ Other Dispute (Specify <u>Mischief</u>)	Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify _____)

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
Jones, Jazzale	Y/N	Resisting, Disorderly Conduct, Agg Assault, Carrying a Weapon	F	B	30	Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☒ Other Force: Specify <u>High Throw</u>	Hands/Fists Kicks/Feet Canine Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
Spencer, Clifford	5010	Y/N	Y/N	Y/N	Y/N
Signature: <u>[Signature]</u>	Police Officer Assignment: <u>Patrol</u>			Supervisor Signature: <u>[Signature]</u>	

MOUNT HOLLY POLICE

23 WASHINGTON STREET • MOUNT HOLLY, NJ 08060
(609) 267-0170 • FAX (609) 267-6627

USE OF FORCE

INCIDENT NUMBER 14-6337

A. Incident Information

Date: <u>6-24-14</u>	Time: <u>9:24 pm</u>	Day of Week: <u>Thursday</u>	Location: <u>1909 Maine Highway</u>
Type of Incident:	Type of Person:		
☒ Crime in Progress	☐ Under the Influence		
☐ Suspicious Person	☐ Other Unusual Condition (Specify _____)		
☐ Other type of Call (Specify _____)	☐ Other Dispute (Specify _____)		

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Cooper, Ricky 2nd</u>	<u>Y/N</u>	<u>CC 1B-2a</u> <u>24124-2a</u>	<u>M</u>	<u>Wnt</u>	<u>22</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify <u>Foot pursuit</u>)	☒		

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold	☒ Hands/Fists	Firearms Discharge:	☐ Intentional
	☐ Chemical/Natural Agent	☐ Kicks/Feet		☐ Accidental
	☐ Strike/Use Baton or Other Object	☐ Canine	Number of Shots Fired _____	
	☐ Other Force: Specify: _____		Number of Hits _____ (Use "UNK" if unknown)	

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>Egler, Matthew J</u>		<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>Patrol</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 14-6337

A. Incident Information

Date <u>6/24/2014</u>	Time <u>2124</u>	Day of Week <u>TUESDAY</u>	Location <u>1909 MARINE HIGHWAY</u>
Type of Incident: ☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other type of Call (Specify _____) ☐ Other Dispute		Type of Person: ☐ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>COOPER, RICHARD S</u>	☒ Y	<u>2C: 18-29</u> <u>2C: 29-29</u>	<u>M</u>	<u>W</u>	<u>22</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	Y/N					Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force: Specify: _____	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>PETERSON, RICHARD A</u>	<u>5010</u>	<u>ON</u>	<u>ON</u>	<u>Y/N</u>	<u>Y/N</u>
Signature: <u>[Signature]</u> (5010)			Police Officer Assignment: <u>TRATKEL</u>		

MOUNT HOLLY POLICE

23 WASHINGTON STREET • MOUNT HOLLY, NJ 08060
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USE OF FORCE

INCIDENT NUMBER 17-6345

A. Incident Information

Date <u>6/24/17</u>	Time <u>11:50 pm</u>	Day of Week <u>Tuesday</u>	Location <u>Union Street</u>
Type of Incident: ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call (Specify <u>CDS</u>) ☐ Other Dispute		Type of Person: ☐ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Young, Michael J</u>	<u>Y/N</u>	<u>Poss of CDS, Kish</u>	<u>M</u>	<u>B</u>	<u>21</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force: Specify: _____	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle) <u>Spencer, C. L. Ford</u>	Badge # <u>5016</u>	On Duty? <u>Y/N</u>	Uniform? <u>Y/N</u>	Officer Injured? <u>Y/N</u>	Taken to Hospital? <u>Y/N</u>
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>Patrol</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER H-6236

A. Incident Information

Date <u>6/22/2014</u>	Time <u>1502</u>	Day of Week <u>SUNDAY</u>	Location <u>GARDEN ST / CHERRY ST</u>
Type of Incident: ☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other type of Call ☐ Other Dispute (Specify _____)		Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
GREENWALD, JOHN, EARL	☒ Y/N	TRESPASSING, RESISTING HINDERING	M	WNT	51	☒ Y/N	☒ Y/N	☒ Y/N
	Y/N					Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☐ Compliance Hold ☐ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☒ Other Force: Specify: <u>TACKLED TO GROUND</u>	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle) <u>LALENA, NICHOLAS, RICHARD</u>	Badge # <u>5017</u>	On Duty? ☒ Y/N	Uniform? ☒ Y/N	Officer Injured? ☒ Y/N	Taken to Hospital? ☒ Y/N
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>Patrol</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER [REDACTED]

A. Incident Information

Date: 6-18-14	Time: 17:36	Day of Week: Wednesday	Location: Iron Works Park
Type of Incident: ☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other type of Call (Specify _____) ☐ Other Dispute (Specify _____)		Type of Person: ☐ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
[REDACTED]	☒ Y/N	20:29a(3)	M	Blk	[REDACTED]	☒ Y/N	Y/N	Y/N
	☐ Y/N	20:12-1B				☐ Y/N	☐ Y/N	☐ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer	☒		
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☐ Compliance Hold ☐ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☒ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force: Specify: _____	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: _____ Number of Hits: _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle): Egler, Matthew	Badge #: 5018	On Duty?: ☒ Y/N	Uniform?: ☒ Y/N	Officer Injured?: ☒ Y/N	Taken to Hospital?: ☒ Y/N
Signature: [Signature]			Police Officer Assignment: Patrol		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 14-5865

A. Incident Information

Date <u>6/11/14</u>	Time <u>1700</u>	Day of Week <u>Wednesday</u>	Location <u>12 Mitchell Terr</u>
Type of Incident:		Type of Person:	
☐ Crime in Progress ☐ Suspicious Person ☐ Other type of Call (Specify _____)		☒ Domestic ☐ Traffic Violation ☐ Other Dispute (Specify _____)	
☐ Under the Influence ☐ Other Unusual Condition (Specify _____)			

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Parsons, M. HANW</u>	<u>Y/N</u>	<u>Robbing, Assault</u>	<u>M</u>	<u>H</u>	<u>45</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify: _____	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>Spencer, Clifford</u>	<u>5016</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
Signature: <u>Pl. C. Spencer</u>			Police Officer Assignment: <u>Patrol</u>		

MOUNT HOLLY POLICE

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(609) 267-0170 • FAX (609) 267-6627

USE OF FORCE

INCIDENT NUMBER 14-5865

A. Incident Information

Date <u>6/11/14</u>	Time <u>1700</u>	Day of Week <u>Wednesday</u>	Location <u>12 Mitchell Terr</u>
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☐ Other type of Call (Specify _____)	☒ Domestic ☐ Traffic Violation ☐ Other Dispute (Specify _____)	Type of Person: ☐ Under the Influence ☐ Other Unusual Condition (Specify _____)

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Parsons, Matthew</u>	<u>Y/N</u>	<u>Resisting, Assault</u>	<u>M</u>	<u>H</u>	<u>45</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify: _____	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>LALENA, NICHOLAS R.</u>	<u>5017</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>PATROL</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 14-5223

A. Incident Information

Date <u>5-27-14</u>	Time <u>1141</u>	Day of Week <u>TUESDAY</u>	Location <u>7 Backback way</u>
Type of Incident:		Type of Person:	
☐ Crime in Progress ☐ Suspicious Person ☐ Other type of Call (Specify _____)		☒ Domestic ☐ Traffic Violation ☐ Other Dispute (Specify _____)	
☐ Under the Influence ☐ Other Unusual Condition (Specify _____)			

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
MIMOT MEGAN	☒ Y/N	2C:12-1B5	F	BLK	26	☒ Y/N	☒ Y/N	☒ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	✓		
...physical threat/attack on Police Officer	✓		
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify _____	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
SWAN JASON PATRICK	5005	☒ ON	☒ Y/N	☒ Y/N	☒ Y/N
Signature: <i>[Signature]</i>			Police Officer Assignment: <i>[Signature]</i>		
Print Supervisor Name: <i>Sgt J Swan</i>			Supervisor Signature: <i>[Signature]</i>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER **14-5223**

A. Incident Information

Date: **5/27/14** Time: **1141** Day of Week: **TUESDAY** Location: **7 PADDOCK**

Date: **14-05223**

Type of Incident: ☐ Crime in Progress ☒ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other type of Call (Specify _____) ☐ Other Dispute (Specify _____)

Type of Person: ☐ Under the Influence ☐ Other Unusual Condition (Specify _____)

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
MINOTT, MEGAN KATHLEEN	Y/N	2C: 12-1659	F	B	26	Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer	☒		
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hands/Fists ☐ Kicks/Feet ☐ Canine

☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify _____

Firearms Discharge: ☐ Intentional ☐ Accidental

Number of Shots Fired _____

Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
PIETROW, RICHARD ARTHUR	5010	Y/N	Y/N	Y/N	Y/N

Signature: *[Signature]*

Print Supervisor Name: **SGT JASON SWAN**

Police Officer Assignment: **PATROL**

Supervisor Signature: *[Signature]*

MOUNT HOLLY POLICE

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(609) 267-0170 • FAX (609) 267-6627

USE OF FORCE

INCIDENT NUMBER **2014-3988**

A. Incident Information

Date: 4.23.14	Time: 144 PM	Day of Week: WEDNESDAY	Location: 85 Washington
Type of Incident:	Type of Person:		
☒ Crime in Progress ☐ Suspicious Person ☐ Other type of Call (Specify _____)	☒ Domestic ☐ Traffic Violation ☐ Other Dispute (Specify _____)		
☐ Under the Influence ☐ Other Unusual Condition (Specify _____)			
(Check only if unusual condition in person exists)			

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
Hedgepeth, James	☒ Y/N	2C:12-1A1 2C:29-1	M	B/E	21	Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify _____	☐ Hands/Fists ☐ Kicks/Pect ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
SWAN JASON PATRICK	05	☒ Y/N	☒ Y/N	☒ Y/N	☒ Y/N
Signature: <i>[Signature]</i>	Police Officer Assignment: PATROL				
Print Supervisor Name: Sgt M Trumble	Supervisor Signature: <i>[Signature]</i>				

MOUNT HOLLY POLICE

23 WASHINGTON STREET • MOUNT HOLLY, NJ 08060
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USE OF FORCE

INCIDENT NUMBER 14-3800

A. Incident Information

Date <u>4/17/2014</u>	Time <u>2300</u>	Day of Week <u>THURSDAY</u>	Location <u>29 MILL ST</u>
Type of Incident: ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other type of Call ☒ Other Dispute (Specify _____)		Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
DOUGLAS, DWIGHT S.	☒ Y/N	RESISTING POS. CO DISORDERLY	M	B	31	☒ Y/N	☒ Y/N	☒ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	✓		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force: Specify: _____	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
LALENA, NICHOLAS, R.	5018	☒ Y/N	☒ Y/N	☒ Y/N	☒ Y/N
Signature:			Police Officer Assignment: <u>PATROL</u>		
Print Supervisor Name: <u>PTL THOMAS GREENWICH</u>			Supervisor Signature:		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER [REDACTED]

A. Incident Information

Date: 4-10-14	Time: 3:48 pm	Day of Week: Thursday	Location: Mill Dam Park
Type of Incident:	Type of Person:		
☒ Crime in Progress	☐ Domestic		
☒ Suspicious Person	☐ Traffic Violation		
☐ Other type of Call (Specify: Poss of CBS)	☐ Other Dispute		
☐ Under the Influence			
☐ Other Unusual Condition (Specify: _____)			
(Check only if unusual condition in person exists)			

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
[REDACTED]	☒ Y	2C:35-6(c)(1) 2C:29-2	M	Blk	[REDACTED]	Y	Y	Y
	☐ N					☐ N	☐ N	☐ N
	☐ N					☐ N	☐ N	☐ N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect # 1	Suspect # 2	Suspect # 3
☒ ...resisted Police Officer control		
☐ ...physical threat/attack on Police Officer		
☐ ...threatened/attacked Police Officer with blunt object		
☐ ...threatened/attacked Police Officer with knife/cutting object		
☐ ...threatened/attacked Police Officer with motor vehicle		
☐ ...threatened Police Officer with firearm		
☐ ...fired at Police Officer		
☐ ...Other (specify _____)		

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold	☐ Hands/Fists	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)
	☐ Chemical/Natural Agent	☐ Kicks/Feet	
	☐ Strike/Use Baton or Other Object	☐ Canine	
	☒ Other Force: Specify: Pressure Point		

E. Officer Information

Name (last, first, middle): Greenwich, Thomas	Badge #: 5014	On Duty?: ☒ Y	Uniform?: ☒ Y	Officer Injured?: ☒ Y	Taken to Hospital?: ☒ Y
Signature: <i>[Signature]</i>	Police Officer Assignment: Patrol				
Supervisor Name: Sgt. E. M. [Signature]	Supervisor Signature: <i>[Signature]</i>				

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER [REDACTED]

A. Incident Information

Date: 4-10-14	Time: 3:48 pm	Day of Week: Thursday	Location: Min Dam Park
Type of Incident:	Type of Person:		
☒ Crime in Progress ☒ Suspicious Person ☐ Other type of Call (Specify: POSS. OF CDS)	☐ Domestic ☐ Traffic Violation ☐ Other Dispute (Specify:) ☒ Under the Influence ☐ Other Unusual Condition (Specify:)		
(Check only if unusual condition in person exists)			

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
[REDACTED]	Y/N	26:35-0000 26:29-3	M	Blk		Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify)			

D. Type of Force Used (check all that apply)

Type of Force Used:	Firearms Discharge:
☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify:	☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)
☐ Hands/Fists ☐ Kicks/Peet ☐ Canine	

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
Spencer, Clifford	5017	Y/N	Y/N	Y/N	Y/N
Signature: [Signature]	Police Officer Assignment: Patrol				
Print Supervisor Name: Sgt. E. M. [Signature]	Supervisor Signature: [Signature]				

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USE OF FORCE

INCIDENT NUMBER [REDACTED]

A. Incident Information

Date: 4-10-14	Time: 3:48 pm	Day of Week: Thursday	Location: Mill Dam Park
Type of Incident:	Type of Person:		
☒ Crime in Progress	☒ Under the Influence		
☒ Suspicious Person	☐ Other Unusual Condition (Specify _____)		
☐ Other type of Call	☐ Other Dispute (Specify POSS of CBS)		

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
[REDACTED]	☒ Y	2C:35-6a(1) 2C:12-2	M	Blk	[REDACTED]	Y	Y	Y
	Y/N					Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used:	Firearms Discharge:
☐ Compliance Hold	☐ Intentional
☐ Chemical/Natural Agent	☐ Accidental
☐ Strike/Use Baton or Other Object	Number of Shots Fired _____
☒ Other Force: Specify: Knee Strikes	Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
Egler, Matthew J	5019	☒ Y	☒ Y	☒ Y	☒ Y
Signature: Pk M. Egler			Police Officer Assignment: Patrol		
Print Supervisor Name: Sgt. E. Anderson			Supervisor Signature: [Signature]		

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USE OF FORCE

INCIDENT NUMBER [REDACTED]

A. Incident Information

Date 4/09/14	Time 1727	Day of Week Wednesday	Location Buttonwood St
Type of Incident: ☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other type of Call ☐ Other Dispute (Specify _____)		Type of Person: ☐ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
[REDACTED]	☒ Y	Resisting	M	B	[REDACTED]	☒ Y	☒ Y	☒ Y
"	☒ Y	Theft	M	B	[REDACTED]	☒ Y	☒ Y	☒ Y
"	☒ Y	Poss of CDS	M	B	[REDACTED]	☒ Y	☒ Y	☒ Y

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify: _____	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
Mulhern Daniel Robert	5041	☒ Y	☒ Y	☒ Y	☒ Y
Signature:				Police Officer Assignment: Patrol	
Print Supervisor Name: SATK Spiller				Supervisor Signature:	

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 14-2731

A. Incident Information

Date: 3-18-14 Time: 01:01 pm Day of Week: Tuesday Location: Clifton Ave

Type of Incident: ☐ Crime in Progress ☐ Domestic ☒ Under the Influence
☐ Suspicious Person ☐ Traffic Violation ☐ Other Unusual Condition
☒ Other type of Call (Specify: SUBJECTS using CDS) ☐ Other Dispute
(Specify: SUBJECTS using CDS)

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
Brose, Timothy J	☒ Y/N	Resisting Arrest pos. of weapon	M	Wht	20	☒ Y/N	☒ Y/N	☒ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hands/Fists
☐ Chemical/Natural Agent ☐ Kicks/Feet
☐ Strike/Use Baton or Other Object ☐ Canine
☐ Other Force: Specify: _____

Firearms Discharge: ☐ Intentional ☐ Accidental
Number of Shots Fired: _____
Number of Hits: _____
(Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
Egler, Matthew J	5019	☒ ON	☒ ON	☒ Y/N	☒ Y/N

Signature: PLO Mr. Egler Police Officer Assignment: Patrol
Det Swan Supervisor Signature: [Signature]

MOUNT HOLLY POLICE

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(609) 267-0170 • FAX (609) 267-6627

USE OF FORCE

INCIDENT NUMBER 14-2731

A. Incident Information

Date <u>3-18-14</u>	Time <u>01:01 pm</u>	Day of Week <u>Tuesday</u>	Location <u>Clifton Ave</u>
Type of Incident: ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call (Specify <u>Subjects using CPS</u>) ☐ Other Dispute			Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify _____)

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Brose, Timothy J</u>	☒ Y/N	<u>Resisting Arrest</u>	<u>M</u>	<u>Wht</u>	<u>20</u>	☒ Y/N	☒ Y/N	☒ Y/N
	☐ Y/N	<u>Poss. of weapon</u>				☐ Y/N	☐ Y/N	☐ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force: Specify: _____	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>Brewer, DeBerach</u>	<u>5015</u>	☒ Y/N	☒ Y/N	☒ Y/N	☒ Y/N
Signature: <u>[Signature]</u> #5015			Police Officer Assignment: <u>Patrol</u>		
Print Supervisor Name: <u>Sgt. Swan</u>			Supervisor Signature: <u>[Signature]</u>		

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USE OF FORCE

INCIDENT NUMBER 113

A. Incident Information

Date <u>03/06/2014</u>	Time <u>1302</u>	Day of Week <u>THURSDAY</u>	Location <u>243 PINE ST.</u>
Type of Incident: ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call ☐ Other Dispute (Specify <u>DISTRAUGHT JUVENILE</u>)		Type of Person: ☐ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>[REDACTED]</u>	☒ Y/N	<u>OBSTRUCTION / RESISTING</u>	<u>M</u>	<u>B</u>	<u>[REDACTED]</u>	☒ Y/N	☒ Y/N	☒ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer	☒		
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force: Specify _____	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle) <u>LALENA, NICHOLAS, RICHARD</u>	Badge # <u>5018</u>	On Duty? ☒ Y/N	Uniform? ☒ Y/N	Officer Injured? ☒ Y/N	Taken to Hospital? ☒ Y/N
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>Patrol</u>		
Print Supervisor Name: <u>Sgt M Trimble</u>			Supervisor Signature: <u>[Signature]</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 14-1028

A. Incident Information

Date <u>1/29/14</u>	Time <u>534</u>	Day of Week <u>Wed</u>	Location <u>M.I.I.</u>
Type of Incident:	Type of Person:		
☐ Crime in Progress	☒ Domestic		
☐ Suspicious Person	☐ Traffic Violation		
☐ Other type of Call (Specify _____)	☐ Other Dispute		
☒ Under the Influence ☐ Other Unusual Condition (Specify _____) (Check only if unusual condition in person exists)			

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Allen, Tony</u>	☒ Y	<u>Agg Asslt</u>	<u>M</u>	<u>B</u>	<u>35</u>	☒ Y	☒ Y	☒ Y
	☐ N					☐ Y	☐ Y	☐ Y
	☐ N					☐ Y	☐ Y	☐ Y

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer	☒		
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify _____	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>Ceder, Morgan S</u>	<u>5008</u>	☒ Y	☒ Y	☒ Y	☒ Y
Signature: <u>[Signature]</u>	Police Officer Assignment: <u>[Signature]</u>		Supervisor Signature: <u>[Signature]</u>		
Print Supervisor Name: <u>[Signature]</u>					

MOUNT HOLLY POLICE

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USE OF FORCE

mt Holly case
14-1928
Lumbermens # 2014 -
INCIDENT NUMBER *0840*

A. Incident Information		Date: <i>1-29-14</i>	Time: <i>0534</i>	Day of Week: <i>Wednesday</i>	Location: <i>Pine Hill St</i>
Type of Incident: ☐ Crime in Progress ☐ Suspicious Person ☐ Other type of Call (Specify _____)	☒ Domestic ☐ Traffic Violation ☐ Other Dispute (Specify _____)	Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify _____)			

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)								
Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<i>Allen Tony D.</i>	☒ Y/N	<i>Resisting arrest Aggravated Violation RO</i>	<i>M</i>	<i>Black</i>	<i>35</i>	☒ Y/N	☒ Y/N	☒ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)			
Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)		Firearms Discharge:
Type of Force Used: ☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify _____	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information					
Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<i>C. Hadjini, Stephen</i>	<i>1320</i>	☒ Y/N	☒ Y/N	☒ Y/N	☒ Y/N
Signature: _____			Police Officer Assignment: <i>Petrol</i>		
Print Supervisor Name: <i>R. S. Cullen</i>			Supervisor Signature: _____		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER [REDACTED]

A. Incident Information

Date: 1-27-14	Time: 1057	Day of Week: MON	Location: High School
Type of Incident:	☒ Crime in Progress	☐ Domestic	Type of Person:
	☐ Suspicious Person	☐ Traffic Violation	☐ Under the Influence
	☒ Other type of Call	☐ Other Dispute	☐ Other Unusual Condition
(Specify: D/O subject)		(Specify: _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
[REDACTED]	☒ Y/N	D/O Conduct Obstruction	F	B	[REDACTED]	☒ Y/N	☒ Y/N	☒ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒ X		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold	☐ Hands/Fists	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)
	☐ Chemical/Natural Agent	☐ Kicks/Feet	
	☐ Strike/Use Baton or Other Object	☐ Canine	
	☐ Other Force: Specify: _____		

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
BAYLEY, SCOTT, SAMUEL	5012	☒ ON	☒ Y/N	☒ Y/N	☒ Y/N
Signature:	SGT. JASON SWAN		Supervisor Signature: SRO		
Print Supervisor Name:					

MOUNT HOLLY POLICE

23 WASHINGTON STREET • MOUNT HOLLY, NJ 08060
(609) 267-0170 • FAX (609) 267-6627

USE OF FORCE

INCIDENT NUMBER 14-918

A. Incident Information

Date <u>1/25/14</u>	Time <u>23:34</u>	Day of Week <u>Saturday</u>	Location <u>Route 38/ Bypass</u>
Type of Incident:		Type of Person:	
☐ (1) Crime in Progress ☒ Domestic ☐ (1) Suspicious Person ☐ (1) Traffic Violation ☒ Other type of Call ☐ (1) Other Dispute (Specify <u>Fight in progress</u>)		☒ Under the Influence ☐ Other Unusual Condition (Specify <u>Alcohol</u>)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Miller, Vincent J</u>	☒ Y	<u>Agg Assault 12</u>	<u>M</u>	<u>Wht</u>	<u>27</u>	☒ Y	<u>Y/N</u>	<u>Y</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect #1	Suspect #2	Suspect #3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer	☒		
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☒ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Pect ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force: Specify: _____	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>Egler, Matthew J</u>	<u>5019</u>	☒ Y	☒ Y	☒ Y	☒ Y
Signature: <u>P/O M. Egler</u>			Police Officer Assignment: <u>Patrol</u>		
Print Supervisor Name: <u>Sgt R. Smith</u>			Supervisor Signature: <u>[Signature]</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER

A. Incident Information

Date 2/18/2014	Time 0206	Day of Week SATURDAY	Location St. 243 Pine St
Type of Incident:	Type of Person:		
☐ Crime in Progress ☐ Suspicious Person ☒ Other type of Call (Specify <u> </u>)	☐ Domestic ☐ Traffic Violation ☐ Other Dispute ☐ Under the Influence ☐ Other Unusual Condition (Specify <u> </u>)		
(Check only if unusual condition in person exists)			

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
[REDACTED]	Y/N	RESISTANCE / AGG. ASSAULT	F	B	[REDACTED]	Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

	Suspect # 1	Suspect # 2	Suspect # 3
Suspect...			
...resisted Police Officer control	✓		
...physical threat/attack on Police Officer	✓		
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify <u> </u>)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify <u> </u>	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired <u> </u> Number of Hits <u> </u> (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
LOEHR, JANA	5016	Y/N	Y/N	Y/N	Y/N
Signature: <u>[Signature]</u>			Police Officer Assignment: PATROL		
Print Supervisor Name: JANA LOEHR			Supervisor Signature: <u>[Signature]</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER **10003**

A. Incident Information

Date 01/18/2014	Time 0204	Day of Week SATURDAY	Location 243 PINE ST.
Type of Incident:	☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call ☐ Other Dispute (Specify _____)		Type of Person: ☐ Under the Influence ☐ Other Unusual Condition (Specify _____) (Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
[REDACTED]	☒ Y/N	RESISTING/ AGG. ASSAULT	F	B		☒ Y/N	☒ Y/N	☒ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control.	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Hands/Fists ☐ Strike/Use Baton or Other Object ☐ Kicks/Peet ☐ Other Force: Specify: _____ ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
LALENA, NICHOLAS, R.	5018	☒ Y/N	☒ Y/N	☒ Y/N	☒ Y/N
Signature: [Signature]			Police Officer Assignment: PATROL		
Print Supervisor Name: LOENR, JANA			Supervisor Signature: [Signature]		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 14-610

A. Incident Information

Date: <u>1/10/14</u>	Time:	Day of Week: <u>Thursday</u>	Location: <u>73 Milk Street</u>
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☐ Other type of Call (Specify: <u>Fight in progress</u>)	☐ Domestic ☐ Traffic Violation ☒ Other Dispute	Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify: <u>Narcotics/Marijuana</u>)

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Johnson, Shairell D</u>	<u>Y/N</u>	<u>Resisting Arrest</u>	<u>M</u>	<u>BLK</u>	<u>19</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>	<u>Agg. Assault</u>				<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify: _____	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: _____ Number of Hits: _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle): <u>Cullen, Sean</u>	Badge #: <u>2754</u>	On Duty?: <u>Y/N</u>	Uniform?: <u>Y/N</u>	Officer Injured?: <u>Y/N</u>	Taken to Hospital?: <u>Y/N</u>
Signature: <u>[Signature]</u>	<u>#2754</u>	Police Officer Assignment: <u>Patrol</u>			
Print Supervisor Name: <u>Sgt. [Signature]</u>	Supervisor Signature: <u>[Signature]</u>				

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 14-610

A. Incident Information

Date <u>1/16/14</u>	Time <u>21:48</u>	Day of Week <u>Thursday</u>	Location <u>73 Mill Street</u>
Type of Incident:	☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other type of Call ☒ Other Dispute (Specify <u>Fight in Progress</u>)		Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify <u>Narcotics/Marijuana</u>)

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
Johnson, Shaivrik D	☒ Y	Obstruction Resisting Ass. Assault	M	Blk	19	☒ Y	☒ Y	☒ Y
	☐ N					☐ N	☐ N	☐ N
	☐ N					☐ N	☐ N	☐ N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☒ Other Force: Specify: <u>Knee strikes</u>	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
Egler, Matthew J	5019	☒ Y	☒ Y	☒ Y	☒ Y
Signature: <u>PLO M. Egler</u>	Police Officer Assignment: <u>Patrol</u>				
Print Supervisor Name: <u>Sub R. Smith</u>	Supervisor Signature: <u>[Signature]</u>				

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 14-610

A. Incident Information		Date <u>1/16/14</u>		Time <u>21:48</u>	Day of Week <u>Thursday</u>	Location <u>73 Mill Street</u>
Type of Incident:	☐ Crime in Progress ☐ Suspicious Person ☐ Other type of Call (Specify <u>Flight in progress</u>)	☐ Domestic ☐ Traffic Violation ☒ Other Dispute	Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify <u>Narcotics / Marijuana</u>)			

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)								
Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Johnson, Shaireik D</u>	<u>Y/N</u>	<u>Construction Resisting Arrest</u>	<u>M</u>	<u>Blk</u>	<u>19</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)			
Suspect...	Suspect #1	Suspect #2	Suspect #3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)		Firearms Discharge:
Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify _____	☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)
	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	

E. Officer Information		Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
Name (last, first, middle)		<u>5017</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
Signature: <u>[Signature]</u>		Police Officer Assignment: <u>Patrol</u>				
Print Supervisor Name: <u>Sgt R. Spith</u>		Supervisor Signature: <u>[Signature]</u>				

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER [REDACTED]

A. Incident Information

Date 1/12/14	Time 249 pm	Day of Week Sunday	Location Washington Street
Type of Incident: ☐ Crime in Progress ☐ Domestic ☒ Suspicious Person ☐ Traffic Violation ☐ Other type of Call (Specify _____) ☐ Other Dispute (Specify _____)		Type of Person: ☐ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
[REDACTED]	Y/N	Aggravated Assault	M	H	[REDACTED]	Y/N	Y/N	Y/N
—	Y/N	—	—	—	—	Y/N	Y/N	Y/N
—	Y/N	—	—	—	—	Y/N	Y/N	Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	✓		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force: Specify: _____	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: _____ Number of Hits: _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle) Spencer, Clifford	Badge # 5017	On Duty? Y/N	Uniform? Y/N	Officer Injured? Y/N	Taken to Hospital? Y/N
Signature: [Signature] #5017			Police Officer Assignment: Patrol		
Print Supervisor Name: [Signature]			Supervisor Signature: [Signature]		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER [REDACTED]

A. Incident Information

Date 1/9/14	Time 0947	Day of Week THURS	Location RT 38
Type of Incident: ☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call ☐ Other Dispute (Specify RUN AWAY)		Type of Person: ☐ Under the Influence ☒ Other Unusual Condition (Specify HISTORICAL)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
[REDACTED]	☒ Y	—	F	B	[REDACTED]	☒ Y	☒ Y	☒ Y
	☐ N					☐ N	☐ N	☐ N
	☐ N					☐ N	☐ N	☐ N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Pect ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force: Specify: _____	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle) Cutce, Andrew, S.	Badge # 5008	On Duty? ☒ Y	Uniform? ☒ Y	Officer Injured? ☒ Y	Taken to Hospital? ☒ Y
Signature:			Police Officer Assignment: PO 201		
Print Supervisor Name: Sgt. M. Trimble			Supervisor Signature:		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 15-12642

Incident Information

Date: <u>11-28-15</u>	Time: <u>0040</u>	Day of Week: <u>Saturday</u>	Location: <u>Bypass / Parkers Mill Blvd</u>
Type of Incident: ☒ Crime in Progress	☐ Domestic	Type of Person: ☒ Under the Influence	1: Other Unusual Condition (Specify _____)
☐ Suspicious Person	☐ Traffic Violation		
☐ Other type of Call (Specify _____)	☐ Other Dispute		

(Check only if unusual condition in person exists)

Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Washington, Miguel</u>	<u>ON</u>	<u>Ass. Assault</u>	<u>M</u>	<u>B</u>	<u>25</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>	<u>Resisting Arrest</u>				<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

Level of Suspect(s) Resistance (check all that apply)

Suspect #1	Suspect #2	Suspect #3
☒		
☐		
☐		
☐		
☐		
☐		
☐		
☐		
☐		
☐		

Type of Force Used (check all that apply)

☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify: _____	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: _____ Number of Hits: _____ (Use "UNK" if unknown)

Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>Watts, Nicholas, Chris</u>	<u>5043</u>	<u>ON</u>	<u>ON</u>	<u>ON</u>	<u>Y/N</u>
Signature: <u>Nicholas C. Watts</u>	Police Officer Assignment: <u>Patrol</u>		Supervisor Signature: <u>Scott Bayley</u>		
Supervisor Name: <u>P/O Scott Bayley</u>					

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USE OF FORCE

INCIDENT NUMBER 15-12642

Incident Information

Date: 11/28/15	Time: 0040	Day of Week: Saturday	Location: Mt. Holly Bypass + Parkers Mill Blvd
Type of Incident:	☒ Crime in Progress	☐ Domestic	Type of Person:
	☐ Suspicious Person	☐ Traffic Violation	☒ Under the Influence
	☐ Other type of Call (Specify:)	☐ Other Dispute	☐ Other Unusual Condition (Specify:)

(Check only if unusual condition in person exists)

Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
Washington, Miguel	☒ Y/N	Agg Assault	M	B	25	☒ Y/N	☒ Y/N	☒ Y/N
	☐ Y/N	Resisting Arrest				☐ Y/N	☐ Y/N	☐ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N

(Check yes only for injury/hospital resulting from police use of force)

Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer control	☒		
physical threat/attack on Police Officer	☒		
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer			
Other (specify:)			

Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold	☐ Hands/Fists	Firearms Discharge:	☐ Intentional
	☐ Chemical/Natural Agent	☐ Kicks/Feet		☐ Accidental
	☐ Strike/Use Baton or Other Object	☐ Canine	Number of Shots Fired: _____	
Other Force: Specify: take down to ground			Number of Hits: _____ (Use "UNK" if unknown)	

Officer Information

Name (last, first, middle): Greenwich, Thomas, Edward	Badge #: 5010	On Duty?: ☒ Y/N	Uniform?: ☒ Y/N	Officer Injured?: ☒ Y/N	Taken to Hospital?: ☒ Y/N
Signature: Thomas Greenwich	Police Officer Assignment: Patrol			Supervisor Signature: [Signature]	
Int Supervisor Name: P/O Scott BAYLEY #5008					

USE OF FORCE

INCIDENT NUMBER 15-12491

I. Incident Information

Date <u>11-24-15</u>	Time <u>06:29</u>	Day of Week <u>Tuesday</u>	Location <u>51 White Street</u>
Type of Incident:	☒ Crime in Progress	☐ Domestic	Type of Person:
	☐ Suspicious Person	☐ Traffic Violation	☒ Under the Influence
	☐ Other type of Call (Specify _____)	☐ Other Dispute (Specify _____)	☐ Other Unusual Condition (Specify _____)

(Check only if unusual condition in person exists)

II. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
Pitts, Joseph A	☒ Y/N	Simple Assault Burglary Assault on Officer	M	B	35	☒ Y/N	☒ Y/N	☒ Y/N
	☒ Y/N	Assault				☒ Y/N	☒ Y/N	☒ Y/N
	☒ Y/N	Endangering Resisting Criminal Restraint				☒ Y/N	☒ Y/N	☒ Y/N

(Check yes only for injury/hospital resulting from police use of force)

III. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer	☒		
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

IV. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold	☒ Hands/Fists	Firearms Discharge: ☐ Intentional
	☒ Chemical/Natural Agent	☐ Kicks/Feet	☐ Accidental
	☐ Strike/Use Baton or Other Object	☐ Canine	Number of Shots Fired _____
	☒ Other Force: Specify: <u>Knee Strike</u>		Number of Hits _____ (Use "UNK" if unknown)

V. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
Egler, Matthew John	5015	☒ Y/N	☒ Y/N	☒ Y/N	☒ Y/N
Signature: <u>P.C.M. Egler</u>	Police Officer Assignment: <u>Patrol</u>		Supervisor Signature: <u>[Signature]</u>		
Print Supervisor Name: <u>P/O Scott BAYLEY</u>					

23 WASHINGTON STREET • MOUNT HOLLY, NJ 08060
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USE OF FORCE

INCIDENT NUMBER 15-12491

Incident Information

Date: 11/24/15	Time: 0629	Day of Week: TUES	Location: 51 White St.
Type of Incident: ☒ Crime in Progress	☐ Domestic	Type of Person: ☒ Under the Influence	☐ Other Unusual Condition (Specify _____)
☐ Suspicious Person	☐ Traffic Violation		
☐ Other type of Call (Specify _____)	☐ Other Dispute		

(Check only if unusual condition in person exists)

Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
Hils, Joseph, A	☒ Y/N	Simple Assault Bultery Agg Assault on LE Endangering Resisting AR	M	B	35	☒ Y/N	☒ Y/N	☒ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N

Crim. Restraint

(Check yes only for injury/hospital resulting from police use of force)

Level of Suspect(s) Resistance (check all that apply)

Suspect #1	Suspect #2	Suspect #3
☒		
☒		

Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold	☒ Hands/Fists	Firearms Discharge: ☐ Intentional
☐ Chemical/Natural Agent	☐ Kicks/Feet	☐ Accidental
☐ Strike/Use Baton or Other Object	☐ Canine	Number of Shots Fired _____
☒ Other Force: Specify: forced to floor		Number of Hits _____ (Use "UNK" if unknown)

Officer Information

Name (last, first, middle): BAYLEY, Scott, Samuel	Badge #: 5008	On Duty? ☒ Y/N	Uniform? ☒ Y/N	Officer Injured? ☒ Y/N	Taken to Hospital? ☒ Y/N
Signature: [Signature]	Police Officer Assignment: Patrol			Supervisor Signature: [Signature]	
Print Supervisor Name: P/O Scott BAYLEY					

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USE OF FORCE

INCIDENT NUMBER 15-12290

Incident Information

Date: <u>11/18/15</u>	Time: <u>0114</u>	Day of Week: <u>Wednesday</u>	Location: <u>46 W. Monroe St. 1st Floor</u>
Type of Incident: ☐ Crime in Progress ☐ Suspicious Person ☒ Other type of Call (Specify: <u>Warrant</u>)	☐ Domestic ☐ Traffic Violation ☐ Other Dispute	Type of Person: ☐ Under the Influence ☐ Other Unusual Condition (Specify: _____)	

(Check only if unusual condition in person exists)

Suspect(s) Information (only those persons who were subjects of police use of force)

Names (last, first, middle)	Arrested?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Jenkins, Altario</u>	<u>Y/N</u>	<u>Contempt</u>	<u>M</u>	<u>B</u>	<u>43</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

Level of Suspect(s) Resistance (check all that apply)

Suspect #1	Suspect #2	Suspect #3
<u>X</u>		
<u>resisted Police Officer control</u>		
<u>physical threat/attack on Police Officer</u>		
<u>threatened/attacked Police Officer with blunt object</u>		
<u>threatened/attacked Police Officer with knife/cutting object</u>		
<u>threatened/attacked Police Officer with motor vehicle</u>		
<u>threatened Police Officer with firearm</u>		
<u>fired at Police Officer</u>		
<u>Other (specify: <u>Resisted Commands</u>)</u>	<u>X</u>	

Type of Force Used (check all that apply)

Force of Force Used: ☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify: _____	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: _____ Number of Hits: _____ (Use "UNK" if unknown)

Officer Information

Name (last, first, middle): <u>Spencer, Clifford</u>	Badge #: <u>543</u>	On Duty?: <u>Y/N</u>	Uniform?: <u>Y/N</u>	Officer Injured?: <u>Y/N</u>	Taken to Hospital?: <u>Y/N</u>
Signature: <u>[Signature]</u>	Police Officer Assignment: <u>Patrol</u>			Supervisor Signature: <u>[Signature]</u>	
Supervisor Name: <u>Dr. Spencer</u>					

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USE OF FORCE

INCIDENT NUMBER 15-12286

A. Incident Information

Date: <u>11/17/15</u>	Time: <u>2151</u>	Day of Week: <u>Tuesday</u>	Location: <u>46 W. Monroe St. 2nd Floor</u>
Type of Incident: ☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other type of Call (Specify: _____) ☐ Other Dispute		Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify: _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Tucker, Dwayne, Allen</u>	<u>Y/N</u>	<u>obstruction/resisting</u>	<u>M</u>	<u>B</u>	<u>44</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
..resisted Police Officer control	<u>X</u>		
..physical threat/attack on Police Officer			
..threatened/attacked Police Officer with blunt object			
..threatened/attacked Police Officer with knife/cutting object			
..threatened/attacked Police Officer with motor vehicle			
..threatened Police Officer with firearm			
..fired at Police Officer			
..Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force: Specify: _____	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: _____ Number of Hits: _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle): <u>Spencer, Clifford</u>	Badge #: <u>5013</u>	On Duty?: <u>Y/N</u>	Uniform?: <u>Y/N</u>	Officer Injured?: <u>Y/N</u>	Taken to Hospital?: <u>Y/N</u>
Signature: <u>PC. Spencer</u>			Police Officer Assignment: <u>Patrol</u>		
Print Supervisor Name: <u>Sgt. Swan</u>			Supervisor Signature: _____		

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USE OF FORCE

INCIDENT NUMBER 15-11751

1. Incident Information

Date	11/3/15	Time	1557	Day of Week	TUESDAY	Location	PINE ST & HOLME ST
Type of Incident:	☐ Crime in Progress ☐ Domestic			Type of Person:			
	☐ Suspicious Person ☒ Traffic Violation			☐ Under the Influence			
	☐ Other type of Call (Specify _____)			☐ Other Unusual Condition (Specify _____)			

(Check only if unusual condition in person exists)

2. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
ABRAHAM, ANITA Y, LYNNETTE	Y/N	CONTEMPT RESISTING P.A.	F	B	41	Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/hospital resulting from police use of force)

3. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	✓		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

4. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold	☐ Hands/Fists	Firearms Discharge:	☐ Intentional
	☐ Chemical/Natural Agent	☐ Kicks/Feet		☐ Accidental
	☐ Strike/Use Baton or Other Object	☐ Canine	Number of Shots Fired _____	
	☐ Other Force: Specify: _____		Number of Hits _____ (Use "UNK" if unknown)	

Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
WALTERS, GREG, A.	5017	Y/N	Y/N	Y/N	Y/N
Signature: P.O. J. Walt	Police Officer Assignment: patrol		Supervisor Signature: Sgt. E. McElwain		
Int Supervisor Name: Sgt. E. McElwain					

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 15-10954

A. Incident Information

Date <u>10/13/15</u>	Time <u>0059</u>	Day of Week <u>TUES</u>	Location <u>Buttonwood St (223)</u>
Type of Incident: ☐ Crime in Progress ☒ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other type of Call ☐ Other Dispute (Specify _____)		Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Allen, Tony, D</u>	<u>Y/N</u>	<u>2C:33-4a DV</u> <u>2C:29-2a</u> <u>2C:29-19</u>	<u>M</u>	<u>B</u>	<u>37</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Hands/Fists ☐ Strike/Use Baton or Other Object ☐ Kicks/Feet ☒ Other Force: Specify: <u>Pressured into Rear Patrol Car</u> ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle) <u>BAYLEY, Scott, Samuel</u>	Badge # <u>5008</u>	On Duty? <u>Y/N</u>	Uniform? <u>Y/N</u>	Officer Injured? <u>Y/N</u>	Taken to Hospital? <u>Y/N</u>
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>Patrol</u>		
Print Supervisor Name: <u>P/O Scott Bayley</u>			Supervisor Signature: <u>[Signature]</u>		

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USE OF FORCE

INCIDENT NUMBER [REDACTED]

A. Incident Information

Date 10/10/15	Time 2250	Day of Week Sat.	Location White & Washington St.
Type of Incident: ☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call (Specify Disord. Conduct) ☐ Other Dispute			Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify _____)

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
[REDACTED]	☒ Y/N	disorderly conduct	M	BLK.	[REDACTED]	☒ Y/N	☒ Y/N	☒ Y/N
	☐ Y/N	Resist AR				☐ Y/N	☐ Y/N	☐ Y/N
	☐ Y/N	Disord. Conduct				☐ Y/N	☐ Y/N	☐ Y/N

current viol.

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify: _____	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle) McDermott, E.	Badge # 3004	On Duty? ☒ Y/N	Uniform? ☒ Y/N	Officer Injured? ☒ Y/N	Taken to Hospital? ☒ Y/N
Signature: Sgt. E. McDermott			Police Officer Assignment: Supervisor		
Print Supervisor Name: Sgt. E. McDermott			Supervisor Signature: Sgt. E. McDermott		

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USE OF FORCE

INCIDENT NUMBER 15-10885

A. Incident Information

Date <u>10/10/15</u>	Time <u>2250</u>	Day of Week <u>Saturday</u>	Location <u>White St</u>
Type of Incident: ☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other type of Call ☐ Other Dispute (Specify _____)		Type of Person: ☐ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Scott Dyson Lamot</u>	<u>Y/N</u>	<u>2C:29-1a</u>	<u>M</u>	<u>B</u>	<u>18</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>	<u>2C:33-2a(1)</u>				<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>	<u>2C:29-2a(1)</u>				<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

2C:33-1b

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify: _____	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle) <u>Mitchell Brent W</u>	Badge # <u>5054</u>	On Duty? <u>Y/N</u>	Uniform? <u>Y/N</u>	Officer Injured? <u>Y/N</u>	Taken to Hospital? <u>Y/N</u>
Signature: <u>[Signature]</u>				Police Officer Assignment: <u>Patrol</u>	
Print Supervisor Name: <u>Sgt. E. M. [Signature]</u>				Supervisor Signature: <u>[Signature]</u>	

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USE OF FORCE

CP

INCIDENT NUMBER **#15-10676**

A. Incident Information

Date 10/5/15	Time 1943	Day of Week Mon.	Location MHBC ER
Type of Incident: ☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call ☐ Other Dispute (Specify Signal call / www AH)			Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify _____)

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
Rach, Christopher	☒ Y/N	NCIC	M	BLK	30	☒ Y/N	☒ Y/N	☒ Y/N
	☐ Y/N	2 contempt Dist. 90				☐ Y/N	☐ Y/N	☐ Y/N
	☐ Y/N	2 contempt, Camden Dist.				☐ Y/N	☐ Y/N	☐ Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer <i>MHBC</i>	☒		
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☐ Compliance Hold ☐ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☒ Other Force: Specify: held down in wheel chair and hospital bed to protect staff	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle) McDermott, E.	Badge # #5004	On Duty? ☒ Y/N	Uniform? ☒ Y/N	Officer Injured? ☒ Y/N	Taken to Hospital? ☒ Y/N
Signature: Sgt. E. McDermott			Police Officer Assignment: Supervisor		
Print Supervisor Name: Sgt. E. McDermott			Supervisor Signature: <i>[Signature]</i>		

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USE OF FORCE

COPI

INCIDENT NUMBER 15-10676

A. Incident Information

Date <u>10-05-15</u>	Time <u>1943</u>	Day of Week <u>Monday</u>	Location <u>MHRC ER</u>
Type of Incident:		Type of Person:	
☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call (Specify <u>Squad Call / w/ MTR</u>)		☒ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Roach, Christopher</u>	<u>Y/N</u>	<u>NCIC</u>	<u>M</u>	<u>BLK</u>	<u>30</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>	<u>2 counts of</u>	<u>Dist 90</u>			<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>	<u>2 counts of</u>	<u>Carjacking</u>			<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
☒ Resisted Police Officer control	☒		
☒ physical threat/attack on Police Officer <i>MHRC ER</i>	☒		
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used:	Compliance Hold	☐ Hands/Fists	Firearms Discharge:	☐ Intentional
	☐ Chemical/Natural Agent	☐ Kicks/Feet		☐ Accidental
	☐ Strike/Use Baton or Other Object	☐ Canine	Number of Shots Fired _____	
☒ Other Force: Specify: <u>held down in wheel chair and hospit-1 had to protect staff.</u>			Number of Hits _____ (Use "UNK" if unknown)	

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>Nicholas C Strahs</u>	<u>5043</u>	<u>ON</u>	<u>CON</u>	<u>Y/N</u>	<u>Y/N</u>
Signature: <u>Nicholas C Strahs</u>			Police Officer Assignment: <u>Patrol</u>		
Print Supervisor Name: <u>Sgt. E. M. [Signature]</u>			Supervisor Signature: <u>Sgt. E. M. [Signature]</u>		

MOUNT HOLLY POLICE

23 WASHINGTON STREET • MOUNT HOLLY, NJ 08060
(609) 267-0170 • FAX (609) 267-6627

USE OF FORCE

INCIDENT NUMBER 15-10582

A. Incident Information

Date: <u>10-2-15</u>	Time: <u>2240</u>	Day of Week: <u>FRI</u>	Location: <u>200 GARDEN</u>
Type of Incident: ☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call (Specify: <u>Off Subject</u>)		Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify: _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Copeland, Nathaniel I</u>	<u>Y</u>	<u>under influence</u>	<u>M</u>	<u>B</u>	<u>37</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	<u>✓</u>		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold	☐ Hands/Fists	Firearms Discharge: ☐ Intentional
☐ Chemical/Natural Agent	☐ Kicks/Feet	☐ Accidental
☐ Strike/Use Baton or Other Object	☐ Canine	Number of Shots Fired _____
☒ Other Force: Specify: <u>Held onto Floor</u>		Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle): <u>SWAN, Jason Patrick</u>	Badge #: <u>5003</u>	On Duty?: <u>ON</u>	Uniform?: <u>ON</u>	Officer Injured?: <u>Y</u>	Taken to Hospital?: <u>Y</u>
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>PATROL</u>		
Print Supervisor Name: <u>Sgt Swan</u>			Supervisor Signature: <u>[Signature]</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 15-10582

A. Incident Information

Date <u>10/2/15</u>	Time <u>2240</u>	Day of Week <u>FRI</u>	Location <u>200 Garden St.</u>
Type of Incident: ☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call ☐ Other Dispute (Specify <u>D/O Subject</u>)			Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify _____)

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Copeland, Nathaniel, I</u>	<u>Y/N</u>	<u>Under Influence</u>	<u>M</u>	<u>B</u>	<u>37</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☒ Other Force: Specify: <u>forced onto floor</u>	☐ Hands/Fists ☐ Kicks/Fect ☐ Canine Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle) <u>BAYLEY, Scott, Samuel</u>	Badge # <u>5008</u>	On Duty? <u>Y/N</u>	Uniform? <u>Y/N</u>	Officer Injured? <u>Y/N</u>	Taken to Hospital? <u>Y/N</u>
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>Patrol</u>		
Print Supervisor Name: <u>Sgt. Jason Swan</u>			Supervisor Signature: <u>[Signature]</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 15-10307

A. Incident Information

Date	9/25/15	Time	1715	Day of Week	Friday	Location	STATION 500
Type of Incident:	☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call (Specify <u>W/V</u>) ☐ Other Dispute			Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify _____)			

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
JOHNSON, KURT, W	☒ Y	2C:29-2a(1)	M	WHT	35	☒ Y	☒ Y	☒ Y
	☐ N					☐ N	☐ N	☐ N
	☐ N					☐ N	☐ N	☐ N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force: Specify _____	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
LOERA, JANA, MARIE	8012	☒ Y	☒ Y	☒ Y	☒ Y
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>Patrol</u>		
Print Supervisor Name: <u>SGT EARL MCQUART</u>			Supervisor Signature: <u>[Signature]</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER [REDACTED]

A. Incident Information

Date	7/28/15	Time	1338	Day of Week	TUESDAY	Location	243 PINE ST
Type of Incident:				Type of Person:			
☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call (Specify <u>SCIP</u>) ☐ Other Dispute				☐ Under the Influence ☒ Other Unusual Condition (Specify <u>SCIP (CRISIS)</u>)			

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
[REDACTED]	Y/N	SCIP	F	B	[REDACTED]	Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force: Specify: _____	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
Loch, Jane, Marie	5012	Y/N	Y/N	Y/N	Y/N
Signature:			Police Officer Assignment: Patrol		
Print Supervisor Name:			Supervisor Signature:		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER [REDACTED]

A. Incident Information

Date	07-28-15	Time	1338	Day of Week	Tuesday	Location	243 PINE ST
Type of Incident:	☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call (Specify <u>SCIP</u>) ☐ Other Dispute			Type of Person: ☐ Under the Influence ☐ Other Unusual Condition (Specify <u>SCIP CRISIS</u>)			

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
[REDACTED]	Y/N	SCIP	F	B	[REDACTED]	Y/N	Y/N	Y/N
/	Y/N	/		/	/	Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	X		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force: Specify: _____	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired: _____ Number of Hits: _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
Harper James	5005	Y/N	Y/N	Y/N	Y/N
Signature: <i>[Signature]</i>			Police Officer Assignment: Patrol		
Print Supervisor Name: <i>[Signature]</i> James Harper			Supervisor Signature: <i>[Signature]</i>		

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USE OF FORCE

A. Incident Information

INCIDENT NUMBER 15-7616

Date <u>07-23-15</u>	Time <u>0400</u>	Day of Week <u>Thursday</u>	Location <u>244 Washington St.</u>
Type of Incident: ☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call ☐ Other Dispute (Specify <u>Intox. Subject</u>)		Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Ross, James</u>	☒ Y/N	<u>Intox. Subject</u>	<u>M</u>	<u>B</u>	<u>43</u>	☒ Y/N	☒ Y/N	☒ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force: Specify: _____	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Officer Name (last, first, middle) <u>Destaw Timothy J</u>	Badge # <u>5018</u>	On Duty? ☒ Y/N	Uniform? ☒ Y/N	Officer Injured? ☒ Y/N	Taken to Hospital? ☒ Y/N
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>Patrol</u>		
Supervisor Name: <u>Sgt J Swan</u>			Supervisor Signature: <u>[Signature]</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 15-7616

A. Incident Information

Date <u>07-23-15</u>	Time <u>0400</u>	Day of Week <u>Thursday</u>	Location <u>244 Washington St.</u>
Type of Incident: ☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call ☐ Other Dispute (Specify <u>Inter. Subject</u>)		Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Ross, James</u>	☒ Y/N	<u>trespassing on vehicle</u>	<u>M</u>	<u>B</u>	<u>43</u>	☒ Y/N	☒ Y/N	☒ Y/N
	Y/N					Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force: Specify: _____	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>Spencer, Clifford</u>	<u>5013</u>	☒ Y/N	☒ Y/N	☒ Y/N	☒ Y/N
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>Patrol</u>		
Print Supervisor Name: <u>Sgt J Swan</u>			Supervisor Signature: <u>[Signature]</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 15-7509

A. Incident Information

Date <u>7-20-15</u>	Time <u>19:22</u>	Day of Week <u>Monday</u>	Location <u>219 Mill Street</u>
Type of Incident: ☒ Crime in Progress ☐ Domestic		Type of Person: ☐ Under the Influence	
☐ Suspicious Person ☐ Traffic Violation		☐ Other Unusual Condition (Specify _____)	
☒ Other type of Call (Specify <u>Disorderly</u>) ☐ Other Dispute			

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Murphy, Tiara</u>	<u>Y/N</u>	<u>2C129-1B</u>	<u>F</u>	<u>Bik</u>	<u>23</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify <u>failed to stop</u>)	☒		

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold	☐ Hands/Fists	Firearms Discharge: ☐ Intentional
☐ Chemical/Natural Agent	☐ Kicks/Feet	☐ Accidental
☐ Strike/Use Baton or Other Object	☐ Canine	Number of Shots Fired _____
☐ Other Force: Specify: _____		Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>Epler, Matthew J</u>	<u>5015</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
Signature: <u>P.C. M. Epler</u>			Police Officer Assignment: <u>Patrol</u>		
Print Supervisor Name: <u>Sgt JASON SWAN</u>			Supervisor Signature: <u>[Signature]</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 15-0860

A. Incident Information

Date	Time	Day of Week	Location
7-4-15	0604	Saturday	Pine St
Type of Incident:	Type of Person:		
☒ Crime in Progress	☒ Under the Influence		
☒ Suspicious Person	☐ Other Unusual Condition (Specify _____)		
☐ Other type of Call (Specify _____)	☐ Traffic Violation		
☐ Other Dispute (Specify _____)			

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
Rankins, Leasia, Carolina	☒ Y	Obstruction Resisting	F	B	20	☒ Y	☒ Y	☒ Y
	☐ N					☐ N	☐ N	☐ N
	☐ N					☐ N	☐ N	☐ N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used:	Firearms Discharge:
☒ Compliance Hold	☐ Intentional
☐ Chemical/Natural Agent	☐ Accidental
☐ Strike/Use Baton or Other Object	Number of Shots Fired _____
☐ Other Force: Specify: _____	Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
Cidoni, John Joseph	5016	☒ Y	☒ Y	☒ Y	☒ Y
Signature: <i>PH. Clifford Spencer</i>	Police Officer Assignment: <i>Patrol</i>		Supervisor Signature: <i>PH. Clifford Spencer</i>		
Print Supervisor Name: <i>PH. Clifford Spencer</i>	5013				

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USE OF FORCE

INCIDENT NUMBER 15-6860

A. Incident Information

Date <u>7-4-15</u>	Time <u>1:00 PM</u>	Day of Week <u>Saturday</u>	Location <u>Pine St</u>
Type of Incident: ☒ Crime in Progress ☒ Suspicious Person ☐ Other type of Call (Specify _____)	☒ Domestic ☐ Traffic Violation ☐ Other Dispute (Specify _____)	Type of Person: ☐ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Rankins, Leasia Cordia</u>	<u>Y/N</u>	<u>Obstruction</u> <u>Resisting</u>	<u>F</u>	<u>B</u>	<u>20</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify _____	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle) <u>Spencer, Clifford</u>	Badge # <u>5413</u>	On Duty? <u>Y/N</u>	Uniform? <u>Y/N</u>	Officer Injured? <u>Y/N</u>	Taken to Hospital? <u>Y/N</u>
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>2nd</u>		
Print Supervisor Name: <u>Mr. Clifford Spencer</u>			Supervisor Signature: <u>[Signature]</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER #15-550

A. Incident Information

Date <u>5/23/15</u>	Time <u>2243</u>	Day of Week <u>Sat.</u>	Location <u>near 51 R Buttonwood</u>
Type of Incident: ☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other type of Call (Specify _____) ☒ Other Dispute			Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify _____)

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Martinez, Javier</u>	☒ Y/N	<u>Disord Cond.</u>	<u>M</u>	<u>Hisp.</u>	<u>29</u>	☒ Y/N	☒ Y/N	☒ Y/N
	☐ Y/N	<u>Obstruct.</u>				☐ Y/N	☐ Y/N	☐ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☐ Compliance Hold ☐ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☒ Other Force: Specify: <u>pushed back</u>	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle) <u>McDermott, E</u>	Badge # <u>504</u>	On Duty? ☒ Y/N	Uniform? ☒ Y/N	Officer Injured? ☒ Y/N	Taken to Hospital? ☒ Y/N
Signature: <u>Sgt. E. McDermott</u>			Police Officer Assignment: <u>Supervisor</u>		
Print Supervisor Name: <u>Sgt. E. McDermott</u>			Supervisor Signature: <u>[Signature]</u> #504		

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USE OF FORCE

INCIDENT NUMBER 15-4405

1. Incident Information

Date 5/3/2015	Time 1843	Day of Week SUNDAY	Location TOP E TOY LN.
Type of Incident: ☒ Crime in Progress ☐ Suspicious Person ☐ Other type of Call (Specify _____)	☐ Domestic ☐ Traffic Violation ☒ Other Dispute	Type of Person: ☐ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

2. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
McDOWELL, ERIC, D.	☒ Y/N	WANDERING/ PEDESTRIAN	M	W	23	☒ Y/N	☒ Y/N	☒ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N

(Check yes only for injury/hospital resulting from police use of force)

3. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
resisted Police Officer control	☒		
physical threat/attack on Police Officer			
threatened/attacked Police Officer with blunt object			
threatened/attacked Police Officer with knife/cutting object			
threatened/attacked Police Officer with motor vehicle			
threatened Police Officer with firearm			
fired at Police Officer			
Other (specify _____)			

4. Type of Force Used (check all that apply)

Types of Force Used: ☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☒ Other Force: Specify: FORCEFULLY PLACED IN PATROL VEHICLE, HE REFUSED	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

5. Officer Information

Name (last, first, middle) Officer, Matthew J	Badge # 5015	On Duty? ☒ Y/N	Uniform? ☒ Y/N	Officer Injured? ☒ Y/N	Taken to Hospital? ☒ Y/N
Signature: P.C. M. J. Officer	Police Officer Assignment: Patrol			Supervisor Signature: [Signature]	
Supervisor Name: LALONA, NICHOLAS, R					

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 15-4405

A. Incident Information

Date <u>5/3/2015</u>	Time <u>1843</u>	Day of Week <u>SUNDAY</u>	Location <u>TOP E TOY LN.</u>
Type of Incident:		Type of Person:	
☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other type of Call (Specify _____) ☒ Other Dispute (Specify _____)		☐ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>MCDOWELL, ERIC, D</u>	☒ Y/N	<u>HINDERING/ RESISTING</u>	<u>M</u>	<u>W</u>	<u>23</u>	☒ Y/N	☒ Y/N	☒ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	✓		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☒ Other Force: Specify: <u>FORCEFULLY PLACED IN PATROL VEHICLE, HE REFUSED</u>	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>LALENA, NICHOLAS, R.</u>	<u>5014</u>	☒ Y/N	☒ Y/N	☒ Y/N	☒ Y/N
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>PATROL</u>		
Print Supervisor Name: <u>LALENA, NICHOLAS, R.</u>			Supervisor Signature: <u>[Signature]</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 15-4408

A. Incident Information

Date <u>5.3.15</u>	Time <u>1843</u>	Day of Week <u>Sunday</u>	Location
Type of Incident:		Type of Person:	
☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☐ Other type of Call (Specify _____) ☒ Other Dispute (Specify _____)		☐ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>McDowell, Eric D</u>	<u>Y/N</u>	<u>Resisting Arresting</u>	<u>M</u>	<u>W</u>	<u>23</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☒ Other Force: Specify: <u>Placed on ground for search</u>	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>Swan Jason P</u>	<u>03</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>PM</u>		
Print Supervisor Name: <u>Swan Jason P</u>			Supervisor Signature: <u>[Signature]</u>		

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USE OF FORCE

INCIDENT NUMBER [REDACTED]

A. Incident Information

Date	3/28/15	Time	1931	Day of Week	SATURDAY	Location	15 WASHINGTON ST	
Type of Incident:	☒ Crime in Progress			☐ Domestic			Type of Person:	☐ Under the Influence
	☐ Suspicious Person			☐ Traffic Violation				☒ Other Unusual Condition
	☒ Other type of Call (Specify SC18)			☐ Other Dispute				(Specify EMOTIONAL CRISIS)

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
[REDACTED]	Y/N	N/A	F	BLK	[REDACTED]	Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify)			

D. Type of Force Used (check all that apply)

Type of Force Used:	☐ Compliance Hold	☐ Hands/Fists	Firearms Discharge:	☐ Intentional
	☐ Chemical/Natural Agent	☐ Kicks/Feet		☐ Accidental
	☐ Strike/Use Baton or Other Object	☐ Canine		Number of Shots Fired _____
	☒ Other Force: Specify: TOST SUBJECT TO GROUND			Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
LOGAN, JAMES MAZIE	5012	Y/N	Y/N	Y/N	Y/N
Signature:	Sgt. E. Murphy			Police Officer Assignment:	PATROL
Print Supervisor Name:	Sgt. E. Murphy			Supervisor Signature:	Sgt. E. Murphy

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER #15-2650

A. Incident Information

Date <u>3/20/15</u>	Time <u>0114</u>	Day of Week <u>FRI.</u>	Location <u>MHBC EK</u>
Type of Incident: ☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call (Specify <u>Disorder Person</u>)		Type of Person: ☐ Under the Influence ☒ Other Unusual Condition (Specify <u>highly agitated</u>)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Mulky, Sheila F.</u>	<u>Y/N</u>	<u>Disorder</u>	<u>F</u>	<u>BLK</u>	<u>60</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Held	☐ Hands/Fists	Firearms Discharges: ☐ Intentional
☐ Chemical/Natural Agent	☐ Kicks/Feet	☐ Accidental
☐ Strike/Use Baton or Other Object	☐ Canine	Number of Shots Fired _____
☐ Other Force: Specify _____		Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>McLary, E. Sgt.</u>	<u>5044</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
Signature: <u>Sgt. E. McLary</u>	Police Officer Assignment: <u>Supervisor</u>				
Print Supervisor Name: <u>Sgt. E. McLary</u>	Supervisor Signature: <u>Sgt. E. McLary</u>				

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER A-15-2650

A. Incident Information

Date <u>3/20/15</u>	Time <u>0114</u>	Day of Week <u>FRI</u>	Location <u>MHBC ER</u>
Type of Incident: ☒ Crime In Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call (Specify <u>Disord. Person</u>)		Type of Person: ☐ Under the Influence ☒ Other Unusual Condition (Specify <u>highly agitated</u>)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Mulky, Sheila F.</u>	☒ Y/N	<u>Disord. Conduct</u>	<u>F</u>	<u>BLK</u>	<u>60</u>	☒ Y/N	☒ Y/N	☒ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify: _____	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>Spencer, C. P.O.</u>	<u>223</u>	☒ Y/N	☒ Y/N	☒ Y/N	☒ Y/N
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>Patrol</u>		
Print Supervisor Name: <u>[Signature]</u>			Supervisor Signature: <u>[Signature]</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

CSP

INCIDENT NUMBER #15-2476

A. Incident Information

Date <u>3/15/15</u>	Time <u>0921</u>	Day of Week <u>Sun.</u>	Location <u>Station 500</u>
Type of Incident:		Type of Person:	
☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call (Specify <u>Dist AR</u>) ☐ Other Dispute		☒ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Jackson, Marian J.</u>	<u>Y/N</u>	<u>Resist. AR</u>	<u>F</u>	<u>BLK</u>	<u>24</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>	<u>Agg. Asslt/Bld</u>				<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
☒ ...resisted Police Officer control	☒		
☒ ...physical threat/attack on Police Officer	☒		
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold	☐ Hands/Fists ☐ Kicks/Pret ☐ Strike/Use Baton or Other Object ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)
☒ Other Force: Specify: <u>taken to ground for control</u>		

E. Officer Information

Name (last, first, middle) <u>Spencer E. PO.</u>	Badge # <u>5013</u>	On Duty? <u>Y/N</u>	Uniform? <u>Y/N</u>	Officer Injured? <u>Y/N</u>	Taken to Hospital? <u>Y/N</u>
Signature: <u>[Signature]</u> <u>#5013</u>			Police Officer Assignment: <u>Patrol</u>		
Print Supervisor Name: <u>Sgt. E. McQuerry #5004</u>			Supervisor Signature: <u>[Signature]</u>		

MOUNT HOLLY POLICE

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USE OF FORCE *CR*

INCIDENT NUMBER #15-2476

A. Incident Information

Date <u>3/15/15</u>	Time <u>0921</u>	Day of Week <u>SUN</u>	Location <u>Station 500</u>
Type of Incident:		Type of Person:	
☐ Crime In Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call (Specify <u>DUI AR</u>) ☐ Other Dispute		☒ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Jackson, Marian J.</u>	<u>Y/N</u>	<u>Resist. AR</u>	<u>F</u>	<u>BLK</u>	<u>24</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>	<u>Agg. Att. Police</u>				<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
☒ ...resisted Police Officer control	☒		
☒ ...physical threat/attack on Police Officer	☒		
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☒ Other Force: Specify: <u>taken to ground for control, 15-17</u>	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>McDermott, E. Sgt.</u>	<u>504</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
Signature: <u>Sgt. E. McDermott</u>			Police Officer Assignment: <u>Btcl</u>		
Print Supervisor Name: <u>Sgt. E. McDermott #504</u>			Supervisor Signature: <u>Sgt. E. McDermott</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 15-2357

A. Incident Information

Date <u>3-12-15</u>	Time <u>09:09 pm</u>	Day of Week <u>Thurs day</u>	Location <u>87 Mill Street</u>
Type of Incident:	☐ Crime in Progress ☐ Domestic ☒ Suspicious Person ☐ Traffic Violation ☐ Other type of Call ☐ Other Dispute (Specify _____)		Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify _____)

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Covington, Andre J</u>	☒ Y/N	<u>Disorderly Conduct</u> <u>Resisting Arrest</u> <u>Obstructing</u> <u>Police Officer</u>	<u>M</u>	<u>Blk</u>	<u>25</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify: _____	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>Egler, Matthew John</u>	<u>5015</u>	☒ Y/N	☒ Y/N	☒ Y/N	☒ Y/N
Signature: <u>P.O. M. Egler</u>			Police Officer Assignment: <u>Patrol</u>		
Print Supervisor Name: <u>PAC/ance</u>			Supervisor Signature: <u>[Signature]</u>		

MOUNT HOLLY POLICE

23 WASHINGTON STREET • MOUNT HOLLY, NJ 08060
(609) 267-0170 • FAX (609) 267-6627

USE OF FORCE

INCIDENT NUMBER 15-2278

A. Incident Information		Location <u>71 Mill St. Mt. Holly NJ</u>	
Date <u>3-11-15</u>	Time <u>0017</u>	Day of Week <u>Wednesday</u>	
Type of Incident: ☐ Crime in Progress ☐ Domestic ☒ Suspicious Person ☐ Traffic Violation ☒ Other type of Call (Specify <u>CDS Investigation</u>) ☐ Other Dispute		Type of Person: ☒ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)								
Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Harris, Steven Renee</u>	<u>Y/N</u>	<u>Agg. Assault, Resistant, Disturb. Peace, Poss. Firearm</u>	<u>F</u>	<u>B</u>	<u>28</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)			
Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒		
...physical threat/attack on Police Officer	☒		
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)		Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)
Type of Force Used: ☒ Compliance Hold ☒ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify _____	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	

E. Officer Information					
Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>Cidon, John Joseph</u>	<u>5016</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>Patrol</u>		
Print Supervisor Name: <u>Det. H. M. #5010</u>			Supervisor Signature: <u>[Signature] #5010</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 15-2079

A. Incident Information

Date <u>3-5-15</u>	Time <u>1614</u>	Day of Week <u>Thursday</u>	Location <u>130 Garden St Apt. B</u>
Type of Incident: ☐ Crime in Progress ☒ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call (Specify <u>Warrant Service</u>) ☐ Other Dispute		Type of Person: ☐ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Copeland, Nathaniel Isaiah</u>	<u>Y/N</u>	<u>simultaneous obstruction Resisting Arrest</u>	<u>M</u>	<u>B</u>	<u>36</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
<u>Harris, Siveena Renee</u>	<u>Y/N</u>	<u>hindering Resisting Arrest</u>	<u>F</u>	<u>B</u>	<u>28</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☒	
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Hands/Fists ☒ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force: Specify: _____	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>Idoni John Joseph</u>	<u>5016</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
Signature: <u>[Signature]</u> #5016			Police Officer Assignment: <u>Patrol</u>		
Print Supervisor Name: <u>P/O Scott Bayley</u>			Supervisor Signature: <u>[Signature]</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER

A. Incident Information

Date	2/28/15	Time	1838 hrs	Day of Week	Saturday	Location	15 Washington St.
Type of Incident:	☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call (Specify <u>Self</u>) ☐ Other Dispute			Type of Person: ☐ Under the Influence ☐ Other Unusual Condition (Specify _____)			

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
[REDACTED]	Y/N	SCIP	F	BLK	[REDACTED]	Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	✓		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify: _____	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
LOEH, JAMES MAUR	5012	Y/N	Y/N	Y/N	Y/N
Signature: [Signature]			Police Officer Assignment: PATROL		
Print Supervisor Name: SGT. PAUL McQUARRY			Supervisor Signature: [Signature]		

MOUNT HOLLY POLICE

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USE OF FORCE

697

INCIDENT NUMBER [REDACTED]

A. Incident Information

Date 2/28/15	Time 1838 hours	Day of Week Saturday	Location 15 Washington St
Type of Incident:		Type of Person:	
☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call (Specify <u>SLIP</u>) ☐ Other Dispute		☐ Under the Influence ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
[REDACTED]	Y/N	SLIP	F	BLK	[REDACTED]	Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N
	Y/N					Y/N	Y/N	Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	✓		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☐ Other Force: Specify: _____	☐ Hands/Fists ☐ Kicks/Feet ☐ Canine Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
Castle, Alexander B	5041	Y/N	Y/N	Y/N	Y/N
Signature: <u>SCOT Castle 5041</u>			Police Officer Assignment: <u>D/T Patrol</u>		
Print Supervisor Name: <u>SGT EARL McQuarrie</u>			Supervisor Signature: <u>[Signature]</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER 15-680

A. Incident Information

Date <u>1-20-15</u>	Time <u>0300</u>	Day of Week <u>Tuesday</u>	Location <u>225 Buttonwood St</u>
Type of Incident: ☐ Crime in Progress ☒ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call ☒ Other Dispute (Specify <u>Domestic Mischief</u>) <u>Resulting Arrest</u>		Type of Person: ☒ Under the Influence <u>alcohol</u> ☐ Other Unusual Condition (Specify _____)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>Woodsum Jr Richard Paul</u>	<u>Y/N</u>	<u>Poss. CDS (Ketch)</u> <u>Obstruction</u> <u>Resisting Arrest</u>	<u>M</u>	<u>W</u>	<u>35</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
_____	<u>Y/N</u>	_____	_____	_____	_____	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
_____	<u>Y/N</u>	_____	_____	_____	_____	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	<u>✓</u>		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify _____)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☒ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☐ Other Force: Specify _____	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle) <u>Cidoni John Joseph</u>	Badge # <u>5016</u>	On Duty? <u>Y/N</u>	Uniform? <u>Y/N</u>	Officer Injured? <u>Y/N</u>	Taken to Hospital? <u>Y/N</u>
Signature: <u>John Joseph Cidoni #5016</u>			Police Officer Assignment: <u>Patrol</u>		
Print Supervisor Name: <u>Sgt. J. Swan</u>			Supervisor Signature: <u>[Signature]</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER

A. Incident Information

Date <u>1/18/15</u>	Time <u>0050</u>	Day of Week <u>Sunday</u>	Location <u>305 Garden St.</u>
Type of Incident:	☐ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call (Specify <u>Disorderly Conduct</u>) ☐ Other Dispute		Type of Person: <u>09</u> Under the influence <u>CDS + Alcho</u> ☐ Other Unusual Condition (Specify <u> </u>)

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
<u>[REDACTED]</u>	<u>Y/N</u>	<u>Disorderly Conduct</u> <u>Resisting Arrest</u>	<u>M</u>	<u>B</u>	<u>[REDACTED]</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
	<u>Y/N</u>					<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	<u>✓</u>		
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify <u> </u>)			

D. Type of Force Used (check all that apply)

Type of Force Used:	☒ Compliance Hold ☐ Hands/Fists ☐ Chemical/Natural Agent ☐ Kicks/Feet ☐ Strike/Use Baton or Other Object ☐ Canine ☒ Other Force: Specify: <u>Tackled Suspect #1</u>	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired <u> </u> Number of Hits <u> </u> (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle)	Badge #	On Duty?	Uniform?	Officer Injured?	Taken to Hospital?
<u>Spencer, Clifford R.</u>	<u>5413</u>	<u>ON</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
Signature: <u>[Signature]</u>			Police Officer Assignment: <u>Potter</u>		
Print Supervisor Name: <u>Sgt. E. McQuinn</u>			Supervisor Signature: <u>[Signature]</u>		

MOUNT HOLLY POLICE

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USE OF FORCE

INCIDENT NUMBER [REDACTED]

A. Incident Information

Date: 1/18/15	Time: 0050	Day of Week: Sunday	Location: 305 Garden St
Type of Incident: ☒ Crime in Progress ☐ Domestic ☐ Suspicious Person ☐ Traffic Violation ☒ Other type of Call (Specify: Disorderly Conduct) ☐ Other Dispute		Type of Person: ☒ Under the Influence CDS + Alcohol ☐ Other Unusual Condition (Specify:)	

(Check only if unusual condition in person exists)

B. Suspect(s) Information (only those persons who were subjects of police use of force)

Name (last, first, middle)	Arrest?	Charge(s)	Sex	Race	Age	Weapon?	Suspect Injured?	Hospital?
Crawley, Desmond E	☒ Y/N	2C:29-2 2C:33-2 2C:29A	M	B	23	☒ Y/N	☒ Y/N	☒ Y/N
[REDACTED]	☒ Y/N	2C:29-2A(3) 2C:33-2A(1)	M	B	[REDACTED]	☒ Y/N	☒ Y/N	☒ Y/N
	☐ Y/N					☐ Y/N	☐ Y/N	☐ Y/N

(Check yes only for injury/hospital resulting from police use of force)

C. Level of Suspect(s) Resistance (check all that apply)

Suspect...	Suspect # 1	Suspect # 2	Suspect # 3
...resisted Police Officer control	☒	☒	
...physical threat/attack on Police Officer			
...threatened/attacked Police Officer with blunt object			
...threatened/attacked Police Officer with knife/cutting object			
...threatened/attacked Police Officer with motor vehicle			
...threatened Police Officer with firearm			
...fired at Police Officer			
...Other (specify)			

D. Type of Force Used (check all that apply)

Type of Force Used: ☒ Compliance Hold ☐ Chemical/Natural Agent ☐ Strike/Use Baton or Other Object ☒ Other Force: Specify: Tackled suspect #1 & 2	Hands/Fists Kicks/Feet Canine	Firearms Discharge: ☐ Intentional ☐ Accidental Number of Shots Fired _____ Number of Hits _____ (Use "UNK" if unknown)

E. Officer Information

Name (last, first, middle): Castle, Alexander	Badge #: 5041	On Duty? ☒ Y/N	Uniform? ☒ Y/N	Officer Injured? ☒ Y/N	Taken to Hospital? ☒ Y/N
Signature: SGT. Castle			Police Officer Assignment: Patrol		
Print Supervisor Name: Sgt. E. McDermott			Supervisor Signature: Sgt. E. McDermott		

POLICE PURSUIT SUMMARY REPORT

Agency Mt. Holly Township Police Department	County Burlington
Reporting Period 1/1/14 to 12/31/14	
Person completing report D/Lt. William Fields	Date completed 1/27/2015
Phone number 609-845-1115	

1. Number of pursuits initiated	2
2. Number of pursuits resulting in accidents	0
3. Number of pursuits resulting in injuries (NO DEATHS)	0
4. Number of pursuits resulting in death	0
5. Number of pursuits resulting in arrest	1
6. Number of vehicles in accidents	
a. Pursued vehicles	0
b. Police vehicles	0
c. Third party vehicles	0
7. Number of people injured	
a. Pursued vehicles	0
b. Police vehicles	0
c. Third party vehicles	0
d. Pedestrians	0
8. Number of people killed	
a. Pursued vehicles	0
b. Police vehicles	0
c. Third party vehicles	0
d. Pedestrians	0
9. Number of people arrested	1
10. Number of pursuits in which a tire deflation device was used	0

POLICE PURSUIT SUMMARY REPORT

Agency Mt. Holly Township Police Department	County Burlington
Reporting Period 1/1/15 to 12/31/15	
Person completing report D/Lt. William Fields	Date completed 1/12/2016
Phone number 609-845-1115	

1. Number of pursuits initiated	0
2. Number of pursuits resulting in accidents	0
3. Number of pursuits resulting in injuries (NO DEATHS)	0
4. Number of pursuits resulting in death	0
5. Number of pursuits resulting in arrest	0
6. Number of vehicles in accidents	
a. Pursued vehicles	0
b. Police vehicles	0
c. Third party vehicles	0
7. Number of people injured	
a. Pursued vehicles	0
b. Police vehicles	0
c. Third party vehicles	0
d. Pedestrians	0
8. Number of people killed	
a. Pursued vehicles	0
b. Police vehicles	0
c. Third party vehicles	0
d. Pedestrians	0
9. Number of people arrested	0
10. Number of pursuits in which a tire deflation device was used	0

POLICE PURSUIT SUMMARY REPORT

Agency Mt. Holly Township Police Department	County Burlington
Reporting Period 1/1/16 to 12/31/16	
Person completing report D/Lt. William Fields	Date completed 1/11/2017
Phone number 609-845-1115	

1. Number of pursuits initiated	6
2. Number of pursuits resulting in accidents	2
3. Number of pursuits resulting in injuries (NO DEATHS)	0
4. Number of pursuits resulting in death	0
5. Number of pursuits resulting in arrest	1
6. Number of vehicles in accidents	
a. Pursued vehicles	2
b. Police vehicles	0
c. Third party vehicles	1
7. Number of people injured	
a. Pursued vehicles	0
b. Police vehicles	0
c. Third party vehicles	0
d. Pedestrians	0
8. Number of people killed	
a. Pursued vehicles	0
b. Police vehicles	0
c. Third party vehicles	0
d. Pedestrians	0
9. Number of people arrested	1
10. Number of pursuits in which a tire deflation device was used	0

**BURLINGTON COUNTY PROSECUTOR'S OFFICE
PROFESSIONAL STANDARDS SUMMARY REPORT FORM**

Agency: Mt. Holly Township Police Department
Reporting Period: 1/1/2014 – 12/31/2014

Type of Complaint	Cases Pending From Prior Years	Cases Received This Year	Total Cases	Number of Dispositions						Administratively Closed	Cases Pending End of Year
				Sustained			Exonerate	Not Sustained	Unfounded		
				Criminal Charge	Internal Disciplinary Action						
Excessive Force	0	5	5	0	0	3	0	2	0	0	
Improper Arrest	0	2	2	0	0	2	0	0	0	0	
Improper Entry	0	0	0	0	0	0	0	0	0	0	
Improper Search	0	0	0	0	0	0	0	0	0	0	
Differential Treatment	0	3	3	0	0	1	0	2	0	0	
Demeanor	0	1	1	0	0	1	0	0	0	0	
Domestic Violence	0	0	0	0	0	0	0	0	0	0	
Other Rule Violation	0	1	1	0	0	1	0	0	0	0	
Other Criminal Violation	0	3	3	0	0	1	0	2	0	0	
Total	0	15	15	0	0	9	0	6	0	0	

**BURLINGTON COUNTY PROSECUTOR'S OFFICE
PROFESSIONAL STANDARDS SUMMARY REPORT FORM**

Agency: Mt. Holly Township Police Department

Reporting Period: 1/1/15-12/31/15

Type of Complaint	Cases Pending From Prior Years	Cases Received This Year	Total Cases	Number of Dispositions						Cases Pending End of Year	
				Sustained			Exonerate	Not Sustained	Unfounded		Administratively Closed
				Criminal Charge	Internal Disciplinary Action						
Excessive Force	0	3	3	0	0	1	0	2	0	0	
Improper Arrest	0	0	0	0	0	0	0	0	0	0	
Improper Entry	0	0	0	0	0	0	0	0	0	0	
Improper Search	0	0	0	0	0	0	0	0	0	0	
Differential Treatment	0	2	2	0	0	0	0	2	0	0	
Demeanor	0	2	2	0	0	1	0	1	0	0	
Domestic Violence	0	0	0	0	0	0	0	0	0	0	
Other Rule Violation	0	5	5	0	4	1	0	0	0	0	
Other Criminal Violation	0	0		0	0	0	0	0	0	0	
Total	0	12	12	0	4	3	0	5	0	0	

**BURLINGTON COUNTY PROSECUTOR'S OFFICE
PROFESSIONAL STANDARDS SUMMARY REPORT FORM**

Agency: Mt. Holly Township Police department

Reporting Period: 2016

Type of Complaint	Cases Pending From Prior Years	Cases Received This Year	Total Cases	Number of Dispositions						Administratively Closed	Cases Pending End of Year
				Sustained			Exonerate	Not Sustained	Unfounded		
				Criminal Charge	Internal Disciplinary Action						
Excessive Force	0	0	0	0	0	0	0	0	0	0	
Improper Arrest	0	0	0	0	0	0	0	0	0	0	
Improper Entry	0	0	0	0	0	0	0	0	0	0	
Improper Search	0	0	0	0	0	0	0	0	0	0	
Differential Treatment	0	1	1	0	0	1	0	0	0	0	
Demeanor	0	2	2	0	0	2	0	0	0	0	
Domestic Violence	0	0	0	0	0	0	0	0	0	0	
Other Rule Violation	0	0	0	0	0	0	0	0	0	0	
Other Criminal Violation	0	2	2	0	0	0	0	1	0	1	
Total	0	5	5	0	0	3	0	1	0	1	

BIAS INCIDENTS

Bias Incident Investigation Standards

Issued September 1991
Revised September 1994
Revised October 1995
Revised January 2000

TO: All Law Enforcement Chief Executives

FROM: John J. Farmer, Jr.
Attorney General of New Jersey

DATE: January 28, 2000

SUBJECT: Amendment to *Bias Incident Investigation Standards*

Pursuant to the Criminal Justice Act of 1970, N.J.S.A. 52:17B-97 et seq., it is hereby directed that the *Bias Incident Investigation Standards, Policy and Procedures for New Jersey Law Enforcement* (September 1991 as amended) is hereby amended as set forth below, and all New Jersey law enforcement agencies shall incorporate such amendments into their agency policies and procedures.

1. The address, and telephone numbers for the office of Bias Crime and Community Relations is as follows:

Office of Bias Crime and Community Relations
P.O. Box 094
Trenton, New Jersey 08625-0095

Telephone: 609 896-8967
Facsimile: 609 219-6595

Duty Pager: ~~908-633-2128 (unchanged)~~ ** please see note below*

In the manner and at the times provided in the *Bias Incident Investigation Standards*, all law enforcement agencies shall report all suspected and confirmed bias incidents to the Office of Bias Crime and Community Relations using the telephone, facsimile or pager numbers as provided above.

2. All other requirements not inconsistent with these amendments shall remain in full force and effect.

****Note: On Duty Cell Phone Number is 609-273-9243**

Bias Incident Investigation Standards

■ ■ ■

TO: All Law Enforcement Chief Executives

FROM: Terrence P. Farley
Director

DATE: October 11, 1995

SUBJECT: Amendment to Bias Incident Investigation Standards

In compliance with the instructions of Attorney General Deborah T. Poritz, and pursuant to the Criminal Justice Act of 1970, N.J.S.A. 52:17B-97 et seq., it is hereby directed that the Bias Incident Investigation Standards are hereby amended as set forth below to expand the definition of a "bias incident" to include offenses that occur with an anti-gender or anti-handicap motivation. All New Jersey law enforcement agencies shall incorporate such amendment into their agency policy and procedures:

1. For New Jersey law enforcement purposes, a bias incident is defined as any suspected or confirmed offense or unlawful act which occurs to a person, private property, or public property on the basis of race, color, religion, gender (except matters involving a violation of N.J.S.A. 2C:14-2 or 2C:14-3), handicap, sexual orientation or ethnicity. An offense is bias-based if the motive for the commission of the offense or unlawful act pertains to race, color, religion, gender, handicap, sexual orientation or ethnicity. For the purpose of this definition, the term, "handicap" shall be construed consistently with N.J.S.A. 10:5-5(q).
2. All other definitions and requirements in the Bias Incident Investigation Standards not inconsistent with these amendments shall remain in full force and effect.

■ ■ ■

TO: All Law Enforcement Chief Executives

FROM: Terrence P. Farley
Director

DATE: September 22, 1994

SUBJECT: Amendment to Bias Incident Investigation Standards Promulgated
September 1991

In compliance with the instructions of Attorney General Deborah T. Poritz, and pursuant to the Criminal Justice Act of 1970, N.J.S.A. 52:17B-97 et seq., it is hereby directed that the "Bias Incident Investigation Standards--Policy and Procedures for New Jersey Law Enforcement" is hereby amended as set forth below, and all New Jersey law enforcement agencies shall incorporate such amendments into their agency policy and procedure.

1. The Office of Bias Crime and Community Relations in the Division of Criminal Justice shall be the office for the statewide investigation and monitoring of bias incidents, and all law enforcement agencies shall give them full cooperation. Whenever assistance is needed by local and county law enforcement authorities regarding bias incidents, the Office of Bias Crime and Community Relations shall be contacted. That office will then coordinate appropriate additional resources with the requesting agency.

2. To facilitate inter-agency cooperation, the Office of Bias Crime and Community Relations in the Division of Criminal Justice shall be notified of all suspected or confirmed bias incidents as soon as possible, but in no event later than 24 hours after a law enforcement agency gains knowledge of such incidents. This requirement shall be in addition to notification of the county prosecutor's office within the same time period as set forth in the "Bias Incident Investigation Standards--Policy and Procedures for New Jersey Law Enforcement" promulgated in 1991.

3. Notwithstanding the above, the Office of Bias Crime and Community Relations in the Division of Criminal Justice shall be notified immediately of all suspected or confirmed bias incidents (1) that involve homicide, rape, aggravated assault or arson, (2) that involve a law enforcement officer as the alleged perpetrator, (3) that involve an organized hate group as the suspected perpetrator, and (4) that involve the potential to generate large scale unrest. This requirement shall be in addition to notification of the county prosecutor's office and the Central Security Bureau of the New Jersey State Police as set forth in the "Bias Incident Investigation Standards--Policy and Procedures for New Jersey Law Enforcement" promulgated in 1991.

4. Notification required by these amendments shall be by telephone or facsimile machine [weekdays 9 a.m. to 5 p.m.: (609) 896-8967, (609) 219-6595 (facsimile)¹; all other times: ~~(908) 888-988-0502 (duty pager)~~].***
changed to -- 24 Hour On Duty Cell Phone # 609 273-9243

5. All other requirements not inconsistent with these amendments shall remain in full force and effect.

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1. POLICY STATEMENT FROM THE ATTORNEY GENERAL TO NEW JERSEY LAW ENFORCEMENT

Bias incidents have occurred throughout the State and the nation. As a result, the victimized communities have been gripped by uncertainty, tension and conflict. The promulgation of these Standards serve as recognition that the unique nature of suspected or confirmed bias incidents requires special handling from New Jersey Law Enforcement.

Crimes having a racial, religious, or ethnic component manifest themselves in a wide spectrum of anti-social activities. These bias incidents jeopardize the active and open pursuit of freedom and opportunity. Bias incidents attack the racial, religious and ethnic heritage of our citizens, important elements of our history and our future. Closely linked to our heritage are individual values, beliefs and identities. Bias incidents undermine these foundations of freedom.

It shall be the policy of New Jersey Law Enforcement to bring the investigative and enforcement elements of the Law Enforcement Community into quick action following any and all suspected or confirmed Bias incidents. There is to be special emphasis placed on victim assistance and community relations in order to reduce victim trauma and community tension or fear.

All suspected or confirmed bias incidents should be viewed as serious. Bias incident investigations shall be conducted in a timely fashion using all appropriate resources to rapidly determine the facts and circumstances surrounding each incident. Careful attention should be given to identifying the motive and cause of the Bias Incident and to identifying suspects. Referrals to the County Prosecutor's Office of Victim-Witness Advocacy shall be made as appropriate.

The proper investigation of a suspected or confirmed bias incident is the

¹ All agencies should use the "State of New Jersey, Department of Law and Public Safety Supplementary Bias Incident Offense Report" for facsimile notification.

responsibility of each New Jersey Law Enforcement agency confronted with this problem. Each law enforcement officer must be sensitive to the feelings, needs and fears that may be present in the victims and the community at large as a result of a suspected or confirmed bias incident.

Law Enforcement Agencies handling bias incidents shall:

- Approach victims in a sensitive and supportive manner.
- Reassure the victim that appropriate investigative and enforcement methods will be utilized by the law enforcement agency to properly address the bias incident.
- Ensure that a thorough and complete initial response and follow-up investigation are conducted as required by the facts and circumstances surrounding the suspected or confirmed bias incident, which includes providing for appropriate community relations activities and crime prevention programs.
- Refer the victim/witness to the County Prosecutor's Office of Victim-Witness Advocacy as appropriate.
- Interact with concerned community service organizations, civic groups, and religious institutions regarding the suspected or confirmed bias incident.
- Effectively calm the victim and reduce the victims's fear and alienation through direct ongoing official communication regarding the bias incident.

It must be remembered that the actions taken by New Jersey Law Enforcement in responding to suspected or confirmed bias incidents are visible signs of concern and commitment to the citizens of the communities it serves.

2. PURPOSE OF THE BIAS INCIDENT INVESTIGATION STANDARDS

The purpose of these Standards is to establish uniform law enforcement procedures for the response to and investigation of bias incidents.

New Jersey Law Enforcement shall take an active role in promoting peace and harmony among the diverse groups living and working within the State and protect all citizens from bias incidents.

New Jersey law enforcement agencies shall conduct a thorough and complete investigation of all suspected or confirmed Bias incidents and shall cooperate with the county prosecutor in the prompt and appropriate prosecution of these matters.

Finally, the Attorney General's Executive Directive No. 1987-3 presently requires all New Jersey law enforcement agencies to report confirmed Bias incidents through the Division of State Police Uniform Crime Reporting System.

To accomplish these purposes, all law enforcement chief executive's shall apply

the elements of these Standards to their individual agencies through a formal written order or directive which reflects the individual needs of each New Jersey law enforcement agency and the community it serves.

3. SUMMARY OF BIAS INCIDENT INVESTIGATION STANDARDS

The section provides a summary of the Bias Incident Investigation Standards. Each of these Standards relate to a prescribed and detailed procedural section of this document.

1. The law enforcement chief executive shall provide leadership and direction by developing a clear and concise formal bias incident written order or directive based upon these Standards and shall disseminate it to all law enforcement officers of the agency. (Refer to Standards Sections 1, 2 and 6.)
2. The law enforcement chief executive shall publicly announce the agency's bias incident investigation policy and explain that the public should immediately contact the police when a bias incident occurs. (Refer to Standards Section 1, 2 and 6.)
3. The law enforcement chief executive shall ensure that all law enforcement officers of the agency receive appropriate training in bias incident response and investigation. (Refer to Standards Sections 1, 2, 6 and 14.)
4. The law enforcement chief executive shall conduct appropriate bias incident media relations and prepare accurate, timely public information news releases, as appropriate. (Refer to Standards Section 1, 2 and 6.)
5. The law enforcement chief executive or a designee shall personally visit the victim of a Bias Incident and reassure the victim that appropriate investigative and enforcement methods will be utilized by the law enforcement agency to properly address the Bias Incident. (Refer to Standards Section 1, 2, 6 and 11.)
6. Law enforcement agencies handling Bias incidents shall approach victims in a sensitive and supportive manner and shall effectively calm the victim and reduce the victim's fear and alienation through direct ongoing official communication regarding the Bias Incident. (refer to Standards Section 1, 2, 6, 11 and 12.)
7. Law enforcement agencies handling bias incidents shall ensure that an appropriate initial law enforcement response is provided to all suspected or confirmed bias incidents and that a complete follow-up investigation is carried out, as appropriate. (Refer to Standards Section 5, 7, 8 and 9.)

Bias Incident Investigation Standards

8. Law enforcement agencies handling bias incidents shall ensure that security is increased in the affected area, as appropriate. Law enforcement officers shall be sensitive to the safety concerns of victims and witnesses, and arrange for the appropriate security measures to be implemented to protect persons and property. (Refer to Standards Sections 7, 8 and 12.)
9. Law enforcement agencies handling bias incidents shall ensure that the Bias Incident investigation is actively pursued to a successful conclusion or until all leads have been considered. (Refer to Standards Section 5, 7, 8, 9 and 10.)
10. Law enforcement agencies handling bias incidents shall ensure that all relevant information regarding suspected or confirmed bias incidents is shared with the County Prosecutor, the Division of State Police Central Security Bureau and other appropriate law enforcement agencies within a reasonable period of time, as necessary. (Refer to Standards Section 10.)
11. Law enforcement agencies handling bias incidents shall ensure that victim/witness service referrals are made in a timely manner, as appropriate. (Refer to Standards Sections 1, 2 and 12.)
12. Law enforcement agencies handling bias incidents shall enlist the aid of religious, community, business and educational groups as well as other community agencies in an effort to moderate the impact of the Bias Incident, to reduce the potential for counter-violence and to promote good police community relations. (Refer to Standards Sections 10, 11 and 13.)
13. Law enforcement agencies handling bias incidents shall ensure that community relations activities and crime prevention programs are conducted, as appropriate. (Refer to Standards Sections 11 and 13.)
14. Law enforcement agencies handling bias incidents shall ensure that all confirmed bias incidents are reported as required to the Uniform Crime Reporting System using Division of State Police Uniform Crime Reporting procedures and report forms. (Refers to Standards Section 15.)
15. Law enforcement agencies handling bias incidents shall maintain contact with community leaders concerning the Bias Incident. (Refer to Standards Sections 6, 11 and 12.)
16. Law enforcement agencies handling bias incidents shall ensure that victims and other concerned parties are informed of the final disposition of the incident. (Refer to Standards Sections 11 and 12.)

4. HISTORY OF LAW ENFORCEMENT CONCERN IN NEW JERSEY

These Bias Incident Investigation Standards highlight a long history of involvement by New Jersey Law Enforcement authorities in the important area of Bias Incident prevention, investigation, monitoring and education. These efforts include the enactment of strong crime-specific criminal laws regarding bias incidents, the development and implementation of police officer basic training covering the Bias Incident issue, the development of Statewide Bias Incident reporting through the Uniform Crime Reporting System and the development and presentation of statewide county-by-county Bias Incident investigation seminars conducted by the Division of Criminal Justice in conjunction with the County Prosecutors, the New Jersey State Association of Chiefs of Police and various community interest groups.

Since 1988, every police recruit during his/her academy training has received instruction on both the Bias Incident Investigation Standards and on community police relations. It is incumbent on each law enforcement agency to develop formal written orders or directives reflecting the needs of both that agency and the community which it serves.

At the request of individual law enforcement agencies, supplemental instruction has been presented at numerous locations throughout New Jersey. This service is available through the Police Bureau of the Division of Criminal Justice.

The Department of Law and Public Safety has developed a program for cultural diversity training for members of the New Jersey State Police and other law enforcement personnel. The Attorney General has contacted every county police academy asking that a cadre of instructors be selected to receive this training so that it could be bought back to every county. The curriculum will be flexible so that every municipality can tailor it to the community need and diversity.

The development of "HATE CRIME - A Training Video for Police Officers", was the result of a joint effort by the Anti-Defamation League (ADL) and the Department of Law and Public Safety of the State of New Jersey. The video was filmed in New Jersey with the cooperation of various State, county and local law enforcement agencies which furnished personnel and equipment. Its content was structured and produced to have application for police throughout the nation.

The video and a discussion manual were developed to help law enforcement agencies and individual police officers better understand their important role in the proper investigation of hate crimes and the ways in which they can assist the individual victim and community.

In 1990, Attorney General Robert Del Tufo urged each county prosecutor to establish a Human Relations Commission to mobilize whole communities to address

the compelling issues of bias and its impact on local schools, workplaces and communities.

Human Relations Commissions are now functioning in many counties with the participation of diverse racial, ethnic, religious and neighborhood groups, schools, government, law enforcement and other service providers.

Through a cooperative agreement with the Department of Law and Public Safety, the United States Department of Justice, Community Relations Service continues to provide training and consultation in inter-group relations and conciliation.

These initiatives, in conjunction with the development of these law enforcement standards, are practical examples of State, county and local government striving to achieve harmony with diversity throughout the State of New Jersey.

5. DEFINITION OF BIAS INCIDENT AND RELATED CRIMINAL VIOLATIONS

For New Jersey Law Enforcement purposes, a bias incident is defined as any suspected or confirmed offense or unlawful act which occurs to a person, private property, or public property on the basis of race, color, religion, sexual orientation or ethnicity. An offense is bias-based if the motive for the commission of the offense or unlawful act is racial, religious, ethnic or pertains to sexual orientation. The bias incident offenses are:

1. Murder
2. Manslaughter
3. Rape
4. Robbery
5. Aggravated Assault
6. Burglary
7. Larceny-Theft
8. Simple Assault
9. Fear of Bodily Violence (N.J.S.A. 2C:33-10)
10. Arson
11. Criminal Mischief
12. Damage to Property:Threat of Violence (N.J.S.A. 2C:33-11)
13. Weapons Offense
14. Sex Offenses (except Rape)
15. Terroristic Threats
16. Trespass
17. Disorderly Conduct (N.J.S.A. 2C:33-10)
18. Harassment
19. Desecration of Venerated Objects
20. All Other Bias Incidents

Some suspected bias incidents may not clearly fit the described definition. In those cases a common sense approach to the incident must be used. If an incident appears to be bias based, it should be investigated as such. Verification of motive and intent can be made during the ensuing investigation.

Law enforcement officers must recognize that a single bias incident may initially appear as less serious when viewed in the larger context of all crime. Nonetheless, any suspected or confirmed bias incident is serious by its very nature. What may appear to be a minor incident can easily escalate into a larger order maintenance problem or public safety concern.

6. GENERAL ROLE AND RESPONSIBILITIES OF THE LAW ENFORCEMENT CHIEF EXECUTIVE

This section outlines the general role and responsibilities of the chief executive regarding bias incidents.

1. Provide leadership and direction by developing a clear and concise formal bias incident written order or directive based upon these Standards and disseminating it to all law enforcement officers of the agency
2. Publicly announce the agency's bias incident investigation policy. Explain that the public should immediately contact the police when a bias incident occurs.
3. Ensure that all law enforcement officers of the agency receive appropriate training in bias incident response and investigation.
4. Ensure that an appropriate initial law enforcement response is provided to all suspected or confirmed bias incidents and that a complete follow-up investigation is carried out, as appropriate.
5. Ensure that security is increased in the affected area, as appropriate.
6. Personally visit the victim of a bias incident, or designate an officer to do so.
7. Ensure that the bias incident investigation is actively pursued to a successful conclusion or until all leads have been considered.
8. Ensure that all relevant information regarding suspected or confirmed bias incidents is shared with the County Prosecutor, the Division of State Police Central Security Bureau and other appropriate law enforcement agencies within a reasonable period of time, as necessary.
9. Ensure that victim/witness service referrals are made in a timely manner, as appropriate.
10. Enlist the aid of religious, community, business, and educational groups as well as other community leaders in an effort to moderate the impact of the bias incident, to reduce the potential for counter-violence and to promote good police community relations.
11. Ensure that community relations activities and crime prevention programs are conducted, as appropriate.
12. Maintain contact with community leaders concerning the bias incident.

13. Conduct appropriate media relations. Prepare accurate and timely public information news releases, as appropriate.
14. Ensure that all confirmed bias incidents are reported as required to the Uniform Crime Reporting System using Division of State Police Uniform Crime Reporting procedures and report forms.
15. Ensure that victims and other concerned parties are informed of the final disposition of the incident.

7. INITIAL LAW ENFORCEMENT RESPONSE TO A BIAS INCIDENT

This Section outlines the initial law enforcement response to a reported bias incident. This outline is designed to provide a practical approach to initial response and initial investigation of suspected or confirmed bias incidents.

Bias incidents may generate fear and concern among victims and the community. These incidents have the potential of recurring, escalating and possibly causing counter-violence. Therefore, bias incidents require a thorough and comprehensive law enforcement response.

Responding Officer

When the initial responding officer arrives on the scene and determines that the situation may involve a bias incident, he or she will:

1. Apprehend the actor (if applicable).
2. Provide assistance to the victim.
3. Protect the crime scene in preparation for the gathering of evidence.
4. Request that a law enforcement supervisor respond to the scene.
5. Conduct a standard preliminary investigation.
6. Obtain the names and addresses of all persons who witnessed or who are acquainted with the circumstances of the incident. All such persons should be questioned in detail.
7. Prepare a standard police incident report. Document the basic facts and circumstances surrounding the incident to include the following:
 - Name, address, telephone numbers and other information regarding the victim and witnesses.
 - Where incident occurred.
 - Person and/or property targeted.
 - How targeted.
 - Means of attack.
 - Time of incident
 - Method of operation-trademark or unusual characteristics of incident.
 - Any and all other relevant information provided by the victim and

witnesses.

8. Refer the victim and witness to the County Prosecutor's Office of Victim-Witness Advocacy, as appropriate.

Law Enforcement Supervisor

Upon arriving at the scene of a suspected or confirmed bias incident, he or she will:

1. Supervise the preliminary response and investigation.
2. Confer with the initial responding officer
3. Assist in the stabilization of the victim as required.
4. Ensure that the crime scene is properly protected and preserved.
5. Take steps to insure that the incident does not escalate.
6. Determine if additional personnel is required to provide complete public safety services.
7. Arrange for an immediate increase of patrols throughout the affected area, as appropriate.
8. If the potential exists for further acts of violence or damage to property, arrange for officers to be assigned to the location of the incident in a fixed post position.
9. Attempt to verify if the occurrence is a confirmed bias incident following the guidelines for confirming bias incidents contained in these Standards. Verification assistance should be provided by other levels of command and/or additional investigative personnel, as required.
10. Request that investigative personnel respond to the scene if a bias incident is suspected or confirmed.
11. Notify headquarters and other levels of command regarding the facts and circumstances surrounding the incident.
12. Request that the next level of command respond to scene, as appropriate.
13. Provide headquarters with updated, factual information regarding the incident.
14. Ensure that the chief executive of the law enforcement agency is notified of the incident.
15. Ensure that the necessary basic information is obtained in order to sustain a follow-up investigation.
16. Ensure that all initial response reports are properly completed as soon as possible.

8. BIAS INCIDENT FOLLOW-UP INVESTIGATION

This Section outlines the follow-up investigation of a reported bias incident. This outline is designed to provide a practical approach to the continuing investigation of suspected or confirmed bias incidents.

Bias incident follow-up investigations should be conducted by trained detectives or investigators; however, a number of officers who are not detectives or investigators may become involved in a typical investigation, especially in smaller agencies.

Bias incident investigations shall be given the appropriate degree of priority treatment. Follow-up investigations and community relations activities shall be timely and comprehensive. The victim shall be kept informed of the progress of the investigation. Referrals to the appropriate support services shall be made as required.

Much of the work of the investigator will involve working with people from diverse backgrounds and orientations. The investigator must be able to show compassion and sensitivity toward the plight of the victim while gathering the evidence needed for juvenile or adult prosecution.

Victims of bias incidents, like other victims of crime, tend to experience emotional stress as a result of their victimization. This stress may be heightened by a perceived level of threat or personal violation due to the special nature of the bias incident.

Investigators assigned to handle bias incident cases should have background in working with sensitive cases. They should also have experience in handling community relations problems. In any case where language is an issue, investigators fluent in that particular language should be assigned to assist in the investigation.

Additionally, investigators should be generally familiar with various forms of bias incidents and with hate groups operating within the State of New Jersey. The Division of State Police Central Security Bureau can provide information and assistance regarding organized hate groups.

Investigator Responsibilities

Investigative personnel shall respond to the scene of a suspected or confirmed bias incident as directed by supervisory personnel.

When the investigator arrives on the scene and determines that the situation may be a bias incident, he or she will:

1. Assume control of the bias incident follow-up investigation.
2. Ensure that the scene of the bias incident is properly protected and preserved.

3. Conduct a thorough and comprehensive follow-up criminal investigation. Continue bias incident verification procedures following the guidelines for confirming bias incidents contained in these Standards, as necessary.
4. Ensure that the scene of the bias incident is properly documented and searched and evidence gathered for analysis as required. The documentation of the crime scene should include the taking of samples of physical evidence, the securing and transporting into custody of related movable evidence and photographing the crime scene as appropriate.
5. Interview all victims and witnesses.
6. Canvass the community to identify other victims and witnesses. Conduct additional interviews as necessary.
7. Determine the primary elements of the incident and obtain information necessary to complete the data elements of the Uniform Crime Supplementary bias incident Offense Report. Primary elements of the investigation include:
 - Person(s) targeted** - This includes the name, address, telephone number, personal background and other details of the victim(s).
 - Object targeted** - This includes details on the type of premises, building or institution against which the offense was committed (private premises, public property or property primarily used for religious, educational, residential, memorial, charitable, or cemetery purposes, or for assembly by persons of a particular race, color, religion, sexual orientation or ethnicity).
 - How targeted** - This includes the way in which the person or property was attacked or damaged (assaulted, put in fear of bodily violence by placing on public or private property a symbol, an object, a characterization, an appellation or graffiti that exposes another to threats of violence, contempt or hatred on the basis of race, color, creed or religion, defacement or damage by placing of symbol, an object, a characterization, an appellation, or graffiti that exposes another to threat of violence, contempt or hatred on the basis of race, color, religion, sexual orientation or ethnicity).
 - Means of attack** - This includes the instrument, tool, device, or method by which the person or property was attacked or damaged.
 - Time and date** - This includes both the time and date reported and the actual time and date the offense was committed.
 - Trademark** - This includes the M.O. or individual identifying characteristics of the bias incident which may serve to distinguish the offense from others committed in much the same fashion. This element is helpful in connecting a suspect with past incidents.

If a series of bias incidents has occurred, these investigative elements will be crucial in developing an operating pattern and in identifying suspects. This investigative process will also assist in identifying participation of organized hate groups.
8. Conduct surveillance and other appropriate investigative activities in order to obtain additional evidence and to identify suspects.
9. Contact other appropriate law enforcement agencies for assistance, as required.

- Notify the county prosecutor's office as soon as possible, not to exceed 24 hours.
10. Work closely with the county prosecutor to ensure that legally sufficient cases are presented for prosecution.
 11. Assist the victim/witness in obtaining appropriate support services.
 12. Prepare standard investigative reports documenting the bias incident investigation, as appropriate.
 13. Ensure that all confirmed bias incidents are reported to the Uniform Crime Reporting System using Division of State Police Uniform Crime Reporting procedures and report forms.
 14. Assist with community relations activities and crime prevention programs, as appropriate.

Investigators should ensure that all physical remains of the incident are removed after crime scene processing is completed. If the remains cannot be physically carried away (example: paint on walls), the appropriate level of command should attempt to notify building or property owners regarding the need for complete removal as soon as possible after the crime scene has been fully processed.

Community leaders and organizations are important resources during any bias incident investigation. These resources can help to broaden the investigator's understanding of the incident. They can also help to convince uncooperative victims and witnesses to cooperate with investigators and encourage more victims to report bias incidents.

Investigators shall be sensitive to the safety concerns of victims and witnesses, and arrange for appropriate security measures to be implemented to protect persons and property.

9. GUIDELINES FOR CONFIRMING BIAS INCIDENTS

To assist law enforcement officers in confirming whether a suspected bias incident is actually motivated by bias, the following criteria shall be applied. These criteria are not all inclusive. Common sense judgement must also be applied in the final determination.

Motive

1. The absence of any other apparent motive for the bias incident.
2. Display of any bias symbols, words, graffiti or other types of evidence.
3. A common sense review of the facts and circumstances surrounding the incident. Consider the totality of the circumstances. (Review N.J.S.A. 2C:33-11.)
4. How the victim feels about the incident.

5. Statements made by the suspects.
6. Statements made by the witnesses.
7. Prior history of similar incidents in the same area affecting the same victim group.

When the above criteria are applied, it may be helpful to ask the following questions:

1. Is the victim from one racial, religious, or ethnic group and the suspect from another?
2. Did the incident occur solely because of a racial, religious, sexual orientation or ethnic difference between the victim and actor, or for other reasons?
3. Is the victim the only member of a particular race, religion, sexual orientation or ethnic group in the neighborhood or one of a few?
4. Did the victim recently move into the area?
5. Is the victim acquainted with neighbors and/or associated with local community groups?
6. What was the trademark (M.O. of the actor)? Is it similar to other documented bias incidents?
7. Has the victim experienced past or repeated incidents of a similar nature?
8. Is there a connection between the date of the incident and holidays, school activities or other special public discussions or events?
9. Has there been prior or recent media coverage of similar incidents?
10. Is there an ongoing neighborhood problem that may have contributed to the event. (Could the act be retribution for some conflict with neighbors or area juveniles?)
11. Does the M.O. signify a "copy cat" syndrome of other incidents?
12. Is an organized hate group indicated in the incident?
 - a. Is literature involved? What type is it?
 - b. Is there any documented or suspected organized hate group activity in the area?
 - c. Was organized group involvement actually present or made to appear so?
13. Were there real intentions of the actor to commit a bias incident or were there other motives?
14. Does the actor have a true understanding of the impact of the bias incident on the victim?
15. Was the victim put in fear due to the incident?
16. Did the victim feel threatened due to the incident?

If after applying these criteria and asking the appropriate questions, a suspected bias incident cannot be definitely determined to be any other type of incident or is a borderline case, it should be confirmed as a bias incident for continuing investigation purposes.

10. INTER-AGENCY COOPERATION

The overall effectiveness of law enforcement agencies responding to bias incidents can be enhanced through policies which promote inter-agency law enforcement cooperation. The impact that inter-agency cooperation and training can have upon the bias incident problem can be much greater than that of a single agency.

Division of Criminal Justice

The Division of Criminal Justice as part of the Department of Law and Public Safety, under the authority of the Attorney General, has the broad responsibility of overseeing the criminal justice process and the law enforcement function through interaction with various levels of government in order to secure the benefits of a uniform and efficient enforcement of the criminal law and administration of criminal justice.

The Division of Criminal Justice has brought about significant criminal justice reforms through proposing legislative initiatives, and providing law enforcement education and training programs and management assistance to law enforcement. The Division of Criminal Justice also has the expertise and resources to initiate and conduct complex investigations and prosecute all forms of criminal activity.

Located within the Division of Criminal Justice is the Prosecutors Supervisory Section. This section acts as the primary liaison between the Attorney General and the county prosecutors. The Prosecutors Supervisory Section is responsible for assisting in the coordination and monitoring of bias incident investigations. The Prosecutors Supervisory Section also reviews citizen complaints which are directed against a prosecutor's office related to its action and decisions concerning bias incidents.

Also found within the Division of Criminal Justice is the Police Bureau. The Police Bureau is responsible for developing a wide range of training and education programs to law enforcement. The Police Bureau also provides management and technical assistance to law enforcement agencies. The Police Bureau also publishes the Police Management Manual - A Guide for Municipal Police Departments, which contains a chapter covering the development of formal written orders and directives. Upon request of individual law enforcement agencies, presentations will be scheduled for community police relations, bias incident investigation standards and cultural diversity training. The Division of Criminal Justice is located in the Richard J. Hughes Justice Complex, 25 Market Street, CN085, Trenton, NJ 08625-0085 (609) 984-6500

County Prosecutor's Office

The prosecutor is the chief law enforcement officer of the county and is charged with the duty of faithfully enforcing the law by using all reasonable and lawful means to detect, arrest, indict and convict offenders. The prosecutor's duties include providing

county-wide law enforcement leadership and assisting and supplementing law enforcement agencies within ones jurisdiction with personnel and investigative resources, as necessary.

The county prosecutor's office shall be notified of a suspected or confirmed bias incident as soon as possible, not to exceed 24 hours. The county prosecutor's office shall monitor the investigation of all suspected or confirmed bias incidents, within one's jurisdiction, as necessary.

Further, the chief law enforcement executive or a designee shall contact the county prosecutor's office for legal advice and investigative assistance, as necessary.

Division of State Police Central Security Bureau

The Division of State Police, as part of the Department of Law and Public Safety, under the authority of the Attorney General, maintains the Central Security Bureau. It is the responsibility of the Civil Affairs Unit of the Central Security Bureau, Intelligence Services Section to investigate, among other things, bias incidents perpetrated by known hate groups operating in the State of New Jersey.

The Civil Affairs Unit not only investigates these incidents perpetrated by organized hate groups, but also monitors the operational activities of local authorities relative to all such incidents reported. Files pertaining to this activity are maintained and the Bureau periodically contacts reporting agencies regarding these incidents.

The Central Security Bureau is available to assist local and county law enforcement authorities with specific investigations when it is determined that Division of State Police assistance is required. Requests for Division of State Police assistance should be directed to the Supervisor of the Central Security Bureau, Intelligence Services Section.

Bias incidents can occur at anytime, in any place and have the potential to cause large-scale unrest. With this possibility in mind, the Central Security Bureau will continue to monitor communities in order to anticipate or project the potential for such an incident.

Although this problem cannot be completely remedied, constant vigilance is crucial and will continue to remain a priority of the Central Security Bureau.

Guidelines for Notification of Central Security Bureau

The Division of State Police Central Security Bureau has established the following notification procedure to be followed when:

1. A bias incident occurs and an organized hate group is suspected of being

- responsible.
- 2. A bias incident has potential to generate large scale unrest.
- 3. Assistance is requested by local and county law enforcement authorities with the investigation of any bias incident.

Notification of Central Security Bureau

- 1. During normal working hours, the supervisors of the Central Security Bureau can be reached at telephone number (609) 530-5710.
- 2. After normal working hours, holidays and weekends, contact Division of State Police Headquarters at (609) 882-2000 and request that the Supervisor of the Central Security Bureau be contacted.

Division on Civil Rights

The Division on Civil Rights, as part of the Department of Law and Public Safety, under the authority of the Attorney General, is responsible for the enforcement of New Jersey's Law Against Discrimination (N.J.S.A. 10:5-1) and for investigations of violations of this law. Further, the Division on Civil Rights is mandated to eliminate and prevent discrimination and prejudice, and to promote good will among the diverse population of New Jersey.

In 1945, New Jersey adopted a law which established a State agency responsible for addressing discrimination by:

- Employers;
- Employment agencies; and
- Labor organizations

Over the years, New Jersey's anti-discrimination laws have been expanded to include discrimination in:

- Areas relating to employment;
- Housing;
- Public accommodations; and
- Business transactions

In some cases, discrimination matters may be elements of a suspected or confirmed bias incident. Further, reports of a bias incident may later prove to be violations of New Jersey's Law Against Discrimination.

When a law enforcement agency is confronted with suspected or confirmed violations of New Jersey's Law Against Discrimination, the Division on Civil Rights shall be contacted.

Division on Civil Rights Branch Offices

Asbury Park
601 Bangs Avenue, 5th floor
(908) 988-5550

Atlantic City
1548 Atlantic Ave., 2nd floor
(609) 441-3100

Camden
101 Haddon Avenue
(609) 757-2850

Morristown
24 Washington Street
(201) 984-8366

Newark
31 Clinton Street
(201) 648-2700

Paterson
369 Broadway
(201) 977-4500

Trenton
383 West State Street
(609) 292-4605

Vineland
501 Landis Avenue
(609) 696-6837

Division on Civil Rights Inter-Agency Services

In addition to enforcement and investigative responsibilities, the Division on Civil Rights can provide the following services to law enforcement agencies upon request:

- Education and training relating to the Law Against Discrimination.
- Mediation and conciliation of community conflicts relating to bias incidents and discrimination.
- Civil rights sensitivity seminars
- Speakers bureau. (English/Spanish)
- Literature, training, publications and exhibits relating to civil rights and the Law Against Discrimination.
- Twenty-four hour bilingual hotline and mobile information unit.

Many of these services are available in a bilingual format. Additional information about these services and programs can be obtained from Division on Civil Rights branch offices or the Division on Civil Rights administrative office in Trenton.

Community Relations Service United States Department of Justice

The New Jersey Department of Law and Public Safety and the United States Department of Justice, Community Relations Service have a cooperative agreement. The Community Relations Service responds to problems at the request of local officials or representatives of community organizations, as a result of news media reports of tension or conflict, or through other requests. Once the agency becomes involved, it

carefully assesses the situation to determine whether the problem falls within the Community Relations Service's mandate, what the issues are, who the disputing parties are, the level of tension, and other pertinent factors.

Following this process, which includes extensive discussions with public officials and local community leaders, the agency initiates whatever steps are necessary to begin making progress toward bringing about a resolution. The Community Relations Service attempts to resolve conflicts through informal conciliation. However, if the agency and the parties determine that formal negotiations offer the best hope for a settlement, the agency arranges and mediates the negotiations.

Either way, emphasis is placed on helping people find a way to resolve their own differences. The Community Relations Service, which has no law enforcement authority, can impose no settlement on anyone (although it can and does make referrals to appropriate agencies when the situation warrants).

The "disputes, disagreements, or difficulties" to which the agency responds touch practically every aspect of community life. These conflicts range from problems arising over police use of deadly force, school issues, and harassment of minorities by hate groups to those problems uniquely associated with population groups such as Hispanics, Native Americans or Indochinese refugees.

The Agency's approach to all these problems - as an impartial third-party intervenor - is designed to help communities cope with the broad range of changing patterns in racial/ethnic relations. The priority is always to help communities and their residents settle their differences in a way that is equitable for all. There is no cost to communities for this service. The Community Relations Service for the Northeast (Region II) is located at 26 Federal Plaza, Room 3402, New York, New York (212) 264-0700.

11. COMMUNITY RELATIONS

It is the objective of community relations to maintain a strong, cooperative relationship between citizens and law enforcement through planned community-wide programs and open dialogue between law enforcement and the community it serves.

Bias incidents require community relations strategies which integrate the goals and objectives of law enforcement with community needs and concerns.

A greater understanding and cooperation between law enforcement and citizens of the community must be developed in order to prevent bias incidents from occurring. Careful consideration shall be given to developing the specific functions and responsibilities of the police community relations effort.

Officers involved in community relations activities must have knowledge of the composition of the community. Community relations officers must maintain contact with community groups in an effort to understand the needs and interests of the various segments of the community.

An agency initiated community relations program should be designed to offer an opportunity for law enforcement and other public and private agencies and individuals in the community to discover their common goals, interests, problems, ambitions and responsibilities and to work together toward the solution of community problems. In many counties, a Human Relations Commission has been established to create such a forum.

Elements of Police Community Relations

1. Conduct in-service bias incident police community relations training for agency personnel.
2. Publicly announce the agency's bias incident investigation policy. Explain that the public should immediately contact the police when a bias incident occurs.
3. Meet with residents and neighborhood groups in areas where suspected or confirmed bias incidents have occurred (or may potentially occur).
4. Maintain liaison with community leaders, civil groups and social service agencies, religious and professional organizations and public, private and parochial schools.
5. Organize police community relations programs which reflect the needs of the community.
6. Assist in developing cooperative programs which involves the law enforcement agency with other community organizations.
7. Conduct bias incident awareness and education programs in the school system and throughout the community, as appropriate.
8. Coordinate police community relations activities with crime prevention programs.

12. BIAS INCIDENT VICTIM-WITNESS SERVICES

Responding to Victims of Bias Incidents

Bias incidents terrify and damage victims. All of law enforcement should consider these victims as victims of legitimate need who require special consideration. The following guidelines for law enforcement officers reflect victim rights statutes in New Jersey and are designed to ensure that victims of bias incidents receive appropriate service:

Each county prosecutor's office has a Victim-Witness Advocacy Program through which the county victim-witness coordinator and other trained personnel offer

assistance, advice and counseling to victims of or witnesses to crime.

Treatment and Support Services During Criminal Investigation

Applicable to all law enforcement officers:

Information

- Victims shall be informed of their right to submit a written statement about the impact of the crime to a representative of the county prosecutor's office which shall be considered prior to the prosecutor's decision concerning what formal criminal charges will be filed;
- Victims shall be provided with information about the criminal justice process.
 - Brochures about the criminal justice process and victim rights information shall be displayed in police stations.
 - Face to face case specific explanation of system and process shall be provided.
- Victims shall be provided with information about victim compensation.
- Procedures shall be established to ensure that victims are periodically informed of the status and closing of investigations.
 - Victims shall be advised of any arrest, bail and pretrial release as soon as possible.
- Information shall be provided on the status of any property stolen or removed as well as procedures and regulations governing property return.

Treatment

- Accompaniment to line-ups, photo review sessions, body identifications and medical examination required for evidence.
- Victim interviews shall be conducted in as secure, private, and pleasant surroundings as available.
- An interpreter shall be made available when the victim does not speak English.
- The victim shall be allowed to use the telephone at the police station.
- The victim must receive immediate medical care for injuries. If the victim requests medical attention, it shall be provided through:
 - On-site first-aid.
 - Call for ambulance
 - Transport to medical facility
- Procedures shall be established to ensure that medical examinations required for evidence are paid for directly by the law enforcement agency or through eligible claims to the Violent Crimes Compensation Board.
- Every effort shall be made to minimize inconvenience to the victim:
 - Whenever possible, appointments shall be scheduled at the convenience of the victim.

- Victims and witnesses shall not be forced to wait for long periods of time to be interviewed.
- Whenever possible, limitations shall be placed on the number of times the victim must repeat the facts surrounding the offense.
- Property return shall be accomplished within 30 days unless evidentiary requirements prevail (not applicable to firearms).

Protection

- A high priority shall be given to investigating victim reports of threats of intimidation and these reports shall be promptly forwarded to the county prosecutor.
 - Victims and witnesses should be encouraged to report any incident of intimidation or harassment. Victims shall be informed of available responses to intimidation including bail revocation, additional charges, escort to court.
 - Restraining orders should be sought as a condition of bail and prepared with the complaint, as appropriate.

Services

- Crime scene assistance capability to include emergency referrals or direct assistance for:
 - Medical care, shelter, relocation, food, clothing and child care.
- Crisis intervention counseling provided by:
 - Trained in-service personnel
 - 24 hour hotlines
 - Emergency psychiatric services
 - Victim assistance agencies.
- Assistance with completing compensation forms and filing of claim.
- Social service resource directory maintained for referral.
- Referrals to the appropriate county prosecutor's Office of Victim-Witness Advocacy.

13. BIAS INCIDENT CRIME PREVENTION PROGRAMS

Law enforcement agencies shall establish specific crime prevention policies and programs which serve to prevent and suppress bias incidents. *These policies and programs may be integrated into existing crime prevention programs.*

A crime prevention program should be proactive. While it is recognized that all bias incidents cannot be anticipated or prevented, crime prevention services shall be provided for each suspected or confirmed bias incident, as appropriate.

Elements of Bias Incident Crime Prevention Programs

1. Bias incident prevention, education and awareness - to include programs which provide an understanding of the nature and causes of bias incidents and the resulting impact on the victims and the community.
2. Crime analysis - to include the recognition of bias incident crime patterns.
3. Neighborhood Watch - to include identifying the purpose and principles of crime awareness and timely reporting of suspect activity to the police. Presented through lectures with handout literature and informational displays.
4. Residential security - to include discussion of physical security measures and conducting on-site residential security surveys. (With handout literature and information displays.)
5. Commercial, institutional and school security - to include discussion of physical security measures and the conducting of on-site commercial, institutional and school security surveys. (With handout literature and information displays.)
6. Environmental design techniques - to include target hardening and lighting considerations for existing buildings and new construction.
7. Criminal mischief prevention - to include discussion of vandalism prevention through security measures and juvenile/adult education.
8. Personal protection procedures - to include crime avoidance and confrontation response procedures.
9. Crime prevention for senior citizens - to include identifying crimes to which older persons are particularly vulnerable and discussion of crime prevention measures for senior citizens.

Bias Crime Juvenile Diversion Program

Many of the offenders apprehended for committing hate/violence acts are young people ages 13-17. Each county, under the auspices of the county prosecutor and in conjunction with local police chiefs and other community leaders, shall develop intervention programs for appropriate cases involving juveniles apprehended for committing hate/violence crime acts. These should be designed to demonstrate that hate-motivated behavior will not be tolerated in New Jersey. It should also be designed to teach the juvenile to understand the legal consequences of their criminal behavior. Programs must address the motivation for such acts but, at the same time, must not ignore the punitive element. It is recommended that programs utilize a strong

educational curriculum, community service work and, if possible, the use of positive teen role models who provide feedback that this behavior is not condoned. Additionally, it is recommended that all programs require the participation of the juvenile, and the parent(s) or guardian(s) whenever possible.

14. TRAINING

Training and education are an important part of contemporary law enforcement efforts.

Law enforcement chief executives must ensure that all law enforcement officers under their command receive appropriate training in each operational area set forth in these standards.

The *Division of Criminal Justice-Police Training Commission-Agency Training Manual* contains a section entitled "Guidelines for Determining Training Needs." This document should be used to plan and implement law enforcement training programs. Individual copies of this document are available from the *Division of Criminal Justice-Police Bureau*.

Basic Course

The Basic Training Course for Police Officers is based on performance objectives formulated after a task analysis study was conducted to identify the duties performed by law enforcement officers. Management of the basic course is the responsibility of the Division of Criminal Justice-Police Bureau.

The basic course contains functional training areas which relate to bias incidents. Functional training areas cover the basic elements of criminal investigation, arrest, search and seizure, criminal law, victims of violent crimes and police community relations. The police community relations functional area includes police responsibility to provide community service, crime prevention, referrals to other service agencies, minority subcultures, youth relations, handling individuals with special needs, crisis intervention and awareness of emotional reactions.

Training regarding the Attorney General's **Bias Incident Investigation Standards** has been included in the Basic Course for Police Officers since February 26, 1988. Training on this subject was included in the Instructor Resources for use at commission-approved schools and in the agency training manuals distributed to all municipal and county police agencies throughout the state. Training material on this subject was also included in the Instructor Resources for the Basic Course for Investigators conducted at two commission-approved schools and in the agency training manuals for this course distributed to county prosecutor's offices as of June 15, 1989.

Appropriate functional areas from the basic training course can be obtained from county police academies or the Division of Criminal Justice-Police Bureau for use by law enforcement agencies to conduct in-service training.

In-service Training

Providing for adequate in-service training programs based on the needs of a law enforcement agency can improve performance levels and contribute to the proper functioning of the agency.

Following the implementation of these standards, the *Division of Criminal Justice-Police Bureau* conducted orientation programs for law enforcement officers throughout the state. It became apparent during these seminars that a need existed to develop further training for law enforcement officers to better understand and recognize cultural diversities existing in their communities.

As a result, a joint effort was initiated within the Department of Law and Public Safety to develop and present cultural diversity training for law enforcement officers. The Divisions of Criminal Justice, Civil Rights and State Police worked together and presented cultural diversity/bias crimes training on a request basis throughout the state.

In conjunction with this effort, the Anti-Defamation League of B'nai B'rith (ADL) developed a training video initiative entitled "HATE CRIME - A Training Video for Police Officers." This videotape was used in conjunction with the statewide training effort. Copies of the videotape have been provided to law enforcement agencies throughout the state, and it can be used as an effective training aid for roll call or refresher training.

At the present time the Divisions of Criminal Justice and State Police are in the process of presenting train-the-trainer programs on police professionalism and cultural diversity awareness throughout the state. It is anticipated that when this program is completed, a cadre of local and county law enforcement trainers will be available to assist law enforcement agencies in presenting appropriate in-service training programs.

Questions regarding law enforcement training should be directed to the *Division of Criminal Justice-Police Bureau*.

*THIS SECTION PREPARED BY THE
DIVISION OF CRIMINAL JUSTICE*

This section has not been reviewed or endorsed by the Judiciary.

A. INTRODUCTION

DOMESTIC VIOLENCE STANDARDS

Domestic violence, a serious crime against society, must be affirmatively addressed by both law enforcement and the courts so that the victims and society are protected.

Prescribed procedures are necessary so that both law enforcement officers and the courts can promptly and effectively respond to domestic violence cases.

Because of the diversity of police resources in this State, county prosecutors, who are the chief law enforcement officers of their counties, should be responsible for procedures used in all the law enforcement agencies of their counties.

To promote uniformity in police response statewide, the county response procedure should conform to the format of the attached Standard.

The General Guidelines on Police Response in Domestic Violence Cases, promulgated by the Attorney General on April 12, 1988 have been expanded and revised. The revised Guidelines have been incorporated into this Standard.

The response procedures to be developed by county prosecutors for law enforcement officers should then be included in this Domestic Violence Procedures Manual. The Manual was jointly developed by the Administrative Office of the Courts and a committee of law enforcement officials convened by the Attorney General.

The Manual is intended to secure appropriate responses to domestic violence in this State. The unique unified approach will assure prompt assistance to the victims of domestic violence **and** demonstrate New Jersey's resolve that violent behavior will not be tolerated in public or in private.

Any questions regarding law enforcement procedures should be directed to the Division of Criminal Justice, Prosecutors Supervision and Coordination Bureau, Justice Complex, Trenton.

PERFORMANCE STANDARDS

GOAL: The goal of this standard is to establish procedures for the proper and consistent handling of domestic violence incidents. The procedures will be established by the county prosecutor or by municipal law enforcement agencies as needed. Exceptions will be made for municipal law enforcement agencies as approved by the county prosecutor.

3. DOMESTIC VIOLENCE

- 3.1 Domestic violence policy and procedures. The agency shall adopt specific procedures for the handling of domestic violence and codify these procedures through policy.
 - 3.1.1 The agency shall develop and implement written policy governing the handling of domestic violence incidents.
 - 3.1.2 The agency shall develop and implement specific procedures for:
 - A. Response to domestic violence incidents;
 - B. Receipt and processing of domestic violence complaints and restraining orders;
 - C. Domestic violence arrests;
 - D. Weapons relating to domestic violence complaints and restraining orders;
 - E. Reporting of domestic violence incidents;
 - F. Training of officers in response to domestic violence incidents.
 - 3.1.3 The agency shall clearly define and explain all relevant terms used in its domestic violence policy, including but not limited to:
 - A. Domestic violence;
 - B. Victim of domestic violence.
 - 3.1.4 The agency shall insure that its domestic violence policy and procedures are in compliance with United States Constitution, New Jersey Constitution and statutes, court decisions, and Attorney General and county prosecutor directives and guidelines.

- 3.2 Response to domestic violence incidents. The agency shall have clear policy and procedures on the response to domestic violence incidents realizing the importance and potential for additional violence of such incidents.
- 3.2.1 The agency shall insure that all allegations of domestic violence are responded ~~to~~ promptly and investigated thoroughly.
- 3.2.2 The agency shall insure that the safety of the victim and all individuals at the scene of domestic violence, including the officers, is ~~of~~ primary concern.
- 3.2.3 The agency shall insure that victims are notified of their domestic violence rights as required by statute.
- 3.2.4 The agency shall insure that all officers who respond to domestic violence incidents shall have available current and accurate information for referrals to appropriate social service agencies.
- 3.2.5 The agency shall establish or participate in an established domestic violence crisis team.
- 3.3 Receipt and processing of domestic violence complaints. When domestic violence incidents generate criminal ~~or~~ civil domestic violence complaints, or both, the processing of those complaints shall be explicitly defined.
- 3.3.1 The agency shall specify the procedure to be followed in filing of criminal charges stemming ~~from~~ domestic violence incidents.
- 3.3.2 The agency shall specify the procedure to be followed in accepting and processing domestic violence complaints at times when the Superior Court, Family Division, is open.
- 3.3.3 The agency shall specify the procedure to be followed in accepting ~~and~~ processing domestic violence complaints at times when the Superior Court, Family Division, is closed but the Municipal Court is open.
- 3.3.4 The agency shall specify the procedure to be followed in accepting and processing domestic violence complaints at times when the Superior Court, Family Division and the Municipal Court are closed.
- 3.4 Domestic violence arrests. The agency shall delineate, in accordance with United States Constitution, New Jersey Constitution and statutes, court decisions, and Attorney General and county prosecutor directives and guidelines, those domestic violence incidents in which the arrest of the actor is mandatory.

- 3.4.1 The agency shall specify those domestic violence incidents which require mandatory arrests:
 - A. Act involving signs of injury;
 - B. Violation of a restraining order;
 - C. A warrant is in effect;
 - D. There is probable cause to believe a weapon was involved in the act of domestic violence.
- 3.4.2 The agency shall specify those domestic violence incidents in which arrest is discretionary.
- 3.4.3 The agency shall clearly delineate the procedure to be followed in cases involving violation of an existing restraining order.
- 3.4.4 The agency shall specify the procedure to be followed in processing an arrest for domestic violence, including:
 - A. Signing of complaint;
 - B. Fingerprinting;
 - C. Photographing;
 - D. Bail.
- 3.4.5 The agency shall specify the procedure to be followed when a charge of domestic violence is filed against a law enforcement officer.
- 3.5 Weapons relating to domestic violence incidents. The agency shall identify the procedures to be followed by officers when weapons are involved in domestic violence incidents, in accordance with United States Constitution, New Jersey Constitution and statutes, court decisions, and Attorney General and county prosecutor directives and guidelines, and accepted police practice.
 - 3.5.1 The agency shall specify the procedures to be followed by investigating officers when:
 - A. Weapon(s) are used or threatened to be used in the domestic violence incident;
 - B. Weapon(s) are not used in the domestic violence incident but are in plain view to the officer;

- C. Weapon(s) are not used in the domestic violence incident, are not in plain view to the officer, but the officer has reason to believe that weapon(s) are present in the household.
- 3.6 Reporting of domestic violence incidents. The agency shall fully document all complaints of and responses to domestic violence incidents.
 - 3.6.1 The agency shall insure that all domestic violence incidents are fully recorded and documented within the departmental reporting system.
 - 3.6.2 The agency shall insure that all domestic violence incidents are reported in accordance with state statute. This includes, but is not limited to, completion and submission of the UCR DV#1 form or its electronic data equivalent.
- 3.7 Training. The agency shall train its officers in the handling of domestic violence incidents as a matter of policy and procedure, and also from the standpoint of proper police protocol.
 - 3.7.1 The agency shall provide for the training of all officers in the appropriate handling, investigation and response procedures concerning reports of domestic violence.

B. GUIDELINES ON POLICE RESPONSE PROCEDURES IN DOMESTIC VIOLENCE CASES

Introduction. These general guidelines consolidate the police response procedures for domestic violence cases, including abuse and neglect of the elderly and disabled, based on State law, **Court** Rules, and prior editions of the Domestic Violence Procedures Manual which was jointly prepared by the New Jersey Supreme Court and the Attorney General through the Division of Criminal Justice.

3.8 Mandatory Arrest

3.8.1 A police officer must arrest and take into custody a domestic violence suspect and must sign the criminal complaint against that person if there exists probable cause to believe an act of domestic violence has occurred and

3.8.2 The victim exhibits signs of injury caused by an act of domestic violence. *N.J.S.A. 2C:25-21a(1)*.

A. The word, "exhibits," is to be liberally construed to mean any indication that a victim has suffered bodily injury, which shall include physical pain or impairment of physical condition. Probable cause to arrest also may be established when the police officer observes manifestations of an internal injury suffered by the victim. *N.J.S.A. 2C:25-21c(1)*

B. Where the victim exhibits no visible sign of injury, but states that an injury has occurred, the officer should consider other relevant factors in determining whether there is probable cause to make an arrest. *N.J.S.A. 2C:25-21c(1)*

C. In determining which party in a domestic violence incident is the victim where both parties exhibit signs of injury, the officer should consider:

1. the comparative extent of injuries suffered;
2. the history of domestic violence between the parties, if any;
3. the presence of wounds associated with defense, or considered defensive wounds; or
4. other relevant factors, including checking the DV Central Registry. *N.J.S.A. 2C:25-21c(2)*.
5. **NOTE:** The investigating officer must insure that "[n]o victim shall be denied relief or arrested or charged under this act with an

offense because the victim used reasonable force in self-defense against domestic violence by an attacker." *N.J.S.A. 2C:25-21c(3)*.

D. If the officer arrests both parties, when each exhibit signs of injury, the officer should explain in the incident report the basis for the officer's action and the probable cause to substantiate the charges against each party.

E. Police shall follow standard procedures in rendering or summoning emergency treatment for the victim, if required.

3.8.3 There is probable cause to believe that the terms of a **TRO** have been violated. If the victim does not have a copy of the restraining order, the officer may verify the existence of an order with the appropriate law enforcement agency. The officer should check the DVCR. *N.J.S.A. 2C:25-21(a)(3)*

3.8.4 A warrant is in effect. *N.J.S.A. 2C:25-21a(2)*

3.8.5 There is probable cause to believe that a weapon as defined in *N.J.S.A. 2C:39-1r* has been involved in the commission of an act of domestic violence. *N.J.S.A. 25-21a(4)*

3.9. DISCRETIONARY ARREST.

3.9.1 A police officer may arrest a person or may sign a criminal complaint against that person, or may do both, where there is probable cause to believe that an act of domestic violence has been committed but none of the conditions in Section. 3.8 above applies. *N.J.S.A. 2C:25-21b*

In any situation when domestic violence may be an issue, but there's no probable cause for arrest and the victim does not wish to file a TRO, the police officers must give and explain to the victim the domestic violence notice of rights as contained in the Victim Notification Form. *N.J.S.A. 2C:25-23*

3.10 SEIZURE OF WEAPONS.

3.10.1 Seizure of a Weapon for Safekeeping.

A police officer who has probable cause to believe that **an** act of domestic violence has been committed shall pursuant to *N.J.S.A. 2C:25-21d(1)*:

- A. Question all persons present to determine whether there are weapons, as defined in *N.J.S.A. 2C:39-1r*, on the premises. *N.J.S.A. 25:21d(1)(a)*
 - B. If an officer sees or learns that a weapon is present within the premises of a domestic violence incident and reasonably believes that the weapon would expose the victim to a risk of serious bodily injury, the officer shall attempt to gain possession of the weapon. If a law enforcement officer seizes any firearm, the officer shall also seize any firearm purchaser identification card or permit to purchase a handgun issued to the person accused of the act of domestic violence. *N.J.S.A. 2C:25-21d(1)(b)*
 - C. If the weapon is in plain view, the officer should seize the weapon.
 - D. If the weapon is not in plain view but is located within the premises possessed by the domestic violence victim or jointly possessed by both the domestic violence assailant and the domestic violence victim, the officer should obtain the consent, preferably in writing, of the domestic violence victim to search for and to seize the weapon.
 - E. If the weapon is not located within the premises possessed by the domestic violence victim or jointly possessed by the domestic violence victim and domestic violence assailant but is located **upon** other premises, the officer should attempt to obtain possession of the weapon **from** the possessor of the weapon, either the domestic violence assailant or a third party, by a voluntary surrender **of** the weapon.
 - F. If the domestic violence assailant or the possessor **of** the weapon refuses to surrender the weapon or to allow the officer to enter the premises to search for the named weapon, the officer should obtain a Domestic Violence Warrant for the Search and Seizure **of** Weapons. [See Appendix 19]
- 3.10.2 Seizure of a Weapon Pursuant to Court Order. *N.J.S.A. 2C:25-26* and *N.J.S.A. 2C:25-28j*.
- A. If a domestic violence Victim obtains a TRO or FRO directing that the domestic violence assailant surrender a named weapon, the officer should demand that the person surrender the named weapon.
 - B. If the domestic violence assailant or the possessor of the weapon refuses to surrender the weapon, the officer should:
 - 1. inform the person that the court order authorizes a search and seizure of the premises for the named weapon, and

2. arrest the person, if the person refuses to surrender the named weapon, for failing to comply with the court order. *N.J.S.A. 2C:29-9*, and
 3. conduct a search of the named premises for the named weapon.
- 3.10.3. The officer must append an inventory of seized weapons to the domestic violence offense report. *N.J.S.A. 2C:25-21d(2)*
- 3.10.4 Weapons seized by a police officer, along with any seized firearms identification card or permit to purchase a handgun, must be promptly delivered to the county prosecutor along with a copy of the domestic violence offense report and, where applicable, the domestic violence complaint and temporary restraining order. *N.J.S.A. 2C:25-21d(2)*

3.11 DOMESTIC VIOLENCE COMPLAINT PROCESS.

DEFINITIONS USED IN THIS SECTION

- A. Domestic Violence Civil Complaint means the multi page application and temporary restraining order issued by the Superior or Municipal Court. See Section 1.6. Referred to as TRO/Complaint.
 - B. Criminal Complaint refers to the criminal charges placed on a CDR-1 (summons) or CDR-2 (warrant). See Section 1.2.
- 3.11.1 Notice. When a police officer responds to a call of a domestic violence incident, the officer must give and explain to the victim the domestic violence notice of rights which advises the victim of available court action. *N.J.S.A. 2C:25-23*. The victim may file:
- A. A Complaint/TRO alleging the defendant committed an act of domestic violence and asking for court assistance to prevent its recurrence by asking for a temporary restraining court order (TRO) or other relief;
 - B. A criminal complaint alleging the defendant committed a criminal act. See Section, 3.8 Mandatory Arrest above as to when a police officer must sign the criminal complaint (CDR-1 (summons) or CDR-2 (warrant).); or
 - C. Both of the above.
- 3.11.2 Jurisdiction for filing domestic violence Complaint/TRO by the victim. *N.J.S.A. 2C:25-28 -*
- A. During regular court hours,

1. The victim should be transported or directed to the Family Part of Superior Court. See Section 4.2.
2. Where transportation of the victim to the Superior Court is not feasible, the officer should contact the designated court by telephone for **an** emergent temporary restraining order in accordance with established procedure.

B. On weekends, holidays and other times when the court is closed,

1. The victim may file the domestic violence complaint with the police and request a TRO from a Municipal Court Judge specifically assigned to accept these complaints. *N.J.S.A. 2C:25-28a*.

C. The victim may file a domestic violence complaint *.N.J.S.A. 2C:25-28a*:

1. where the alleged act of domestic violence occurred,
2. where the defendant resides, or
3. where the victim resides or is sheltered.

3.11.3. Jurisdiction for filing criminal complaint (CDR-1 or CDR-2) by the victim in connection with filing domestic violence complaint.

A. A criminal complaint may be filed against the defendant in locations indicated in Paragraph 3.11.2 C above.

B. A criminal complaint filed pursuant to Paragraph 3.11.2 A above shall be investigated and prosecuted in the jurisdiction where the offense is alleged to have occurred.

3.11.4 Jurisdiction for filing a criminal complaint but no accompanying domestic violence complaint.

A. The victim may file a criminal complaint as stated in section 3.11.2 C above.

B. If the criminal complaint is filed in a jurisdiction other than where the offense occurred, the law enforcement agency shall take appropriate photographs and statement of the victim and shall immediately contact the law enforcement agency where the offense occurred and shall immediately transmit by facsimile or by hand delivery those documents to

the law enforcement agency where the offense occurred. That law enforcement agency shall prepare the appropriate criminal complaint and present the complaint to a judicial officer for appropriate action. Where a victim has exhibited signs of physical injury, the agency receiving the documentation shall arrest the suspect in accordance with existing domestic violence procedure.

- C. If the police officer believes that a no-contact order should be issued, **as** a condition of bail, the officer should **inform** the court of the circumstances justifying such request when the criminal complaint is being processed and bail is about to be set. The officer should include in the domestic violence offense report the reasons for the request and the court's disposition of the request.
- D. If the officer believes that weapons should be seized, the officer should inform the court of the circumstances justifying such request that as a condition of bail, the defendant's weapons must be surrendered to the police for safe-keeping. All weapons seized must be safely secured or turned over to the county prosecutor.

3.11.5 Victim Notification Form [see appendix 5]

- A. When either a criminal or domestic violence complaint is signed, a Victim Notification Form is to be completed by the person assisting the victim, either the police officer or other appropriate staff.
- B. The victim should be informed that, for the victim's protection, the prosecutor or the court must have the ability to contact the victim on short notice to inform the victim about the defendant's
 - 1. impending release **from** custody, or
 - 2. application to reduce bail.
- C. The victim should be provided with the telephone number of the
 - 1. Victim Witness Unit of the Prosecutor's Office when a criminal complaint or domestic violence contempt complaint is signed, or
 - 2. Family Division Domestic Violence Unit when a domestic violence complaint is signed.
- D. The victim should be instructed to contact the appropriate office to provide new telephone numbers if the victim changes telephone numbers

from the numbers listed on the Victim Notification Form.

- E. Whenever a defendant charged with a crime or an offense involving domestic violence is released from custody the prosecuting agency shall notify the victim immediately.

3.12. PROCEDURE FOR FILING REPORTS.

- 3.12.1 A copy of the domestic violence offense report and Victim Notification Form must be attached to all criminal complaints and to the TRO when these documents are forwarded to the appropriate court. *N.J.S.A. 2C:25-24a*

3.13 TEMPORARY RESTRAINING COURT ORDERS.

- 3.13.1. When a victim requests a court order, the officer shall contact the designated judge by telephone, radio or other means of electronic communication. The officer should:
 - A. Assist the victim in preparing the complaint and a statement to be made to the judge.
 - B. Explain that the judge will place the person under oath and will ask questions about the incident.
 - C. If the judge issues a temporary restraining order, the police officer will be instructed to enter the judge's authorization on a prescribed form.
 - D. The officer also will be instructed to print the judge's name on the temporary restraining order.
 - E. The officer also will be instructed to serve the TRO upon the alleged offender.

3.14 SERVICE OF TEMPORARY RESTRAINING ORDER

- 3.14.1 When the victim obtains a restraining order but the defendant had not been arrested by police and is present at the scene, the officer should:
 - A. Escort the victim to his or her home.
 - B. Read the conditions of the court order to the defendant if the defendant is present.
 - C. Order the defendant to vacate the premises, where that is part of the Order.

D. Give the defendant a reasonable period of time to gather personal belongings, unless the court order includes specific limits on time or duration. *N.J.S.A. 2C:25-28k*. The officer shall remain with the defendant as he or she gathers personal belongings pursuant to the terms of the temporary restraining order

E. Arrest the defendant if required by the TRO or if defendant refuses to comply with the order.

3.14.2 Where a TRO had been issued but was not served upon the defendant because the defendant could not then be located but the defendant is now at the scene, police should follow Paragraphs **3.14.1 A-E**.

3.14.3 When a temporary or final restraining order is issued that requires service outside the issuing county,

A. The restraining order, along with the complaint and any other relevant documents (e.g. search warrant, etc.) must immediately be brought or transmitted by facsimile to the sheriff's department in the issuing county.

1. The sheriff's department in the issuing county must similarly bring or transmit by facsimile the order and related documents to the sheriff's department in the county of the defendant's residence or business.

2. The sheriff's department in the receiving county, pursuant to local policy, will either

a. execute service on the defendant or

b. will immediately bring or transmit by facsimile the order and related documents to the police department in the municipality in which the defendant resides or works so that it can execute service accordingly.

3. The return of service should then be transmitted by facsimile back to the sheriff's department in the issuing county, which in turn must immediately deliver or transmit by facsimile the return of service to the Family Division in the issuing county.

B. When the service of a restraining order results in the seizure of weapons:

1. The weapons inventory should be attached to the return of service that is brought or transmitted by facsimile back to the issuing county.

2. The weapons themselves, along with any licenses, I.D. cards, or other paperwork or documentation shall be secured by the prosecutor in the seizing county for storage. At such time that the seized property is needed by the prosecutor or Family Division in the issuing county, the prosecutor in the seizing county shall forward same.

C. Once service on the defendant is attempted, successfully or unsuccessfully, the return of service portion of the TRO must be filled out by the police or sheriff's department and immediately returned to the Family Division **prior** to the scheduled final hearing date.

3.15 COURT ORDER VIOLATIONS.

3.15.1. Where a police officer determines that a party has violated an existing restraining order either by committing a new act of domestic violence or by violating the terms of a court order, the officer must

A. Arrest and transport the defendant to the police station.

B. Sign a criminal contempt charge concerning the incident on a complaint-warrant (CDR-2).

C. The officer should sign a criminal complaint for all related criminal offenses. (The criminal charges should be listed on the same criminal complaint (CDR-2) form that contain the contempt charge.)

D. Telephone, communicate in person or by facsimile with the appropriate judge or bail unit and request bail be set on the contempt charge. *N.J.S.A. 2C:25-31b.*

1. During regular court hours, bail should be set by the emergent duty Superior Court judge that day. *N.J.S.A. 2C:25-31d.*

2. On weekends, holidays and other times when the court is closed, bail should be set by the designated emergent duty Superior Court judge except in those counties where a Municipal Court judge has been authorized to set bail for non-indictable contempt charges by the assignment judge.

3. When bail is set by a judge when the courts are closed, the officer shall manage to have the clerk of the Family Part notified on the next working day of the new complaint, the amount of bail, the defendant's whereabouts and all other necessary details. *N.J.S.A. 2C:25-25-31d.*

4. If a Municipal Court judge sets the bail, the arresting officer shall notify the clerk of that Municipal Court of this information. *N.J.S.A. 2C:25-31d.*
5. The DVCR must be checked prior to bail being set. *N.J.S.A. 2C:25-31a.*
- E. If the defendant is unable to post bail, take appropriate steps to have the defendant incarcerated at police headquarters or the county jail. *N.J.S.A. 2C:25-31c.*
- 3.15.2 Where the officer deems there is no probable cause to arrest or sign a criminal complaint against the defendant for a violation of a TRO, the officer must advise the victim of the procedure for completing and signing a
 - A. Criminal complaint alleging a violation of the court order. *N.J.S.A. 2C:25-32*
 1. During regular court hours, the officer should advise the victim that the complaint must be filed with the Family ~~Part~~ of the Chancery Division of Superior Court. *N.J.S.A. 2C:25-32*
 2. On weekends, holidays and other hours when the court is closed.
 - a. the officer should transport or arrange for transportation to have the victim taken to headquarters to sign the complaint;
 - b. the alleged offender shall be charged with contempt of a domestic violence restraining court order. *N.J.S.A. 2C:29-9;*
 - c. the officer in charge shall check the DVCR prior to contacting the on duty Superior Court Judge for a probable cause determination for the issuance of the criminal complaint. If the judge finds sufficient probable cause for the charges, the officer must prepare a complaint-warrant (CDR-2).
 - d. the officer in charge shall follow standard police procedure in arranging to have a court set bail.
 - e. the officer who had determined that there was no probable cause to arrest or sign a criminal complaint

against the defendant for a violation of a TRO must articulate in the officer's incident report the reasons for the officer's conclusions.

- B. Civil complaint against the defendant for violations of a court order pertaining to support or monetary compensation, custody, visitation or counseling. The victim should be referred to the Family Division Domestic Violence Unit to pursue enforcement of litigant's rights.

3.16 CRIMINAL OFFENSES AGAINST THE ELDERLY AND DISABLED.

- 3.16.1 Where an elderly or disabled person is subjected to a criminal offense listed **as** an act of domestic violence, police shall follow the appropriate procedure listed above.
- 3.16.2 Where the actions or omissions against an elderly or disabled person do not meet the domestic violence conditions, police may file appropriate criminal charges against the offender.
- 3.16.3 A person may be charged with Endangering the Welfare of the Elderly or Disabled, *N.J.S.A. 2C:24-8*, if the person has a legal duty to care for or has assumed continuing responsibility for the care of a person who is:
 - A. 60 years of age or older, or
 - B. emotionally, psychologically or physically disabled, and
 - C. the person unreasonably neglects or fails to permit to be done any act necessary for the physical or mental health of the elderly or disabled **person.**

3.17 Guidelines on Prosecutorial Procedure Regarding Weapons Seized in Domestic Violence Cases

Introduction. These general guidelines outline the procedure a County Prosecutor should establish regarding the disposition of weapons seized in domestic violence cases.

3.17.1. Seizure of Weapons Used in Commission of a Criminal Offense.

Any weapon used in the commission of a criminal offense or is contraband or evidence of criminal activity shall be seized by police and processed in accordance with established procedures for the handling of such evidence.

3.17.2. Seizure of Weapons for Safekeeping Purposes.

Any weapon seized by police in a domestic violence incident pursuant to *N.J.S.A. 2C:25-21d* cannot be returned to the owner by the police.

A. The police must promptly deliver to the County Prosecutor's Office:

1. the weapon involved in a domestic violence incident; along with any seized firearms identification card or permit to purchase a handgun;
2. the domestic violence offense report which includes an inventory of all weapons seized, and
3. where applicable, a copy of the TRO or FRO, the criminal complaint, the Victim Notification Form and the police incident report.
4. where seizure of weapons is pursuant to a TRO or FRO, the weapon inventory should also be forwarded to the Family Division Domestic Violence Unit.

B. When a weapon was seized at the scene pursuant to *N.J.S.A. 2C:25-21d*,

1. the County Prosecutor shall determine within 45 days of the seizure:
 - a. whether the weapon should be returned to the owner of the weapon, or
 - b. whether to institute legal action against the owner of the weapon.
2. If the County Prosecutor determines not to institute action to seize the weapon and does not institute an action within 45 days of seizure, the seized weapon shall be returned to the owner. *N.J.S.A. 2C:25-21d(3)*.
3. If the County Prosecutor determines to institute action to seize the weapon, the Prosecutor shall, with notice to the owner of the weapon,
 - a. file a petition with the Family Part of the Superior Court, Chancery Division, to obtain title to the weapon, or

b. seek revocation of any firearms identification card, permit to purchase a handgun, or any other permit, license and other authorization for the use, possession, or ownership of such weapons. (See *N.J.S.A. 2C:58-3f, 2C:58-4f* and/or *2C:58-5* governing such use, possession, or ownership).
or

c. object to the return of the weapon on such grounds:

(1) as are provided for the initial rejection or later revocation of the authorizations pursuant to *N.J.S.A. 2C:58-3c*; or

(2) that the owner is unfit or that the owner poses a threat to the public in general **or** a person or persons in particular; or

(3) seek a court order that defendant must dispose of the weapons by sale or transfer to a person legally entitled to take possession of the weapons.

C. Any weapon seized by police:

1. pursuant to a temporary or final domestic violence restraining order, or

2. pursuant to a Domestic Violence Warrant for the Search & Seizure **of** Weapons, or

3. **as** a condition of bail for a criminal offense involving domestic violence,

should be returned to the owner **by** the appropriate **court** specifically authorizing the return of the weapon if the order or criminal complaint is in effect. If the order or complaint is withdrawn or dismissed prior to a hearing, the provisions in Paragraph. 3.17.2B2 *supra*, should be followed.

3.17.3 Seizure of Weapons Outside the County Where the Domestic Violence Restraining Order Was Issued.

When the service of a domestic violence restraining order results in the seizure of weapons.

- A. the weapons inventory should be attached to the return of service that is brought or transmitted by facsimile back to the issuing county.
- B. the weapons themselves, along with any firearms identification card, purchasers permit, licenses, identification cards, or other paperwork or documentation shall be secured by the County Prosecutor in the seizing county for storage. At such time that the seized property is needed by the County Prosecutor or Family Division in the issuing county, the Prosecutor in the seizing county shall make arrangements for the delivery of same.

3.17.4 Seizure of Weapons from Law Enforcement Officers Involved in a Domestic Violence Incident. See Attorney General Directives 2000-3 and 2000-4 (Appendix 17)

When a law enforcement officer, who is authorized to carry weapons pursuant to *N.J.S.A. 2C:39-6*, is involved in an act of domestic violence, the seizure of weapons shall be governed by the Attorney Generals Directives 2000-3 and 2000-4. (See Appendix 17.)¹

- A. If a law enforcement officer is required by departmental regulations to personally purchase his or her official duty firearm, that firearm shall be considered the same as if it had been departmentally issued for purposes of applying the provisions of the Attorney General Directives 2000-3 and 2000-4 and the provisions of the federal gun control law, *18 U.S.C.A. 922(g)*.
- C. When a personal firearm is seized from a member of a state law enforcement officer, which includes members of the State Police, the State Department of Corrections, the Division of Criminal Justice, Rutgers University Campus Police, state college and university police, N.J. Transit Police, Division of Parole, Juvenile Justice Commission, Human Services Police, any officer of Fish, Game and Wildlife

¹ The Directives are similar in content: Directive 2000-3 *Revision to August 14, 1995, Directive Implementing Procedures for the Seizure of Weapons from Municipal and County Law Enforcement Officers* is applicable to municipal and county law enforcement and requires the county prosecutor to investigate whether a police officer, having his firearms seized pursuant to the Prevention of Domestic Violence Act of 1990, should and under what conditions, would have his firearms, agency owned and personal, returned to him. Directive 2000-4, *Revision to August 14, 1995, Directive Implementing Procedures for the Seizure of Weapons from All State Law Enforcement Officers Involved in Domestic Violence Incidents* places the responsibility of determining the conditions upon which a state law enforcement officer would have his right to carry a firearm restored with the Division of Criminal Justice.

authorized to carry a firearm, State Commission of Investigation, and Division of Taxation;

1. the county Prosecutor's Office must inform the Division of Criminal Justice whether it will or will not institute forfeiture proceedings pursuant to *N.J.S.A. 2C:25-21d* for the seizure of the member's approved off-duty firearms and ~~other~~ personally owned firearms,
2. the Division of Criminal Justice will determine whether that officer shall be authorized to carry that firearm or any firearm either on duty or off duty and whether conditions should be imposed for such authorization pursuant to the Attorney General Directive 2000-4 at IVD.
3. the Division of Criminal Justice will inform the County Prosecutor's Office of its decision whether that officer would be authorized **to** carry a firearm either on duty or off duty and whether conditions had been imposed for carrying a firearm.

3.17.5 Restrictions on Return of Firearms.

- A. If a final domestic violence restraining order is issued pursuant to the provisions of both New Jersey and federal gun control laws, *N.J.S.A. 2C:39-7b(3) & 18 U.S.C.A. 922(g)*, the named defendant shall not be permitted to possess, purchase, own, or control any firearm for the duration of the order or for two years, whichever is greater. *N.J.S.A. 2C:25-29b*
- B. If a law enforcement officer is subject to a temporary or final restraining order issued pursuant to the provisions of both New Jersey and federal gun control laws, *N.J.S.A. 2C:39-7b(3) & 18 U.S.C.A. 922(g)* and sec 925, the County Prosecutor may permit a municipal or county police officer to be armed while actually on duty provided that the restraining order specifically permits the possession of a firearm on duty, and the firearm is issued to the officer upon reporting for a scheduled tour of duty and surrendered upon completion of the tour of duty. In the event a state law enforcement officer is subject to a final restraining order, the Attorney General, by the Division of Criminal Justice, may permit a subject officer to be armed while on duty provided said restraining order specifically permits, and the firearm is issued to the officer upon reporting for a scheduled tour of duty and surrendered upon completion of the tour of duty.
- C. A law enforcement officer who has been convicted of a misdemeanor domestic violence offense anywhere in the nation is prohibited from possessing a firearm pursuant to 18 *U.S.C. 922(g)(8)*. This federal law applies to offenses that have as an element (1) the use or attempted use of physical force, or (2) the threatened use of a deadly weapon. Under New Jersey law, a disqualifying offense would

USE OF FORCE

Attorney General's Use of Force Policy

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Preface

The provisions of this revised policy are a product of the collective efforts and judgment of the New Jersey Use of Force Advisory Committee. Throughout the deliberation process, each member of the committee worked conscientiously to reach a consensus in this area of critical importance to law enforcement officers and the citizens of this state. The New Jersey Use of Force Advisory Committee realized that the law alone could not achieve the goal of properly guiding the use of force by the police. The letter of the law needed to be supplemented with clear policy guidance designed to prepare officers to react appropriately when confronted with a use of force situation.

Policy

Sworn law enforcement officers have been granted the extraordinary authority to use force when necessary to accomplish lawful ends. That authority is grounded in the responsibility of every sworn law enforcement officer to comply with the laws of the State of New Jersey regarding the use of force and to comply with the provisions of this policy. Equally important is law enforcement's obligation to prepare individual officers in the best way possible to exercise that authority.

In situations where law enforcement officers are justified in using force, the utmost restraint should be exercised. The use of force should never be considered routine. In determining to use force, the law enforcement officer shall be guided by the principle that the degree of force employed in any situation should be only that reasonably necessary. Law enforcement officers should exhaust all other reasonable means before resorting to the use of force. It is the policy of the State of New Jersey that law enforcement officers will use only that force which is objectively reasonable and necessary.

This policy reinforces the responsibility of law enforcement officers to take those steps possible to prevent or stop the illegal or inappropriate use of force by other officers. Every law enforcement officer is expected and required to take appropriate action in any situation where that officer is clearly convinced that another officer is using force in violation of state law. Law enforcement officers are obligated to report all situations in which force is used illegally by anyone. This policy sends a clear message to law enforcement officers that they share an obligation beyond the requirements of

Attorney General's Use of Force Policy

the law. Officers are encouraged to do whatever they can to interrupt the flow of events before a fellow officer does something illegal and before any official action is necessary. Law enforcement officers can serve each other and the public by simply saying or doing the right thing to prevent a fellow officer from resorting to force illegally or inappropriately.

Deciding whether to utilize force when authorized in the conduct of official responsibilities is among the most critical decisions made by law enforcement officers. It is a decision which can be irrevocable. It is a decision which must be made quickly and under difficult, often unpredictable and unique circumstances. Sound judgment and the appropriate exercise of discretion will always be the foundation of police officer decisionmaking in the broad range of possible use of force situations. It is not possible to entirely replace judgment and discretion with detailed policy provisions. Nonetheless, this policy is intended to provide the best guidance and direction possible to police officers throughout this state when called upon to confront and address the most difficult of situations. Law enforcement officers whose actions are consistent with the law and the provisions of this policy will be strongly supported by the law enforcement community in any subsequent review of their conduct regarding the use of force.

Definitions

A. Constructive Authority

1. Constructive authority does not involve actual physical contact with the subject, but involves the use of the law enforcement officer's authority to exert control over a subject.
2. Examples include verbal commands, gestures, warnings, and unholstering a weapon.
3. Pointing a firearm at a subject is an element of constructive authority to be used only in appropriate situations.

B. Physical Contact

1. Physical contact involves routine or procedural contact with a subject necessary to effectively accomplish a legitimate law enforcement objective.
2. Examples include guiding a subject into a police vehicle, holding the subject's arm while transporting, handcuffing a subject and maneuvering or securing a subject for a frisk.

C. Physical Force

1. Physical force involves contact with a subject beyond that which is generally utilized to effect an arrest or other law enforcement objective. Physical force is employed when necessary to overcome a subject's physical resistance to the exertion of the law enforcement officer's authority, or to protect persons or property.
2. Examples include wrestling a resisting subject to the ground, using wrist locks or arm locks, striking with the hands or feet, or other similar methods of hand-to-hand confrontation.

D. Mechanical Force

1. Mechanical force involves the use of some device or substance, other than a firearm, to overcome a subject's resistance to the exertion of the law enforcement officer's authority.
2. Examples include the use of a baton or other object, canine physical contact with a subject, or chemical or natural agent spraying.

E. Deadly Force

1. Deadly force is force which a law enforcement officer uses with the purpose of causing, or which the officer knows to create a substantial risk of causing, death or serious bodily harm.
2. Purposely firing a firearm in the direction of another person or at a vehicle, building or structure in which another person is believed to be constitutes deadly force.
3. A threat to cause death or serious bodily harm, by the production of a weapon or otherwise, so long as the officer's purpose is limited to creating an apprehension that deadly force will be used if necessary, does not constitute deadly force.

F. Reasonable Belief

1. Reasonable belief is an objective assessment based upon an evaluation of how a reasonable law enforcement officer with comparable training and experience would react to, or draw

Attorney General's Use of Force Policy

inferences from, the facts and circumstances confronting and known by the law enforcement officer at the scene.

G. Imminent Danger

1. Imminent danger describes threatened actions or outcomes that may occur during an encounter absent action by the law enforcement officer. The period of time involved is dependent on the circumstances and facts evident in each situation and is not the same in all situations.
2. The threatened harm does not have to be instantaneous, for example, imminent danger may be present even if a subject is not at that instant pointing a weapon at the law enforcement officer, but is carrying a weapon and running for cover.

H. Substantial Risk

1. Any discharge of a firearm entails some risk of an unintended outcome. A substantial risk exists when a law enforcement officer disregards a foreseeable likelihood that innocent persons will be endangered.
2. For example, firing a weapon into a confined space (room, vehicle, etc.) occupied by innocent persons exposes those persons to a substantial risk of harm.

I. Law Enforcement Officer

1. Any person sworn to enforce the criminal laws of the State of New Jersey, who is certified by the Police Training Commission, or is currently employed by a public safety agency and is authorized to carry a firearm under *N.J.S.A. 2C:39-6*.

I. Authorization and Limitations

A. Use of Force

1. A law enforcement officer may use physical force or mechanical force when the officer reasonably believes it is immediately necessary at the time:

Attorney General's Use of Force Policy

- a. to overcome resistance directed at the officer or others; *or*
- b. to protect the officer, or a third party, from unlawful force; *or*
- c. to protect property; *or*
- d. to effect other lawful objectives, such as to make an arrest.

B. Use of Deadly Force

1. A law enforcement officer may use deadly force when the officer reasonably believes such action is immediately necessary to protect the officer or another person from imminent danger of death or serious bodily harm.
2. A law enforcement officer may use deadly force to prevent the escape of a fleeing suspect
 - a. whom the officer has probable cause to believe has committed an offense in which the suspect caused or attempted to cause death or serious bodily harm; *and*
 - b. who will pose an imminent danger of death or serious bodily harm should the escape succeed; *and*
 - c. when the use of deadly force presents no substantial risk of injury to innocent persons.
3. If feasible, a law enforcement officer should identify himself/herself and state his/her intention to shoot before using a firearm.

C. Restrictions On The Use of Deadly Force

1. A law enforcement officer is under no obligation to retreat or desist when resistance is encountered or threatened. However, a law enforcement officer shall not resort to the use of deadly force if the officer reasonably believes that an alternative to the use of deadly force will avert or eliminate an imminent danger of death or serious bodily harm, and achieve the law enforcement purpose at no increased risk to the officer or another person.
2. A law enforcement officer shall not use deadly force to subdue

Attorney General's Use of Force Policy

persons whose actions are only destructive to property.

3. Deadly force shall not be used against persons whose conduct is injurious only to themselves.

4. Under current state statutes the discharge of any projectile from a firearm is considered to be deadly force, including less lethal means such as bean bag ammunition or rubber bullets. For that reason, these and similar less lethal means of deadly force can only be used when an officer reasonably believes such action is immediately necessary to protect the officer or another person from imminent danger of death or serious bodily harm.

5. A law enforcement officer shall not discharge a weapon as a signal for help or as a warning shot.

6. While any discharge of a firearm entails some risk, discharging a firearm at or from a moving vehicle entails an even greater risk of death or serious injury to innocent persons. The safety of innocent people is jeopardized when a fleeing suspect is disabled and loses control of his or her vehicle. There is also a substantial risk of harm to occupants of the suspect vehicle who may not be involved, or involved to a lesser extent, in the actions which necessitated the use of deadly force.

- a. Due to this greater risk, and considering that firearms are not generally effective in bringing moving vehicles to a rapid halt, officers shall not fire from a moving vehicle, or at the driver or occupant of a moving vehicle unless the officer reasonably believes:

- (1) there exists an imminent danger of death or serious bodily harm to the officer or another person; *and*

- (2) no other means are available at that time to avert or eliminate the danger.

- b. A law enforcement officer shall not fire a weapon solely to disable moving vehicles.

D. Exhibiting a Firearm

1. A law enforcement officer shall not unholster or exhibit a firearm

Attorney General's Use of Force Policy

except under any of the following circumstances:

- a. For maintenance of the firearm;
- b. To secure the firearm;
- c. During training exercises, practice or qualification with the firearm;
- d. When circumstances create a reasonable belief that it may be necessary for the officer to use the firearm;
- e. When circumstances create a reasonable belief that display of a firearm as an element of constructive authority helps establish or maintain control in a potentially dangerous situation in an effort to discourage resistance and ensure officer safety.

II. Training Requirements

- A. Every law enforcement agency is required to conduct and document semi-annual training for all officers on the lawful and appropriate use of force and deadly force. This training must be designed to reflect current standards established by statutory and case law, as well as statewide, county and individual agency policy. It should include but not necessarily be limited to the use of force in general, the use of physical and mechanical force, the use of deadly force, and the limitations that govern the use of force and deadly force.

III. Use of Force Reports

- A. In all instances when physical, mechanical or deadly force is used, each officer who has employed such force shall complete
 1. Any reports made necessary by the nature of the underlying incident; *and*
 2. Use of Force Report (Attachment A or agency required format)

IV. Notifications and Reporting

- A. Immediate Notifications

Attorney General's Use of Force Policy

1. County and municipal law enforcement agencies shall immediately notify the county prosecutor when the use of physical, mechanical or deadly force results in death or serious bodily injury, or when injury of any degree results from the use of a firearm by a law enforcement officer.
2. County prosecutor's offices shall immediately notify the Division of Criminal Justice when a member of their agency uses physical, mechanical or deadly force which results in death or serious bodily injury, or when injury of any degree results from the use of a firearm by agency personnel.
3. State law enforcement agencies shall immediately notify the Division of Criminal Justice when the use of physical, mechanical or deadly force results in death or serious bodily injury, or when injury of any degree results from the use of a firearm by a law enforcement officer.

B. Reporting

1. County prosecutors shall within 24 hours report to the Division of Criminal Justice all situations where the use of deadly force by a law enforcement officer results in death or serious bodily injury, or in situations where any injury results from the use of a firearm by a law enforcement officer.
2. For all situations involving the use of physical, mechanical or deadly force, county and municipal law enforcement agencies shall report at least annually to the county prosecutor in a manner established by the prosecutor.
3. For all situations involving the use of physical, mechanical or deadly force, state law enforcement agencies shall report at least annually to the Division of Criminal Justice in a manner established by the Director of the Division of Criminal Justice.

Attorney General's Use of Force Policy

Attachment A
Model Use of Force Report

POLICE DEPARTMENT
USE OF FORCE REPORT

A. Incident Information

Date	Time	Day of Week	Location	INCIDENT NUMBER
Type of Incident ☐ Crime in progress ☐ Domestic ☐ Other dispute ☐ Suspicious person ☐ Traffic stop ☐ Other (specify) _____				

B. Officer Information

Name (Last, First, Middle)	Badge #	Sex	Race	Age	Injured Y / N	Killed Y / N
Rank	Duty assignment	Years of service	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	Race	Age	Weapon Y / N	Injured Y / N	Killed Y / N
☐ Under the influence ☐ Other unusual condition (specify) _____		Arrested Y / N		Charges		
Subject's actions (check all that apply) ☐ Resisted police officer control ☐ Physical threat/attack on officer or another ☐ Threatened/attacked officer or another with blunt object ☐ Threatened/attacked officer or another with knife/cutting object ☐ Threatened/attacked officer or another with motor vehicle ☐ Threatened/attacked officer or another with firearm ☐ Fired at officer or another ☐ Other (specify) _____				Officer's use of force toward this subject (check all that apply) ☐ Compliance hold ☐ Hands/fists ☐ Kicks/feet ☐ Chemical/natural agent ☐ Strike/use baton or other object ☐ Canine ☐ Other (specify) _____ Firearms Discharge ☐ Intentional ☐ 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
☐ Under the influence ☐ Other unusual condition (specify) _____		Arrested Y / N		Charges		
Subject's actions (check all that apply) ☐ Resisted police officer control ☐ Physical threat/attack on officer or another ☐ Threatened/attacked officer or another with blunt object ☐ Threatened/attacked officer or another with knife/cutting object ☐ Threatened/attacked officer or another with motor vehicle ☐ Threatened officer or another with firearm ☐ Fired at officer or another ☐ Other (specify) _____				Officer's use of force toward this subject (check all that apply) ☐ Compliance hold ☐ Hands/fists ☐ Kicks/feet ☐ Chemical/natural agent ☐ Strike/use baton or other object ☐ Canine ☐ Other (specify) _____ Firearms Discharge ☐ Intentional ☐ 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:
Print Supervisor Name:	Supervisor Signature:

Firearms Qualification

Semi-Annual Firearms Qualification and Requalification Standards for New Jersey Law Enforcement

Issued December 1989
Revised September 1990
Revised April 1998
Revised April 2001
Revised June 2003

TO: Law Enforcement Executives

FROM: Vaughn L. McKoy
Acting Director

DATE: June 26, 2003

SUBJECT: FIREARMS QUALIFICATION AND REQUALIFICATION
STANDARDS FOR NEW JERSEY LAW ENFORCEMENT

Recent firearms deployment changes in the law enforcement community, new firearms technology and thoughtful review of present policy have necessitated the amendment of the Firearms Qualification And Requalification Standards For New Jersey Law Enforcement, last updated in April 2001. After consultation with the New Jersey law enforcement firearms instructors community, the following changes have been incorporated in this edition of the Standards:

- The handgun night qualification course has been completely revised. The new course of fire replaces long, sustained strings of fire with more duty relevant testing, including the mandated use of handheld or gun-mounted lights. In addition, the minimum qualification score has been increased from 70% to 80% which parallels the requirement for daylight qualification.
- The recent problem with black bears in New Jersey has brought back the shotgun slug into the law enforcement arsenal. Agencies deploying the slugs requested guidance in the training and qualification of their personnel with this shotgun ammunition. Therefore, a "Shotgun Slug Qualification Course" (SSQC) has been developed for qualification under both daylight and night firing conditions. As with the traditional "OO Buck" ammunition, qualification will be required semi-annually.
- Recent technology has given birth to a new class of firearm referred to as the "Personal Defense Weapon" (PDW). Developed for military personnel assigned to confined areas, this firearm resembles a submachine gun in size and a rifle in performance. Several New Jersey law enforcement agencies are considering the purchase of this type of weapon. In the law enforcement community this type of weapon would be deployed as a subgun, however, since the ammunition is fired at rifle-defined velocities, agencies are

confused as to training and qualification requirements. Therefore, a new class of firearm, "Personal Defense Weapon" (PDW), has been added to the policy to define the firearm itself and its place in training and qualification. The PDW will be considered a submachine gun and all personnel utilizing such firearms will follow the subgun protocol for training and qualification. In addition, slight procedural changes were made to the Subgun Qualification Course to accommodate the widening variety of subguns being manufactured and deployed.

- A slight change was made to the Scoped Rifle Qualification Course regarding the time requirements at the 100 & 50 yard lines, shooting position at the 50 yard line as well as an adjustment to the qualification target.

The complete, updated Firearms Qualification And Requalification Standards For New Jersey Law Enforcement can be found at the Division of Criminal Justice's web site, www.njdcj.org.

These changes may be adopted as soon as possible, and become mandatory effective January 1, 2004.

If you have any questions concerning firearms qualification standards please call the Division of Criminal Justice State Range Master at (973) 599-5946.

TO: LAW ENFORCEMENT EXECUTIVES

FROM: WAYNE S. FISHER, PH.D.
DEPUTY DIRECTOR

DATE: MAY 21, 2001

SUBJECT: FIREARMS QUALIFICATION AND REQUALIFICATION
STANDARDS FOR NEW JERSEY LAW ENFORCEMENT

Revisions have been made to the Firearms Qualification and Requalification Standards for New Jersey Law Enforcement. The changes are the result of recommendations and review by many rangemasters and firearms instructors throughout the state. Revisions have been made in the courses of fire for handgun, subgun, service rifle and carbine qualification. In addition, a quailfing course of fire has been developed for scoped rifles. The statewide qualification protocol now includes standards for the entire range of firearms carried by law enforcement officers in the conduct of routine duties and specialized operation. Of particular note is an increase in the number of qualification sessions required for shotguns. Requalification will be required twice a year with any weapon carried on a regular basis as part of an officer's equipment for performance of routine official duties.

Increases in the number of requalification sessions required per year for specified firearms, as well as modifications in the course of fire, will be effective January 1, 2002. Police executives are encouraged, however, to augment their agency requalification procedures consistent with the attached revised standards at any time prior to that date.

If you have any questions concerning firearms qualification standards please call the Division of Criminal Justice State Rangemaster at (973) 599-5946

TO: ALL LAW ENFORCEMENT OFFICERS

DATE: December 1, 1989

SUBJECT: Semi-Annual Firearms Qualification and Requalification Standards for
New Jersey Law Enforcement

In compliance with the instructions of Attorney General Peter N. Perretti, Jr. and pursuant to the Criminal Justice Act of 1970, N.J.S.A. 52:17B-97 et seq., effective January 1, 1991 it is directed that all New Jersey law enforcement officers shall follow the attached Semi-Annual Firearms Qualification and Requalification Standards, and all New Jersey law enforcement agencies shall adopt such standards as agency policy.

The Attorney General's directive dated July 17, 1985 did not provide for specialized training with respect to automatic and semi-automatic assault weapons. Accordingly, all law enforcement officers who are authorized to use such weapons shall comply with the provisions of this manual concerning automatic and semi-automatic assault weapons commencing March 1, 1990.

Robert T. Winter
Director, Division of Criminal Justice

TO: ALL LAW ENFORCEMENT CHIEF EXECUTIVES

SUBJECT: Semi-Annual Firearms Qualification and Requalification Standards for
New Jersey Law Enforcement

Following is the revised directive requiring all law enforcement officers to satisfactorily complete designated firearms qualification courses so that they may continue to lawfully carry a firearm in the State of New Jersey. This directive will be effective January 1, 1991.

The previously issued directive, dated June 17, 1985, mandated semi-annual firearms requalification, provided an explanation of Tennessee v. Garner and outlined the firearms requalification program. That program included requirements for requalification with both service and off-duty weapons, along with requirements for systematic record keeping of qualifying scores.

The Semi-Annual Firearms Qualification and Requalification Manual, which accompanies the revised directive, provides the approved training and qualification requirements for law enforcement personnel exempt from the provisions of N.J.S.A. 2C:39-5. These requirements are necessary to meet the mandates of N.J.S.A. 2C:39-6J. Subsection J, which became effective on March 17, 1986, provides in part:

A person shall qualify for an exemption from the provisions of N.J.S.A. 2C:39-5, ...if the person has satisfactorily completed a firearms training course approved by the Police Training Commission. Such exempt person shall not possess or carry a firearm until the person has satisfactorily completed a firearms training course and shall annually qualify in the use of a revolver or similar weapon.

This new directive and accompanying manual augment the original directive and provisions of N.J.S.A. 2C:39-6J by incorporating minimum standards for semi-annual firearms qualification. This directive and qualification procedures shall be implemented by all New Jersey law enforcement agencies. The system of firearms qualification to be implemented is designed to measure basic firearms skills using uniform standards.

The manual includes: standards for firearms qualification for revolvers, semi-automatic handguns and shotguns, as well as automatic and semi-automatic assault-type weapons. The manual also includes training guidelines, procedures regarding non-qualifying participants, record keeping and reporting procedures, and requirements for firearms instructors.

Officers must continue to qualify twice annually following the procedures and

Semi-Annual Firearms Qualification and Requalification Standards

requirements contained in the manual. These procedures do not prevent individual agencies from conducting additional in-service firearms training. Agencies are encouraged to conduct supplemental training to meet the special needs of their personnel.

I therefore direct, as a matter of law enforcement policy, that effective January 1, 1991 all officers must meet the minimum standards set forth in the Semi-Annual Firearms Qualification and Requalification Manual. Those personnel who do not successfully qualify or requalify with firearms shall not be permitted to carry firearms.

This directive is being issued to ensure the safety of law enforcement officers as well as promote the public safety and ensure a high level of public confidence in the competence and integrity of our law enforcement personnel in the performance of their official functions. This directive is to be distributed to and adopted by all law enforcement personnel within the state.

Robert Del Tufo
Attorney General

HANDGUN AND SHOTGUN QUALIFICATION

AND REQUALIFICATION

Section 1. General Provisions

Applicability: This policy applies to all law enforcement personnel in New Jersey effective March 1, 2001.

Supersession Notice: This policy supersedes the Attorney General's Directive of December, 1998 and replaces those portions of the 21 county policies currently in place, as indicated in this policy.

Summary: This policy delineates the Attorney General's requirements on firearms requalification by establishing standards for the conduct of semi-annual firearms requalification and associated training.

Purpose: This policy is intended to establish a uniform set of standards for semi-annual firearms requalification for any weapon, including a shotgun, which is issued or authorized for use both on and off duty. It identifies specific courses of fire that meet firearm requalification requirements. It identifies the minimum score and training necessary to meet the requalification standards as set forth in this manual.

On June 17, 1985, the Attorney General issued a directive requiring that all law enforcement personnel requalify with their firearms at least twice a year pursuant to plans submitted to and approved by the county prosecutor. This directive retains the twice a year requalification standard, augments the minimum standard now set forth in N.J.S.A. 2C:39-6J, and establishes a set of standards and requirements for requalification.

Law enforcement personnel must, therefore, continue to qualify twice annually pursuant to this policy and to their respective county plans not affected or covered by this policy. This policy is directed by the Attorney General, through the Division of Criminal Justice.

Section 2. Definitions

The following words and terms, when used in this manual, shall have the following meanings unless the context clearly indicates otherwise.

Ammunition.

Equivalent load. Ammunition used in training programs that resembles the service load in size, weight, velocity, recoil and trajectory, but not carried as a duty round.

Service load. Ammunition authorized by the agency and issued for duty use.

Chief or Agency Executive. The chief executive officer of any law enforcement agency in New Jersey.

Firearms Instructor. An individual who is certified by the Police Training Commission to instruct firearms in a basic recruit training program or possesses equivalent training as outlined in Section 6 of this manual.

Firearms Record. A record of firearms qualification activities for each officer required to participate. A record is to be completed, and maintained chronologically, each time the officer is required to qualify or requalify on a firearm. The record shall include relevant firearms data (make, model, caliber and serial number), training and qualification, location, date of qualification activities, qualification courses completed, ammunition used, scores fired, name of the supervising firearms instructor, and other pertinent information.

First Aider. This is a certified member of a volunteer first aid squad, a person certified as a first responder or emergency medical technician, or someone who is otherwise adequately trained in first aid.

Handgun. A firearm (semi-automatic or revolver) designed so that it can be held and fired with one hand.

Handgun Qualification Courses (HQC1 or HQC2). Standardized courses of fire for semi-annual handgun qualification for service and off-duty handguns. (Appendices A and B).

Handgun Night Qualification Course (HNQC). A standard course of fire under night firing conditions for semi-annual qualification for service and off-duty handguns. (Appendix C).

Handgun Night Qualification Course (HNQC) for Retired Law Enforcement Officers. A standard course of fire under night firing conditions for semi-annual handgun qualification. (Page 78).

Law Enforcement Agency. Any police force or organization of a municipality, county or state which has, by statute or ordinance, the responsibility of detecting crime and enforcing the general laws of the state.

Night Firing Conditions. Low light conditions either under natural subdued lighting or utilizing simulated subdued lighting.

Non-Qualifying Participant. A person who fails to achieve a minimum passing score while firing a prescribed qualification course.

Participant. An individual undergoing semi-annual firearms qualification.

Qualification Score--Handgun. A score of 80% or higher based on one firing of a Handgun Qualification Course (either HQC1 or HQC2) as contained in Appendices A and B.

Qualification Score--Handgun Night Firing. A score of 80% or higher based on one firing of the Handgun Night Qualification Course (HNQC) as contained in Appendix C or the HNQC for Retired Law Enforcement Officers (page 78), which ever is appropriate.

Qualification Score--Shotgun. A score of 80% or higher based on one firing of the Shotgun Qualification Course (SQC) as contained in Appendix D.

Qualification Score--Shotgun Night Firing. A score of 80% or higher based on one firing under subdued lighting conditions of the Shotgun Night Qualification Course (SNQC) as contained in Appendix D.

Qualification Score - Shotgun Slug. A score of 80% or higher based on one firing of the Shotgun Slug Qualification Course (SSQC) as contained in Appendix D1.

Qualification Score - Shotgun Slug Night Firing. A score of 80% or higher based on one firing under subdued light conditions of the Shotgun Slug Qualification Course (SSQC) as contained in Appendix D1.

Semi-Annual Qualification. A program consisting of two prescribed qualification sessions within a 12-month period (a calendar year), with at least three months time between each qualification. The program is to include semi-annual qualification with handguns and semi-annual qualification with the agency authorized shotgun utilizing standardized courses of fire under daylight and night firing conditions.

Shotgun. A smooth bore firearm that is specifically designed and capable of firing shotgun cartridges.

Shotgun Qualification Course (SQC). A standard course of fire for semi-annual qualification for shotguns as prescribed in this manual. (Appendix D).

Shotgun Night Qualification Course (SNQC). A standard course of fire under subdued light conditions for semi-annual qualification for shotguns as prescribed in this manual. (Appendix D).

Shotgun Slug Qualification course (SSQC). A standard course of fire for semi-annual qualification both day and under subdued light conditions utilizing shotgun slugs. (Appendix D1).

Supervising Firearms Instructor. An individual designated by the chief or agency executive to conduct firearms qualification and supervise the firearms instructors and participants during firearms qualifications activities. The supervising firearms instructor must satisfy the requirements of a firearms instructor and must have experience in conducting either a PTC-approved firearms course or an equivalent course.

Training/Qualification Schedule. Firearms training schedules that become part of the firearms records reflecting the personnel, dates and times of semi-annual qualification activities.

Section 3. Responsibilities

1. Division of Criminal Justice:
 - To establish a system of compliance, provide oversight for this policy and assist in implementing the policy statewide.
 - To provide all necessary and reasonable assistance to law enforcement agencies affected by this policy.
2. County Prosecutor:
 - To implement the Attorney General's policy on firearms qualification within the county jurisdiction, including reviewing qualification programs conducted by law enforcement agencies within the respective county jurisdiction for consistency with statewide standards, conducting qualification programs as required, and maintaining proper records.
 - To provide assistance to agencies within the county jurisdiction to enable them to conduct training and qualification programs in

accordance with the standards established within this policy.

3. State, County and Municipal Law Enforcement Agencies:

- To schedule and conduct individual semi-annual firearms qualification programs as directed by this policy.
- To maintain proper records as they relate to firearms qualification of agency personnel.
- To take appropriate action with participants who fail to qualify. This action is to be determined by the agency chief executive.
- To immediately notify the county prosecutor, or in the case of certain state agencies the Division of Criminal Justice, of those participants who fail to qualify with a service weapon.
- To report annually to the county prosecutor, or in the case of certain state agencies the Division of Criminal Justice, concerning qualification activities conducted during the year. (See Section 10. Records and Reports). Every police agency within a county will report to the prosecutor of that county.
- To ensure compliance with the standards contained in this policy.

Section 4. Agency Training and Qualification Requirements

- To conform to the requirements of N.J.S.A. 2C:39-6.
- To conduct semi-annual firearms qualification programs in conformance with the standards set forth in this manual.
- To qualify, twice annually, on a Handgun Qualification Course (either HQC1 or HQC2) with a minimum score of 80% with the service handgun. (See Appendices A or B for courses of fire).
- To qualify, twice annually, on a Handgun Qualification Course (either HQC1 or HQC2) with a minimum score of 80% with any off-duty handgun which has been determined by the agency executive or supervisory firearms instructor to be substantially different in design, function or caliber from the service handgun. (If an off-duty handgun does not differ substantially in design, function, or caliber

from the service handgun, a separate qualification with this weapon is at the discretion of the agency executive).

- To qualify, under night firing conditions, twice annually, on the Handgun Night Qualification Course (HNQC) with a score of 80% with the service handgun. (See Appendix C for course of fire).
- To qualify twice annually, under night firing conditions, on the Handgun Night Qualification Course (HNQC) with a minimum score of 80% with any off-duty handgun which has been determined by the agency executive or supervising firearms instructor to be substantially different in design, function or caliber from the service handgun. (If an off-duty handgun does not differ substantially in design, function or caliber from the service handgun, a separate qualification with this weapon is at the discretion of the agency executive.)
- To qualify those officers who are or might be assigned use of an agency issued shotgun twice annually on both the Shotgun Qualification Course (SQC) and the Shotgun Night Qualification Course (SNQC) with a score of 80% using the agency authorized shotgun.
- To qualify those officers who are or might be assigned use of the agency issued shotgun utilizing slug ammunition twice annually, both in daylight and under subdued light conditions, on the Shotgun Slug Qualification Course (SSQC) with a minimum score of 80% using the agency authorized shotgun.
- To provide remedial training for those personnel who do not meet the standards of qualification or take appropriate action until such time as the qualification standards are met.
- To train, on a semi-annual basis, all personnel in the use of force, including an update in all state, county and agency policies, statutes, and court decisions dealing with the use of force.
- To review semi-annually all firearms policies as they relate to:
 1. Warning shots
 2. Moving vehicles
 3. Removal of firearm from holster or display of firearms
 4. Surrender of firearm

5. Disposal of animals
 6. Carrying of weapons, on and off duty
 7. Consumption of alcohol, use of prescription drugs
 8. Covert operations
- To review semi-annually all relevant state, and municipal procedures for reporting the accidental or intentional discharge of a firearm while on or off duty, except those fired in training/requalification.
 - To develop and review semi-annually agency policies, rules and regulations defining:
 1. Official firearms and service ammunition
 2. Off-duty firearms
 3. Service ammunition
 4. Leather gear, to include loading devices for service and off-duty firearms.
 - To provide agency personnel with appropriate training for specialized weapons such as rifles and other tactical weapons.

Section 5. Qualification Program

Qualification. Qualification and requalification is required both during daylight hours and under night firing conditions. All qualification sessions must be conducted under the supervision of a qualified supervising firearms instructor.

Courses of Fire. Only those courses listed in this manual are to be used to meet the individual firearms qualification requirements set forth by this policy. Additional courses of fire and training programs may be included in the agency schedule for firearms training. The purpose of this program is not to prevent agencies from engaging in supplemental training courses that meet their special needs. Specialty training is encouraged.

Handgun Qualification Courses (HQC1 and HQC2). (See Appendices A and B). A Handgun Qualification Course must be completed two times a year for service handguns and for handguns authorized for use off duty and which are determined to be substantially different in design, function or caliber from the service handgun. This determination is to be made by the agency executive or supervising firearms instructor. Either course, HQC1 or HQC2, may be selected for qualification purposes.

Semi-Annual Firearms Qualification and Regualification Standards

If an off-duty handgun does not differ substantially in design, function or caliber from the service handgun, a separate qualification with this weapon, under either daytime or nighttime conditions, is at the discretion of the agency executive.

Handgun Night Qualification Course (HNQC). (See Appendix C). The Handgun Night Qualification Course is to be completed two times a year for service handguns and for handguns authorized for use off duty and which are determined to be substantially different in design, function or caliber from the service handgun. This determination is to be made by the agency executive or supervising firearms instructor. Either course, HQC1 or HQC2, may be selected for qualification purposes.

If an off-duty handgun does not differ substantially in design, function or caliber from the service handgun, a separate qualification with this weapon, under either daytime or nighttime conditions, is at the discretion of the agency executive.

Shotgun Qualification Course (SQC). (See Appendix D). The Shotgun Qualification Course is to be conducted semi-annually for the agency issued and approved shotgun.

Shotgun Night Qualification Course (SNQC). (See Appendix D). The Shotgun Night Qualification Course is to be conducted semi-annually for the agency issued and approved shotgun.

Shotgun Slug Qualification course (SSQC). (See Appendix D1). A standard course of fire for semi-annual qualification both day and under subdued light conditions utilizing shotgun slugs.

Participants should be advised of what is required for each course of fire and should be provided with a copy of each course of fire and training program before going to the range.

Supervising Firearms Instructor. The agency chief executive officer shall designate a supervising firearms instructor for each qualification session conducted.

Firearms Instructor. Proper instructor-participant ratios should be maintained during qualification sessions. (See Section 7. Supervising/Firearms Instructor Responsibilities).

Ammunition. Each participant shall be provided with service or equivalent loads for qualification with agency or department issued firearms.

Firearms. Qualification shall be conducted with a handgun approved by the

participant's agency. Shotgun qualification shall be conducted with the agency approved shotgun.

Before any firearm is used, the supervising firearms instructor (or designee) shall inspect and approve the firearm. Approval of a firearm shall be based on department or agency standards. The process of approving the service handgun, off-duty handgun or shotgun shall be governed by the agency or department policy. A copy of records of approval shall be kept on file by the agency or department. Any off-duty handgun determined to be similar to the agency's service handgun and, therefore, not fired for qualification must be presented to the supervising firearms instructor (or designee) for inspection during each of the agency's qualification periods.

If a firearm is determined not to be serviceable, either prior to or during its use, the supervising firearms instructor shall not allow the firearm to be used. The supervising instructor shall require the agency or department or the individual, in the case of an off-duty weapon, to furnish a serviceable replacement. A report must be filed by the supervising instructor with the agency or department indicating why the firearm was unserviceable and what action was taken to correct the problem.

Equipment. Each participant, prior to undergoing firearms qualification, must be equipped with the agency authorized belt, holster, magazines, loading device and bullet loops. The qualification course will be fired only with the use of agency authorized loading devices and equipment. This will be indicated on the qualification record form and training schedule. Ear protection is mandatory and eye protection is strongly recommended for all live-fire activity.

Clothing. Each participant should complete courses of fire wearing clothing similar to that worn while on duty. Uniformed and plain clothes personnel should wear the appropriate clothing and all equipment required in their respective assignments.

Indoor Ranges. Agencies may utilize indoor ranges to meet the requirements of this policy.

Range Conduct. Qualification on ranges will be conducted in accordance with the requirements listed in this policy.

Section 6. Firearms Instructor Qualification Requirements

All instructors (supervising firearms instructors and firearms instructors) engaged in the prescribed semi-annual firearms requalification program must satisfy one of the following requirements.

- An instructor must be certified by the Police Training Commission (PTC) to instruct firearms in an approved "Basic Course" as defined in N.J.A.C. 13:1-1.1.
- An instructor must possess training equivalent to the PTC-approved firearms instructor course and be able to demonstrate knowledge and skill in this field. Equivalent training includes successful completion of a firearms instructor training program such as offered by the Federal Bureau of Investigation, United States Secret Service, Federal Law Enforcement Training Center at Glynco, GA., New Jersey State Police, Smith and Wesson Academy or the National Rifle Association Police Firearms Instructor Program.
- An instructor must have satisfactorily completed some other recognized firearms instructor course as determined by the chief of police or agency executive.

Supervising firearms instructors must also have experience in conducting either a PTC-approved firearms course or an equivalent course.

Section 7. Supervising/Firearms Instructor Responsibilities

The supervising firearms instructor is responsible for:

- Conducting firearms activities in accordance with the standards set forth in this manual.
- Ensuring the safety of all individuals engaged in firearms activities. Complying with all requirements set forth in this policy and manual with respect to all participants involved in qualification activities and training.
- Ensuring proper firearms instructor-participant ratios at all times on the firing line. The following ratios are recommended:
 1. One firearms instructor for six participants using handguns during day-time firing.
 2. One firearms instructor for three participants using handguns during night-time firing conditions.
 3. One firearms instructor for each participant firing a shotgun.
- Ensuring that personnel equipped to provide first aid are present on the firearms range during all qualification activities. (This person can be a

certified member of a local volunteer first aid squad, an agency member certified as a first responder or emergency medical technician, or a member of the agency who is otherwise adequately trained.)

- Ensuring that adequate first aid supplies are on-site at all times.
- Ensuring that a suitable communications link exists between the firearms range, the local agency (especially if using a host facility), and local emergency services.
- Inspecting weapons and ammunition used in firearms training and either approving or disapproving their use.
- Verifying that any repaired weapon has been repaired by a competent individual or company and recording this information in the appropriate records.
- Ordering and removing from the range any participant, instructor, or other individual whose conduct or activity constitutes a danger to those individuals using the firearms range. Informing the chief or agency executive of the action taken and the reason.
- Determining the time allotted and method of instruction for participants who require remedial training after failing to achieve the qualification scores required.
- Supervising remedial training and subsequent qualification attempts.
- Submitting to the chief or agency executive a comprehensive report on each officer or participant who fails to achieve the minimum qualification score as set forth in this manual.
- Ensuring that appropriate records are completed for each participant, including the model and serial number of every weapon used, the scores achieved and other appropriate information.

Firearms instructors are responsible for:

- The direct control of officers assigned to them by the supervising firearms instructor.
- Instructing all officers or participants in range safety and the appropriate handling and firing of the handgun and shotgun. When using a host

facility, instructing participants in the policies for that facility.

- Rendering all possible assistance to officers to help them achieve the requirements as set forth in this manual.
- Remaining, at all times while on the firing line, with the officers who are under their direct supervision (unless properly relieved).
- Taking immediate and appropriate action when, in the instructor's judgment, the conduct or activity of a participant constitutes a danger to the instructor or to other individuals.
- Calling to the immediate attention of the supervising firearms instructor any firearm that appears to be faulty.
- Correctly recording firearms scores attained during the qualification session by each participant under their direct control and providing the supervising firearms instructor with completed daily score sheets.
- Conducting remedial training of non-qualifying participants under the supervision of a supervising firearms instructor.
- Providing the supervising firearms instructor with targets used by participants who did not qualify during initial and subsequent qualification attempts. (Subsequent qualification attempts are those conducted following remedial training.) These targets are to be signed [by (sic)] both the participant and the firearms instructor.

Section 8. Training Objectives

1. Safe Handling.

The participant will demonstrate the safe handling of handguns and shotguns. This will minimally be done while:

- (a) Securing all agency authorized shotguns, service handguns and off-duty handguns at all times.
- (b) Loading and unloading revolvers, semi-automatic pistols, manual and autoloading shotguns.
- (c) Utilizing authorized agency loading devices or bullet loops.
(Authorized agency loading devices may include speed loaders, speed strips, bullet pouches and magazines.)

- (d) Holstering and drawing authorized agency handguns.
- (e) Inspecting weapons.
- (f) Operating weapons storage mechanisms in agency authorized vehicles.
- (g) Clearing malfunctions.

2. Firearms and Ammunition Identification.

Participants will identify agency authorized firearms and ammunition and explain the mechanical functions, capabilities and maintenance of agency firearms to include:

- (a) Those firearms and ammunition authorized for both on- and off-duty use.
- (b) The major parts of the service handgun and its basic mechanical functions.
- (c) The major parts of the agency authorized shotgun and its basic mechanical functions.
- (d) The effective range and lethal capabilities of agency handgun and shotgun.
- (e) The ability to clean the service handgun and agency shotgun effectively.

3. Shooting Principles.

The participant will explain the principles of good marksmanship and will demonstrate the techniques with the handgun and shotgun. The presentation will minimally include:

- (a) Stance
- (b) Grip
- (c) Breath control
- (d) Sight alignment
- (e) Trigger control
- (f) Follow through

The participant will demonstrate commonly recognized handgun shooting positions. These positions will minimally include:

- (a) Kneeling (barricade, strong and support side)
- (b) Crouched barricade position (over the top of cover)
- (c) Standing Point Shoulder with and without barricade
- (d) Weaver, Isosceles or Tactical Stance

- (e) Ready Positions
- (f) One-handed shooting (strong and support-handed)
- (g) Weapon Retention Position

The participant will demonstrate recognized shooting positions with the agency authorized shotgun. These positions will minimally include:

- (a) Police Ready Condition
- (b) Standing, point shoulder, muzzle depressed position

Section 9. Non-Qualifying Participants

A participant who fails to achieve a passing score on a prescribed qualification course shall receive remedial instruction. This instruction shall be provided after the supervising firearms instructor analyzes the problems which may have led to the failure. The time allotted and method of remedial training to be conducted shall be determined by the supervising firearms instructor. The supervising firearms instructor, in consultation with firearms instructors and the participant, will:

1. Review factors which may have contributed to or caused a participant's failure to qualify, including a check of the participant's firearm.
2. Document any subsequent attempts to qualify and the results of those attempts.

If after the remedial training and subsequent attempts to qualify the participant still does not fire a passing score, the supervising firearms instructor shall report this information to the chief or agency executive. The chief or agency executive will then determine what action is appropriate. The chief or agency executive is to notify in writing the county prosecutor (Division of Criminal Justice for some state agencies) of participants who fail to qualify on the service weapon.

If a participant fails to qualify, all targets that participant used during initial and subsequent qualification attempts (those conducted following remedial training) are to be kept on file until the participant achieves a qualifying score. These targets are to be signed by both the non-qualifying participant and the firearms instructor.

Section 10. Records and Reports

Required records and reports include the Firearms Record for Individual Participants and an annual report to the county prosecutor (or Division of Criminal Justice). Moreover, reports concerning participants who fail to qualify with a service weapon are to be made in accordance with Section 9. Non-Qualifying Participants.

Firearms Record for Individual Participants.

An individual written record as prescribed by this manual shall be maintained on each participant undergoing firearms qualification or requalification. Each record shall include the following information:

- Participant's name, the date and type of qualification course(s) completed and the scores achieved on each course.
- The name of the supervising firearms instructor for each qualification session or course.
- Identification of any firearm used (make, model, caliber and serial number).
- A general description of the ammunition used (make, type, caliber).
- The location where the qualification session was held (name of range).
- The location where the targets of non-qualifying participants are stored. (These targets must bear the signatures of the participant and scorer. Targets must be maintained on file until the participant achieves a qualifying score.)

The original copy of the firearms record shall be maintained as a normal business record. All records will be reviewed by the chief or agency executive upon completion of each semi-annual requalification.

Annual Report to the County Prosecutor or Division of Criminal Justice.

A yearly report shall be filed with the county prosecutor, or in the case of certain state law enforcement agencies with the Director of the Division of Criminal Justice. This report is to be filed no later than January 15th of the following calendar year. This report is to be filed by all law enforcement agencies subject to firearms qualification requirements set forth by this policy. This report shall include the following information.

- A description of agency authorized firearms and ammunition.
- The agency training/qualification schedule, including the dates and types of qualification sessions conducted during the report year.
- The number of participants who satisfied qualification requirements and the number of non-qualifying participants during each qualification session

Semi-Annual Firearms Qualification and Requalification Standards

for each type of course and weapon: service weapon, off-duty weapon
and agency authorized shotgun.

Appendix E
Automatic/Semi-Automatic Subgun
Qualification Course (ASQC)

(This course will also be used for Personal Defense Weapons qualification)

1. Familiarization Requirements for Each Participant.

- a. Demonstrate the safe handling of the weapon.
- b. Demonstrate proper loading and unloading techniques.
- c. Demonstrate the techniques of proper physical stance.
- d. Demonstrate the techniques of good marksmanship.

2. Range - 50 yards. (50 yard-line course of fire may be conducted at the 25 yard-line utilizing an appropriate reduced size target)

3. Target - FBI type Q target, either paper or cardboard.

4. Course.

- a. Total of 60 rounds per participant.
- b. Magazine capacity and mode of fire (semi-automatic or full automatic) will be given on command at each firing stage. While using the full automatic mode, short bursts consistent with the cyclic rate of the weapon should be used.
- c. To achieve a passing score of 80% on the course, the participant must place a minimum of 48 shots within the border of the Q-target silhouette.
- d. Firing positions as indicated in the course. Hip shooting is prohibited.
- e. Any form of full automatic firing is prohibited at distances greater than the 10-yard line.
- f.. Mandatory reloading may be forced anywhere in the course at the discretion of the supervising firearms instructor, otherwise

ammunition management is the responsibility of the participant including "secondary weapon transition techniques"

- g. Subguns having only semi-automatic capabilities will fire "full auto" stages with semi-automatic double taps.

3 yard line 6 rounds, standing
1.5 seconds each command

- From a standing ready position, on command fire a 2 round burst or semi-automatic double tap
- Repeat twice for a total of 6 rounds
- Place weapon on safe and move to the 5 yard line

5 yard line 6 rounds, standing
1.5 seconds each command

- From a standing ready position, on command fire a 2 round burst or semi-automatic double tap
- Repeat twice for a total of 6 rounds
- Place weapon on safe and move to the 7 yard line

7 yard line 10 rounds, standing - alternative threat areas;
standing to kneeling

- From a standing ready position, on command fire a 2 round burst or semi-automatic double tap to the body, then one round to the head. (2 seconds)
- Repeat once for a total of 6 rounds
- From a standing ready position, on command fire a 2 round burst or semi-automatic double tap, assume a kneeling position and fire a 2 round burst or semi-automatic double tap. (6 seconds)
- Place the weapon on safe and move to the 10 yard line

10 yard line 6 rounds, standing

1.5 seconds each command

- From a standing ready position, on command fire a 2 round burst or semi-automatic double tap
- Repeat twice for a total of 6 rounds
- Place the weapon on safe and move to the 15 yard line

15 yard line 4 rounds, standing to kneeling

8 seconds

Semi-automatic mode

- From a standing ready position, on command fire 2 rounds, assume a kneeling position and fire 2 rounds
- Place the weapon on safe and move to the 25 yard line

25 yard line 20 rounds, positions as per each stage

Semi-automatic mode

- From a standing ready position, (no cover) on command fire 1 round. (1 second)
- Repeat 4 times for a total of 4 rounds

Use of cover

- From a kneeling, **strong side**, ready position behind cover, on command roll out and fire 2 rounds (2 seconds)
- Repeat once
- From a standing (or over the top of cover), **strong side**, ready position behind cover, on command roll out and fire 2 rounds (2 seconds)
- Repeat once
- From a kneeling, **support side**, ready position behind cover, on command roll out and fire 2 rounds (2 seconds)
- Repeat once

Semi-Annual Firearms Qualification and Requalification Standards

- From a standing, (or over the top of cover) **support side**, ready position behind cover, on command roll out and fire 2 rounds (2 seconds)
- Repeat once
- Place weapon on safe and move to the 50 yard line

50 yard line 8 rounds, prone, kneeling

- From the prone position, on command fire 2 rounds. (4 seconds)
- Repeat once
- From the kneeling, **strong side of cover**, ready position, on command fire 2 rounds. (4 seconds)
- Repeat once
- Clear weapon and make it safe

—END OF COURSE—

Appendix F
Automatic/Semi-Automatic Subgun
Night Qualification Course (ASNQC)

(This course will also be used for Personal Defense Weapons qualification)

1. Familiarization Requirements for Each Participant.

- a. Demonstrate the safe handling of the weapon.
- b. Demonstrate proper loading and unloading techniques.
- c. Demonstrate the techniques of proper physical stance.
- d. Demonstrate the techniques of good marksmanship.

2. Range -25 yards.

3. Target - FBI type Q target, either paper or cardboard.

4. Course.

- a. Total of 50 rounds per participant.
- b. Magazine capacity and mode of fire (semi-automatic or full automatic) will be given on command at each firing stage. While using the full automatic mode, short bursts consistent with the cyclic rate of the weapon should be used.
- c. To achieve a passing score of 80%, the participant must place a minimum of 40 shots within the border of the Q-target silhouette.
- d. Firing position: Standing shoulder position.
Hip shooting is prohibited.
- e. Any form of full automatic firing is prohibited at distances greater than the 10-yard line.
- f. Night firing conditions may be artificially created.

5 yard line. 10 rounds. Semi-automatic or automatic mode.
Each drill - Time: 3 seconds. 2 round automatic burst or double

tap.

Semi-Annual Firearms Qualification and Requalification Standards

- Charge the weapon with a loaded magazine.
- On command, from standing shoulder ready, muzzle depressed position, fire a semi-automatic double tap or an automatic 2 round burst in 3 seconds.
- Repeat drill 4 times, firing a total of 10 rounds.

---STOP TIME---

7 yard line. 10 rounds. Semi-automatic or automatic mode.
Each drill - Time: 3 seconds.
2 round automatic burst or semi-automatic double tap.

- On command, from standing shoulder ready, muzzle depressed position, fire a semi-automatic double tap or an automatic 2 round burst in 3 seconds.
- Repeat drill 4 times, firing a total of 10 rounds.

---STOP TIME---

10 yard line. 10 rounds. Semi-automatic or automatic mode.
Each drill - Time: 3 seconds. 2 round automatic burst or semi-automatic double tap. (Total 10 rounds).

- On command, from standing shoulder ready, muzzle depressed position, fire a semi-automatic double tap or an automatic 2 round burst in 3 seconds.
- Repeat drill 4 times, firing a total of 10 rounds.

---STOP TIME---

- Reload if necessary

15 yard line. 10 rounds. Semi-automatic mode.

Drill 1 - Time: 6 seconds. 2 rounds.
Semi-automatic double tap. (Total 6 rounds).

- On command, from standing shoulder ready, muzzle depressed position, fire a semi-automatic double tap in 6 seconds. Place

Semi-Annual Firearms Qualification and Regualification Standards

weapon on safe and return to ready position.

- Repeat drill 2 times, firing a total of 6 rounds.

---STOP TIME---

Drill 2 - Time: 10 seconds. 4 rounds.

- On command, from standing shoulder ready, muzzle depressed position, fire 4 rounds in 10 seconds.

---STOP TIME---

25 yard line. 10 rounds. Semi-automatic mode.

Each drill - Time: 10 seconds. 5 rounds.

- On command, from standing shoulder ready, muzzle depressed position, fire 2 rounds standing then 3 rounds kneeling. Place weapon on safe and return to ready position.
- Repeat drill 1 time, firing a total of 10 rounds.

---STOP TIME---

END NIGHT COURSE, SCORE TARGETS

Appendix G
Automatic/Semi-Automatic Police Service Rifle
Qualification Course (ARQC)

1. Familiarization Requirements for Each Participant.

- a. Demonstrate the safe handling of the weapon.
 - b. Demonstrate proper loading and unloading techniques.
 - c. Demonstrate the techniques of proper physical stance.
 - d. Demonstrate the techniques of good marksmanship.
- 2. Range** - 100 yards. (100 & 75 yard-lines may be simulated with the use of an appropriate reduced target at the 50 yard-line. The 100 , 75 & 50 yard-line courses of fire may NOT be fired with reduced size targets at the 25 yard-line)

3. Target - FBI type Q target, either paper or cardboard.

4. Course.

- a. Total of 60 rounds per participant.
- b. Magazine capacity will be given on command at each firing stage.
- c. To achieve a passing score of 80%, the participant must place a minimum of 48 shots within the border of the Q-target silhouette.
- d. Firing positions are as indicated in the course.

Any form of full automatic firing is prohibited at distances greater than the 10-yard line.

100 yard line 10 rounds, Prone, sitting or squatting
One minute each position

- From the prone position, on command fire 5 rounds. (1 minute)
- a. From a sitting or squatting position, on command fire 5 rounds (1 minute)

Semi-Annual Firearms Qualification and Requalification Standards

- Place weapon on safe and move to the 75 yard line

75 yard line 10 rounds, standing and kneeling
5 seconds each stage

- From a standing ready position, on command fire 2 rounds.
(5 seconds)
- Repeat once for a total of 4 rounds
- From a kneeling ready position, on command fire 2 rounds.
(5 seconds)
- Repeat twice for a total of 6 rounds
- Reload if necessary
- Place the weapon on safe and move to the 50 yard line

50 yard line 20 rounds, positions as per each stage
5 seconds each stage

- From standing ready position, on command fire 2 rounds. (5 seconds)
- Repeat once for a total of 4 rounds
- From a kneeling ready position, on command fire 1 round (5 seconds)
- Repeat 5 times for a total of 6 rounds
- From a standing or kneeling ready position behind cover, on command fire 1 round. (5 seconds)
- Repeat 4 times for a total of 5 rounds
- From a standing or kneeling ready position behind cover, on command fire 1 round (5 seconds)
- Repeat 4 times for a total of 5 rounds
- Reload if necessary, place the weapon on safe and move to

the 25 yard line

25 yard line 6 rounds, as per drill
30 seconds

Use of cover

- From a kneeling, strong side of cover ready position, on command fire 2 rounds; assume an over the top of cover position and fire 2 rounds; assume a support side kneeling position behind cover and fire 2 rounds. (30 seconds)
- Place weapon on safe and move to the 15 yard line

15 yard line 4 rounds, standing to kneeling
8 seconds

- From a standing ready position, on command fire 2 rounds; assume a kneeling position and fire 2 rounds. (8 seconds)
- Place the weapon on safe and move to the 7 yard line

7 yard line 5 rounds, standing, standing alternative threat areas

- From a standing ready position, on command fire a 2 round burst or semi-automatic double tap. (3 seconds)
- From a standing ready position, on command fire a 2 round burst or semi-automatic double tap to the body then one shot to the head. (4 seconds)
- Place weapon on safe and move to the 5 yard line

5 yard line 5 rounds, standing, standing alternative threat areas

- From a standing ready position, on command fire a 2 round burst or semi-automatic double tap. (3 seconds)
- From a standing ready position, on command fire a 2 round burst or semi-automatic double tap to the body then one shot to the head. (4 seconds)
- Clear the weapon and make it safe

---END OF COURSE---

Appendix H

Police Carbine Qualification Course (PCQC)

1. **Familiarization Requirements for Each Participant**

- a. Demonstrate the safe handling of the weapon.
- b. Demonstrate proper loading and unloading techniques.
- c. Demonstrate the techniques of proper physical stance.
- d. Demonstrate the techniques of good marksmanship.

2. **Range** - 50 yards

3. **Target** - F B I type Q target, either paper or cardboard.

4. **Course**

- a. Total of 60 rounds per participant.
- b. Magazine capacity will be given on command at each firing stage.
- c. To achieve a passing score of 80%, the participant must place a minimum of 48 shots within the border of the Q-target silhouette.
- d. Firing positions are as indicated in the course.

50 yard line 10 rounds, Kneeling, prone
40 seconds each stage

- From the kneeling ready position, on command fire 5 rounds (40 seconds)
- Place weapon on safe and assume the prone position
- From the prone position, on command fire 5 rounds. (40 seconds)
- Place weapon on safe, stand up and move to the 25 yard line

25 yard line 20 rounds, **use of cover**

Semi-Annual Firearms Qualification and Requalification Standards

- Standing or kneeling. From the ready position on the **strong side** of cover, on command roll out and fire 2 rounds, roll out from the **support side** of cover and fire 2 rounds. (10 seconds)
- Repeat once for a total of 8 rounds
- Standing or kneeling. From the ready position on the **strong side** of cover, roll out and fire 2 rounds, reload, roll out and fire 2 rounds. (15 seconds)
- Kneeling or crouching. From the ready position behind cover, on command fire 2 rounds **over the top of cover**. (3 seconds)
- Repeat 3 times for a total of 8 rounds
- Place the weapon on safe and move to the 15 yard line

15 yard line 15 rounds, standing and kneeling, mandatory reload

- From a standing ready position, on command fire 2 rounds, assume a kneeling position and fire 2 rounds. (10 seconds)
- Repeat once for a total of 8 rounds
- From a standing ready position, on command fire 2 rounds assume a kneeling position, reload and fire 5 rounds. (15 seconds)
- Place the weapon on safe and move to the 10 yard line

10 yard line 5 rounds, standing side steps

- From a standing ready position, on command double tap the body, step to the right and double tap the body, step to the left and fire 1 round to the head. (No time)
- Place the weapon on safe and move to the 7 yard line

7 yard line 6 rounds, standing
1 second each command

Semi-Annual Firearms Qualification and Requalification Standards

- From a standing ready position, on command double tap the target. (1 second)
- Repeat twice for a total of 6 rounds
- Place the weapon on safe and move to the 5 yard line

5 yard line 4 rounds, standing, transition to handgun
(Transition by bringing the back of the support hand holding the forend of the carbine to the top of the support thigh. This will bring the muzzle down in a safe direction and keep the stock of the carbine from blocking the draw. This may be practiced "dry" prior to live fire.)

- From a standing ready position, on command double tap the target, transition to the handgun and double tap the target.
- Holster an uncocked handgun
- Clear and make safe the carbine

—END OF COURSE—

Appendix I
Police Carbine Qualification Night Course (PCQNC)

1. **Familiarization Requirements for Each Participant**

- a. Demonstrate the safe handling of the weapon.
- b. Demonstrate proper loading and unloading techniques.
- c. Demonstrate the techniques of proper physical stance.
- d. Demonstrate the techniques of good marksmanship.

2. **Range** - 25 yards

3. **Target** - FBI type Q target, either paper or cardboard

4. **Course**

- a. Total of 40 rounds per participant.
- b. Magazine capacity will be given on command at each firing stage.
- c. To achieve a passing score of 80%, the participant must place a minimum of 32 shots within the border of the Q- target silhouette.
- d. Firing positions are as indicated in the course.

Phase I **25 yard line. Total 10 rounds**

Standing to Kneeling Cover Position

- Assume a standing, shoulder ready, position.
- On command shooter moves to and assumes kneeling cover position, fires 5 rounds.
- Time: 10 seconds
- Repeat once

--- STOP TIME ---

Phase II

15 yard line. Total 10 rounds.

Standing Muzzle Depressed Position

- On command, shooter assumes a standing, shoulder ready, muzzle depressed position.
- On command fire 2 shots.
- Time: 4 seconds
- Repeat twice
- Total 6 rounds

Standing to Kneeling Position

- On command, shooter assumes a standing, shoulder ready, muzzle depressed position.
- On command shooter assumes a kneeling position and fires 4 rounds.
- Time: 8 seconds

--- STOP TIME ---

Phase III

10 yard line. Total 10 rounds.

Standing Assault Ready Position

- On command, shooter assumes a standing assault ready position.
- On command fire a semi-automatic double taps.
- Time 2 seconds
- Repeat 4 times
- Total 10 rounds

--- STOP TIME ---

Phase IV 7 yard line. Total 10 rounds

Standing Assault Ready Position to Transition

- On command, shooter assumes a standing assault ready position.
- On command fire a semi-automatic double tap.
- Time 2 seconds
- Repeat twice for a total of 6 rounds
- On command fire a semi-automatic double tap then transition to the handgun and fire a double tap.

--- END OF COURSE ---

Appendix J
Scoped rifle Qualification Course (SRQC)

1. **Familiarization Requirements for Each Participant**

- a. Demonstrate the safe handling of the weapon.
- b. Demonstrate proper loading and unloading techniques.
- c. Demonstrate the techniques of proper physical stance.
- d. Demonstrate the techniques of good marksmanship.

2. **Range** - 100 yards

3. **Target** - New Jersey Division of Criminal Justice Scoped Rifle Qualification Target

4. **Course**

- a. Total of 10 rounds per participant. (More rounds may be fired if "follow-up" shots are necessary)
- b. Load rifle to magazine capacity close bolt on an empty chamber or round in the chamber and bolt handle up with safe "off".
- c. To achieve a passing score of 90%, the participant must place a minimum of 8 shots inside the prescribed sub-targets and must have hit the "cold bore" sub-target.
- d. Firing positions are as indicated in the course.

Note: **Bolt action rifles:** After each shot the shooter must work the action of the bolt to chamber the next round.
Alibis - Should the observer call a "miss" the shooter may immediately fire another round. If the second round scores no penalty will be incurred, even if original time limit lapsed. (This does not apply to the "cold bore" shot)
If the shooter did not follow through and is not ready to fire a "follow-up" round, the shooter will **not** be given an "alibi".

Semi-Annual Firearms Qualification and Requalification Standards

100 yard line

1 round, "Cold Bore" shot, (this shot must have hit the "CB" sub-target to continue)

7 seconds

- In the prone position chamber 1 round
- On command fire one shot on the "CB" sub-target (7 seconds)
- If the shot was a miss, shooter must abort the remainder of the course; record a "non-qualification" status; take the necessary time and action to return the rifle to "cold bore" status. Once "cold bore" status has been achieved, the shooter may attempt qualification again.
- With positive results the shooter should clear the chamber of the rifle, close and lock the bolt on an empty chamber or have a round in the chamber with the bolt handle up (unlocked) and safety "off" and move to the 75 yard line

75 yard line 2 rounds, prone
6 seconds

- In the prone position chamber 1 round
- On command fire 1 round on sub-target # 1 and 1 round into sub-target # 2 (6 seconds)
- Clear the rifle's chamber and close and lock the bolt on an empty chamber or chamber the next round and leave the bolt handle up (unlocked) with the safety "off".
- **Carrying all equipment, the shooter will jog to and touch the target, then jog back to the 50 yard line**

50 yard line 3 rounds shooter's choice of position (no prone), rifle may be supported (rifle on top of bench or other object)
10 seconds

- Assume position, chamber 1 round
- On command fire 1 shot on each sub-target "A", "B", and "C" (10 seconds)

Semi-Annual Firearms Qualification and Requalification Standards

- Clear the chamber, close and lock the bolt on an empty chamber or chamber a round and leave the bolt handle up (unlocked) with the safety "off"
- Move to the 25 yard line

25 yard line 3 rounds, shooter's choice of position (no prone), rifle may be supported
1 second each command

- Assume position, chamber 1 round
- On command fire 1 round on sub-target "25" (1 second)
- Repeat twice for a total of 3 rounds
- Clear the chamber of the rifle, close and lock the bolt on an empty chamber or chamber a round and leave the bolt handle up (unlocked) with the safety "off"
- Carrying all equipment, jog back to the 100 yard line

100 yard line 1 round, shooter's choice of position
5 seconds

- Assume position and chamber 1 round
- On command fire 1 round on the "triangle" sub-target (5 seconds)
- Unload the rifle and make it safe

—END OF COURSE—

In-Service Requalification HQC 1

Range: 25 yards

Target: FBI "Q" type

60 rounds

<u>Range</u>	<u>Rounds</u>	<u>Position</u>	<u>Course of fire</u>	<u>Time</u>
25 yds	4	Kneeling strong side of cover	Shooter will start standing 2 yards behind the barricade. On command the shooter will move forward and fire 4 rds from the strong side of cover kneeling. Remain behind cover in a ready position with visual focus towards the threat area.	30 sec.
	4	Over the top of cover	On command fire 4 rds over the top of cover. Remain behind cover in a ready position with visual focus towards the threat area.	30 sec.
	4	Support side of cover, kneeling or standing (Strong hand)	On Command fire 4 rds with the strong hand (supported is recommended) from the support side of cover kneeling or standing. Reload if necessary decock and holster. Replenish loading devices	30 sec.
15 yds	12	Standing	Draw and fire 3 rds standing, decock and holster	5 sec.
15 yds		Standing & kneeling	Draw and fire 3 rds standing, assume a kneeling position and fire 6 rds kneeling	25 sec.
10 yds	6	Ready	From the ready position fire 2 rds on each command to fire	3sec. (3X)
7 yds	12	Standing	Draw, fire 3 rds, decock and holster	4 sec.
7 yds		Standing	Draw, fire 3 rds, make a magazine change, fire 3 rds, decock and holster	15 sec.
7 yds		Standing	Draw, fire 3 rds, decock and holster	4 sec.
5 yds	12	Standing one hand, strong side	Draw fire 2 rds one-handed with the strong hand, decock and holster	4 sec. (3X)
5 yds		Standing one hand, support hand	Weapon should be in the support hand at the ready. Fire 2 shots one-handed with the support hand each command, return to the ready.	3 sec. (3X)
1 yd	6	Standing, weapon retention	Assume an interview stance position. Draw and fire 2 rds from the weapon retention position, decock and holster.	2 sec. (3X)
End course, score targets (48 hits = 80%)				

In-Service Requalification HQC 2

Range: 25 yards

Target: FBI "Q" type

50 rounds

Range	Rounds	Position	Course of fire	Time
25 yds	4	Strong side of cover kneeling	Shooter will start standing 2 yards behind the barricade. On command the shooter will move forward and fire 4 rds from the strong side of cover kneeling. Remain behind cover in a ready position with visual focus towards the threat area.	30 sec.
	3	Over the top of cover	On command fire 4 rds over the top of cover. Remain behind cover in a ready position with visual focus towards the threat area.	25 sec.
	3	Support side of cover, kneeling or standing (Strong hand)	On Command fire 4 rds with the strong hand (supported is recommended) from the support side of cover kneeling or standing. Reload if necessary decock and holster. Replenish loading devices	25 sec.
15 yds	10	Standing	Draw and fire 3 rds standing, decock and holster	5 sec.
15 yds		Standing & kneeling	Draw and fire 3 rds standing, assume a kneeling position and fire 4 rds kneeling	25 sec.
10 yds	6	Standing, Ready	From the ready position fire 2 rds on each command to fire	3 sec. (3X)
7 yds	12	Standing	Draw, fire 3 rds, decock and holster	4 sec.
7 yds		Standing	Draw, fire 3 rds make a magazine change, fire 3 rds, decock and holster	15 sec.
7 yds		Standing	Draw, fire 3 rds, decock and holster	4 sec.
5 yds	8	Standing one hand, strong side	Draw fire 2 rds one-handed with the strong hand, decock and holster	4 sec. (2X)
5 yds		Standing one hand, support hand	Weapon should be in the support hand at the ready. Fire 2 shots one-handed with the support hand each command, return to the ready.	3 sec. (2X)
1 yd	4	Standing, weapon retention	Assume an interview stance position. Draw and fire 2 rds from the weapon retention position, decock and holster.	2 sec. (2X)
End course, score targets (40 hits = 80% - 2 points per hit)				

Semi-Annual Firearms Qualification and Regualification Standards

Handgun Night Qualification Course HNQC

(for retired officers HNQC see page 78)

Range: 15 yards

Target: FBI "Q" type

40 rounds

Range	Rounds	Position	Course of fire	Time
15 Yds	6	Standing To Kneeling	From a secured holster position, draw and fire 1 round standing then 2 rounds kneeling, utilizing a handheld or gun mounted light. Decock, holster and recover to a standing <u>ready position</u> . From the ready position fire 1 round standing then 2 rounds kneeling. Reload if necessary, decock and holster.	20 sec.
10 Yds	6	Standing Point Shoulder	From a <u>ready position</u> , on command fire 2 rounds utilizing a handheld or gun mounted light, light off and step to the right. On command fire 2 rounds utilizing a handheld or gun mounted light, light off and step to the left. On command fire 2 rounds utilizing a handheld or gun mounted light, light off and step to the right. Reload if necessary, decock and holster.	5 sec.
7 Yds	4	Standing Point Shoulder	Draw and bring the weapon to a ready position. On command fire 2 rounds utilizing a handheld or gun mounted light and return to the ready position. Repeat once	6 sec.
	4	Standing Point Shoulder; Mandatory magazine change	From a ready position on command fire 2 rounds utilizing a handheld or gun mounted light, make a magazine change and fire 2 rounds, decock and holster.	20 sec.
5 Yds	12	One Handed shooting (strong side)	From a secured holstered position on command draw and fire 2 rounds, utilizing a handheld or gun mounted light, (support hand may not be used to stabilize the handgun). Repeat twice	5 sec.
		One handed shooting (support side)	Weapon should be in the support hand at a ready position. (Strong side hand and arm is limp at the side.) No handheld lights may be used. On command fire 2 rounds and return to the ready. Repeat twice, decock and holster	5 sec.
3 yards	4	Standing Point Shoulder	Standing, holding a handheld light in a manner the officer would while making a motor vehicle stop or conducting a field interview and examining identification (i.e. over the shoulder or under the armpit) from a secured holstered position draw and fire 2 rounds. Repeat once. Decock and holster	3 sec.
1 yd	4	Weapon Retention	Without a light from a secured holstered position, on command draw and fire 2 rounds from the weapon retention position. Repeat once.	3 sec.
End course, score targets (32 hits = 80%)				

*Ambient light may be provided. If light dimming goggles are used, handheld lights must be deployed where indicated.

Semi-Annual Firearms Qualification and Requalification Standards

In-Service Requalification HQC 1 (5 Shot)

Range: 25 yards

Target: FBI "Q" type

50 rounds

<u>Range</u>	<u>Rounds</u>	<u>Position</u>	<u>Course of fire</u>	<u>Time</u>
25 yds	4	Kneeling strong side of cover	Shooter will start standing 2 yards behind the barricade. On command the shooter will move forward and fire 4 rds from the strong side of cover kneeling. Remain behind cover in a ready position with visual focus towards the threat area.	30 sec.
	3	Over the top of cover	On command fire 1 rd over the top of cover, reload and fire 2 shots over the top of cover. Remain behind cover in a ready position with visual focus towards the threat area.	30 sec.
	3	Support side of cover, kneeling or standing (Strong hand)	On Command fire 3 rds with the strong hand (supported is recommended) from the support side of cover kneeling or standing. Reload if necessary and holster. Replenish loading devices	30 sec.
15 yds	10	Standing	Draw and fire 3 rds standing, and holster	5 sec.
		Standing & kneeling	Draw and fire 2 rds standing, assume a kneeling position reload and fire 5 rds kneeling	25 sec.
10 yds	5	Ready	From the ready position fire 2 rds on each of the first two commands to fire and 1 rd on the last command	3 sec. (3X)
7 yds	10	Standing	Draw, fire 3 rds, and holster	4 sec.
			Draw, fire 2 rds, reload, fire 2 rds, and holster	15 sec.
			Draw, fire 3 rds, reload and holster	4 sec.
5 yds	10	Standing one hand, strong side	Draw fire 2 rds one handed with the strong hand, and holster on the first two fire commands and 1 rd on the last fire command	4 sec. (3X)
		Standing one hand, support hand	Weapon should be in the support hand at the ready. Fire 2 shots one handed with the support hand on each of the first two commands, and 1 rd on the last fire command. Return to the ready after each set.	3 sec. (3X)
1 yd	5	Standing, weapon retention	Assume an interview stance position. Draw and fire 2 rds from the weapon retention position, and holster. On the last command fire only 1 rd.	2 sec. (3X)
End course, score targets (2 points per hit; 40 hits = 80%)				

Semi-Annual Firearms Qualification and Requalification Standards

5 Shot - Handgun Night Qualification Course HNQC

Range: 15 yards

Target: FBI "Q" type

36 rounds

Range	Rounds	Position	Course of fire	Time
15 Yds	5	Standing To Kneeling	From a secured holster position, draw and fire 1 round standing then 2 rounds kneeling, utilizing a handheld or gun mounted light. Holster, recover to a standing ready position. From the ready position fire 1 round standing then 1 round kneeling. Reload and holster.	20 sec.
10 Yds	5	Standing Point Shoulder	From a ready position, on command fire 2 rounds utilizing a handheld or gun mounted light, light off and step to the right. On command fire 2 rounds utilizing a handheld or gun mounted light, light off and step to the left. On command fire 1 round utilizing a handheld or gun mounted light, light off and step to the right. Reload and holster.	5 sec.
7 Yds	4	Standing Point Shoulder	Draw and bring the weapon to a ready position. On command fire 2 rounds utilizing a handheld or gun mounted light and return to the ready position. Repeat once	6 sec.
	4	Standing Point Shoulder; Mandatory reload	From a ready position on command fire 1 round utilizing a handheld or gun mounted light, reload and fire 3 rounds, top off the cylinder and holster.	20 sec.
5 Yds	10	One Handed shooting (strong side)	From a secured holstered position on command draw and fire 2 rounds, utilizing a handheld or gun mounted light, (support hand may not be used to stabilize the handgun). Repeat once, then repeat firing one round. Reload and holster	5 sec.
		One handed shooting (support side)	Weapon should be in the support hand at a ready position. (Strong side hand and arm is limp at the side.) No handheld lights may be used. On command fire 2 rounds and return to the ready. Repeat once, then repeat firing one round, reload and holster	5 sec.
3 yards	4	Standing Point Shoulder	Standing, holding a handheld light in a manner the officer would while making a motor vehicle stop or conducting a field interview and examining identification (i.e. over the shoulder or under the armpit) from a secured holstered position draw and fire 2 rounds. Repeat once. Top off the cylinder and holster.	3 sec.
1 yd	4	Weapon Retention	Without a light from a secured holstered position, on command draw and fire 2 rounds from the weapon retention position. Repeat once.	3 sec.

End course, score targets (29 hits = 80%)

*Ambient light may be provided

Handgun Night Qualification Course HNQC

Semi-Annual Firearms Qualification and Requalification Standards

For Retired Law Enforcement

Range: 15 yards

Target: FBI "Q" type

40 rounds

Range	Rounds	Position	Course of fire	Time
15 Yds	6	Standing Point Shoulder	From a secured holster position, draw and fire 2 rounds and returned to a ready position. From the ready position, on command fire 2 rounds and return to the ready. From the ready position on command fire 2 rounds, reload if necessary, decock and holster.	6 sec. 4 sec.
10 Yds	6	Standing Point Shoulder	Draw and bring the weapon to a ready position. On command fire 2 rounds and return to the ready position. Repeat twice, reload if necessary, decock and holster	4 sec.
7 Yds	4	Standing Point Shoulder	Draw and bring the weapon to a ready position. On command fire 2 rounds and return to the ready position. Repeat once	4 sec.
	4	Standing Point Shoulder; Mandatory magazine change	On command fire 2 rounds, make a magazine change and fire 2 rounds, return to the ready position	15 sec.
	4	Standing Point Shoulder	On command fire 2 rounds and return to the ready position. Repeat once. Decock and holster.	4 sec.
5 Yds	12	Standing Point Shoulder	From a secured holster position, draw and fire 3 rounds, then assume a ready position. From a ready position, on command fire 2 rounds, and return to a ready position, repeat twice. From a ready position on command fire 3 rounds, reload if necessary, decock and holster	5 sec. 4 sec. 5 sec.
1 yd	4	Weapon Retention	From a secured holstered position, on command draw and fire 2 rounds from the weapon retention position. Repeat once.	3 sec.
End course, score targets (40 hits = 100%; 32 hits = 80% minimal for qualification)				

Shotgun Qualification Course

Semi-Annual Firearms Qualification and Requalification Standards

Used for both daylight and night qualification

Range: 20 yards

Target: FBI "Q" type

10 rounds

<u>Range</u>	<u>Rounds</u>	<u>Position</u>	<u>Course of fire</u>	<u>Time</u>
20 Yds	5	Standing Point Shoulder	On command with the action forward, safety on and muzzle depressed, load the shotgun with 4 rounds into the magazine. On command from a standing point shoulder position, fire the 4 rounds; Combat load a 5 th round and fire that 5 th round. Action open, safety on, muzzle depressed.	25 sec.
10 Yds	5	Standing Point Shoulder	With the action open and safety on, on command combat load 1 round, load 2 rounds into the magazine and fire those 3 rounds. Combat load 1 round and load 1 round into the magazine; fire those 2 rounds. Action open, safety on, muzzle depressed.	35 sec.
End course, score targets: Score any hit on the paper or cardboard not just in the scoring silhouette. 9 pellet OO Buck - 72 hits = 80% 8 pellet OO Buck - 64 hits = 80%				

Shotgun Slug Qualification Course

Semi-Annual Firearms Qualification and Regualification Standards

Used for both daylight and night qualification

Range: see note below

Target: FBI "Q" type

10 rounds

Agency will determine farthest distance slugs are to be deployed (i.e. 50yards, 25yards)

Phase I will be fired from the farthest distance determined

Phase II from the mid-point from the farthest distance to the target line.

The Shotgun Slug Night Qualification Course (SSNQC) will be fired from the 25 yard- line for Phase I and the 10 yard-line for Phase II

Range	Rounds	Position	Course of fire	Time
50 Yds	5	Standing Point Shoulder	On command with the action forward, safety on and muzzle depressed, load the shotgun with 4 rounds into the magazine. On command from a standing point shoulder position, fire the 4 rounds; Combat load a 5 th round and fire that 5 th round. Action open, safety on, muzzle depressed.	25 sec.
25 Yds	5	Standing Point Shoulder	With the action open and safety on, on command combat load 1 round, load 2 rounds into the magazine and fire those 3 rounds. Combat load 1 round and load 1 round into the magazine; fire those 2 rounds. Action open, safety on, muzzle depressed.	35 sec.
End course, score targets: Score only hits <u>inside the scoring area</u> of the Q target # of hits X 10 = % Qualification = 80%				

Subgun Qualification Course (ASQC)

Semi-Annual Firearms Qualification and Requalification Standards

(This course will also be used for Personal Defense Weapon Qualification)

All positions are beginning at the "shoulder ready" position.

Magazine change may be forced at instructor's discretion. Otherwise, participant is responsible for ammo management, including secondary weapon transition techniques.

Range 50 yards

Target: FBI "Q" type

60 rounds

<u>Range</u>	<u>Rds</u>	<u>Position</u>	<u>Fire Mode</u>	<u>Course of fire</u>	<u>Time</u>
3 yds	6	Standing	Auto	On command fire a 2 round burst	1.5 sec. (3X)
5 yds	6	Standing	Auto	On command fire a 2 round burst	1.5 sec. (3X)
7 yds	6	Standing	Auto (2rds body, 1 rd head)	On command fire a 2 round burst to the body, then one shot to the head	2 sec. (2X)
	4	Standing to kneeling	Auto	On command from a standing position fire a 2 round burst, assume a kneeling position and fire a 2 round burst	6 sec.
10 yds	6	Standing	Auto	On command fire a 2 round burst	1.5 sec. (3X)
15 yds	4	Standing to Kneeling	Semi	On command fire 2 rounds, assume a kneeling position and fire 2 rounds	8 sec.
25 yds	4	Standing	Semi	On command fire 1 round	1 sec. (4X)
25 yds	4	Kneeling strong side of cover (roll out)	Semi	On command fire 2 rounds	2 sec. (2X)
25 yds	4	Standing strong side of cover (roll out) or over the top of cover	Semi	On command fire 2 rounds	2 sec. (2X)
25 yds	4	Kneeling support side of cover (roll out)	Semi	On command fire 2 rounds	3 sec. (2X)
25 yds	4	Standing support side of cover (roll out) or over the top of cover	Semi	On command fire 2 rounds	3 sec. (2X)
50 yds	4	Prone	Semi	On command fire 2 rounds	4 sec. (2X)
50 yds	4	Kneeling strong side of cover	Semi	On command fire 2 rounds	4 sec. (2X)

48 hits = 80% score same as HQC

Subgun Night Qualification Course

(This course will also be used for Personal Defense Weapon or Rifle night qualification)

Range: 25 yards

Target: FBI Q Type

50 rounds

<u>Range</u>	<u>Rds</u>	<u>Position</u>	<u>Fire Mode</u>	<u>Course of fire</u>	<u>Time</u>
5 yds	10	Standing	Auto or Semi-auto	On command fire a 2 round burst or semi-automatic double tap	3 sec. (5X)
7 yds	10	Standing	Auto or Semi-auto	On command fire a 2 round burst or semi-automatic double tap	3 sec. (5X)
10 yds	10	Standing	Auto or Semi-auto	On command fire a 2 round burst or semi-automatic double tap	3 sec. (5X)
15 yds	10	Standing	Semi-auto	On command fire a semi-automatic double tap	6 sec. (3X)
		Standing	Semi-auto	On command fire 4 rounds	10 sec.
25 yds	10	Standing to Kneeling	Semi-auto	On command fire 2 rounds standing; then 3 rounds kneeling rounds	10 sec. (2X)
40 hits = 80%					

Automatic/Semi-Automatic Police Service Rifle Qualification Course (ARQC)

Range: 100 yards

Target: FBI "Q" type

60 rounds
3 - 20 rd magazines

Range	Rounds	Position	Course of Fire	Time
100 yds	5	Prone	On command fire 5 rounds	1 min.
	5	Sitting or Squatting	On command fire 5 rounds	1 min.
75 yds	4	Standing	On command fire 2 rounds	5 sec. (2X)
	6	Kneeling	On command fire 2 rounds	5 sec. (3X)
50 yds	4	Standing	On command fire 2 round;	5 sec. (2X)
	6	Kneeling	On command fire 1 round	5 sec. (6X)
	5	Standing or kneeling from strong side of cover	On Command fire 1 round	5 sec. (5X)
	5	Standing or kneeling from support side of cover	On command fire 1 round	5 sec. (5X)
25 yds	6	Kneeling, strong side cover; over the top of cover; Kneeling support side of cover	On Command fire 2 rounds from the strong side of cover; Fire 2 rounds over the top of cover; Fire 2 round from the support side of cover	30 sec.
15 yds	4	Standing to kneeling	On command fire a double tap standing, Drop to kneeling and fire a double tap from kneeling	8 sec.
7 yds	2	Standing	On command fire a double tap; or 2 round burst;	3 sec.
	3	Standing	On command fire a double tap or 2 round burst to the chest, then 1 shot to the head	4 sec.
5 yds	2	Standing	On command fire a double tap; or 2 round burst;	3 sec.
	3	Standing	On command fire a double tap or 2 round burst to the chest, then 1 shot to the head	4 sec.
60 rounds fired score same as HQC 48 hits = 80%				

If the rifle is to be used as **patrol supplement** or as an **entry weapon**, use the Subgun Night Qualification Course for semi-annual low light qualification.

Police Carbine Qualification Course (PCQC)**Range: 50 yards****Target: FBI "Q" type****60 rounds**

Range	Rounds	Position	Course of fire	Time
50 yds	10	Kneeling	From a kneeling ready position, fire 5 rds,	40 sec..
		Prone	From a prone position, on command fire 5 rounds	40 sec.
25 yds	20	Cover	Roll out from strong side of cover and fire 2 rounds; roll out from the support side of cover and fire 2 rds	10 sec. (2X)
			Roll out fire 2 rds from strong side of cover, reload fire 2 rds from the strong side of cover	15 sec.
			Over the top of cover fire 2 rds	3 sec. (4X)
15 yds	20	Standing & kneeling	Fire 2 rds from standing, assume the kneeling position and fire 2 rds	10 sec. (2X)
Standing & kneeling		Fire 2 rds standing, assuming kneeling, reload, fire 5 rds kneeling	15 sec.	
10 yds		Standing (side steps)	Double tap the body, step to the right and double tap the body, step to the left and fire one shot to the head	N/A
7 yds	10	Standing	Double tap the target	1 sec. (3X)
5 yds		Standing	Fire 2 rds from the carbine, transition to handgun and fire 2 rds	8 sec.
End course, score targets (48 hits – 80%)				

Police Carbine Night Qualification Course PCNQC

Range: 25 yards

Target : FBI Q Type

40 rounds

<u>Range</u>	<u>Rds</u>	<u>Position</u>	<u>Fire Mode</u>	<u>Course of fire</u>	<u>Time</u>
25 yds	10	Standing to kneeling, cover	Semi-auto	From a standing position, on command move to a kneeling cover position and fire 5 rounds	10 sec. (2X)
15 yds	10	Standing	Semi-auto	On command fire a semi-automatic double tap	4 sec. (3X)
		Standing to kneeling	Semi-auto	From a standing position, on command assume a kneeling position and fire 4 rounds	8 sec.
10 yds	10	Standing	Semi-auto	On command fire a semi-automatic double tap	2 sec. (5X)
7 yds	10	Standing	Semi-auto	On command fire a semi-automatic double tap	2 sec. (3X)
		Standing	Semi-auto	On command fire a semi-automatic double tap, transition to the handgun and fire a double tap	N/A
32 hits = 80%					

Semi-Annual Firearms Qualification and Requalification Standards

Scoped Rifle Requalification

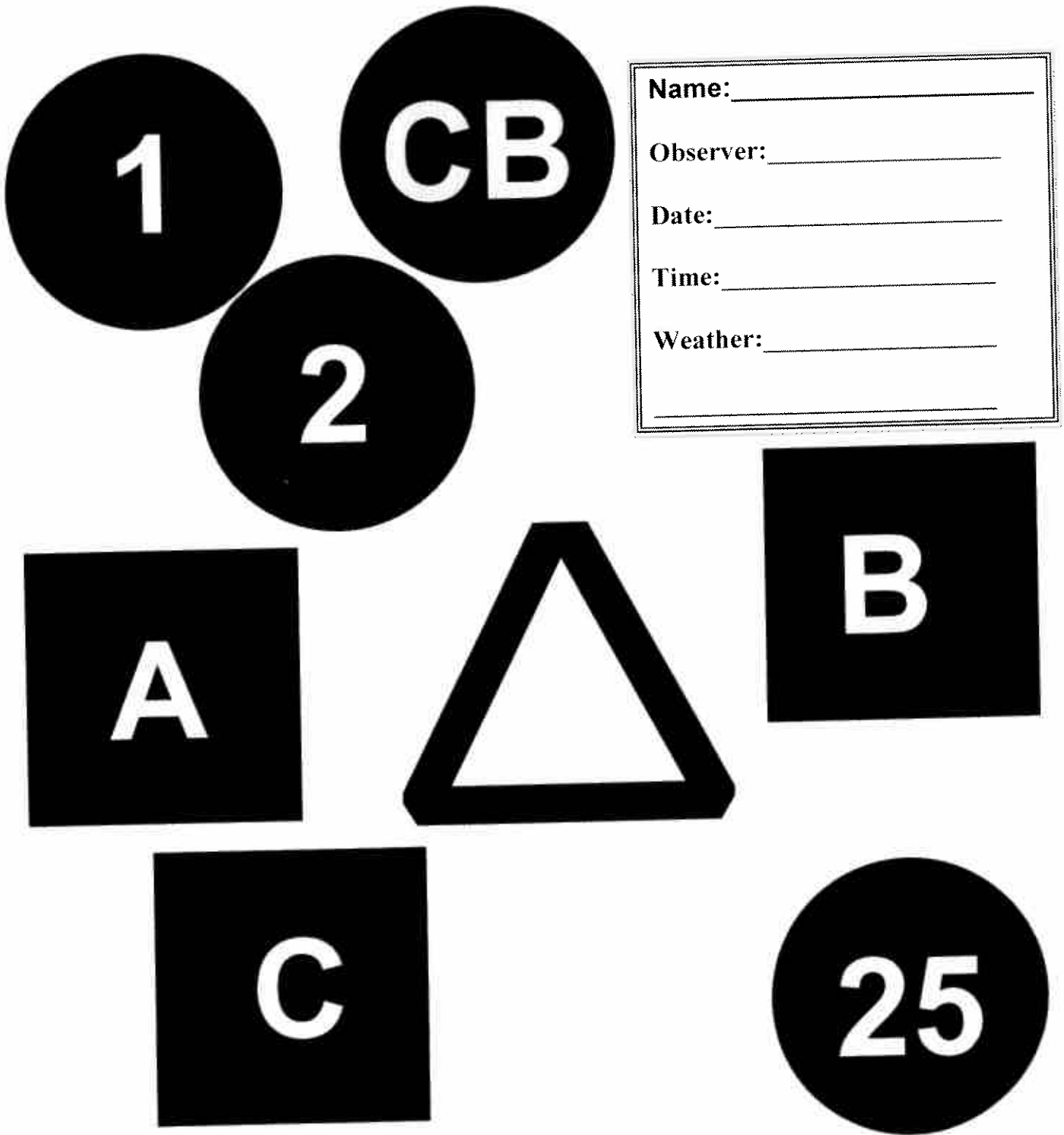
Range: 100 yards

Target: NJ DCJ scoped rifle target

10 rounds

Range	Rounds	Position	Course of fire	Time
- To begin the shooter will fully load the magazine of the rifle, then close and lock the bolt on an empty chamber or round in chamber, bolt forward, bolt handle up (safety will always remain "off"). - The rifle will be in this condition whenever the shooter moves from position to position. - At any point during the qualification, if the spotter advises, "miss", the shooter may <u>immediately</u> fire another round. If the second round scores no penalty will be incurred even if original time elapsed. (This does not apply to the cold bore shot) - If the shooter did not follow through and is not ready to fire a "follow-up" round, the shooter will not be given an "alibi".				
100 yds	1 (Cold Bore)	Prone	On command fire one round (cold bore) on (CB) circle. Shooter will immediately re-chamber a round. Fired round must score to continue the course.	7 sec.
75 yds	2	Prone	On command fire 1 round on # 1 and 1 round on # 2. Shooter will immediately re-chamber a round after the second round. Reload, close and lock the bolt on an empty chamber.	6 sec.
Carrying all equipment, the shooter will jog to the target line and touch the target, then jog back to the 50-yard line and assume a shooting position.				
50 yds	3	Shooter's choice (No prone) —supported (rifle on top of bench or other object)	On command fire 1 shot on A, B and C. Shooter will immediately re-chamber a round after the third round. Reload, close and lock the bolt on an empty chamber. Move to the 25-yard line.	10 sec.
25 yds	3	Shooter's choice supported (no prone)	On command fire 1 round on "25" circle. Shooter will immediately re-chamber a round after the each round. Assure at least two rounds are in the magazine, then close and lock the bolt on an empty chamber.	1 sec. (3X)
Carrying all equipment, jog back to the 100-yard line.				
100 yds	1	Shooter's choice	On command fire 1 round on the "triangle" target. Shooter will immediately re-chamber a round. Clear the rifle – End of Qualification	5 sec.
Cold Bore round + 8 other hits to qualify (90%)				

New Jersey Division of Criminal Justice
Scoped Rifle Qualification Target



Semi-Annual Firearms Qualification and Regualification Standards

Qualification Matrix					
<u>Weapon</u>	<u>Day Qualification</u>	<u>Night Qualification</u>	<u>Quarterly Training</u>		<u>Instructor Requirements</u>
			<u>Yes</u>	<u>No</u>	
Handgun	Semi-annually	Semi-annually		X	Firearms Instructor Course
Shotgun	Semi-annually	Semi-annually		X	Firearms Instructor Course
Subgun	Semi-annually	Semi-annually	X		Firearms Instructor + Subgun Instructor Course
Personal Defense Weapon	Semi-annually	Semi-annually	X		Firearms Instructor + Subgun Instructor Course
Police Rifle	Semi-annually	Semi-annually if rifle is deployed as patrol supplement or use for entries	X		Firearms Instructor + Police Service Rifle/Assault Rifle Instructor Course
Police Carbine	Semi-annually	Semi-annually		X	Firearms Instructor + Subgun or Assault Rifle or Police Carbine Instructor Course
Scoped Rifle	Quarterly			X	Marksman may self-qualify with mandatory observer/spotter from agency's firearms staff



State of New Jersey
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JON S. CORZINE
Governor

ANNE MILGRAM
Attorney General

September 17, 2009

To: All County Prosecutors
All Law Enforcement Chief Executives
Colonel R. Fuentes
Superintendent, New Jersey State Police

From: Anne Milgram, Attorney General

Subject: New Jersey Police Vehicular Pursuit Policy

Please find enclosed the latest revision to the New Jersey Police Vehicular Pursuit Policy. The policy outlines the proper procedures to be followed when police officers are confronted with the possibility of pursuing a fleeing vehicle. As in previous revisions, the primary purpose of the policy is to secure a balance between the protection of the lives and safety of the public and police officers, and law enforcement's duty to enforce the law and apprehend violators.

The latest revision addresses two important concerns: (1) officers are reminded that during the process of "closing the gap" while in pursuit, they are subject to the laws governing the right of way pursuant to N.J.S.A. 39:4-91 and 92; and (2) officers are also reminded to factor in the existence of controlled intersections during a pursuit. This revision also requires police departments to determine whether collisions involving a police vehicle were preventable.

Implementation of this policy provides greater safety to the public as well as law enforcement personnel, while facilitating enforcement of the law. Any questions concerning the implementation of this new policy should be addressed to Criminal Justice Director Deborah L. Gramiccioni, or her designee.

Sincerely,


Anne Milgram
Attorney General

C: Ricardo Solano, First Assistant Attorney General
Deborah Gramiccioni, Director, Division of Criminal Justice



VEHICULAR PURSUIT

New Jersey Police Vehicular Pursuit Policy

Issued December 1985
Revised January 1993
Revised September 1999
Revised December 2001
Revised July 2009

PREFACE

In developing the policy revisions issued in 1993, the New Jersey Task Force on Police Vehicular Pursuit Policy was mindful of the requirement that such a policy appropriately weigh a police officer's sworn duty to apprehend lawbreakers with the obligation to protect life and the public safety. Throughout the process, each member of the Task Force worked conscientiously to reach a consensus in this area of critical importance.

The 1993 policy revision significantly broadened the scope of the 1985 guidelines. The Task Force was particularly cognizant of the important role played by police supervisors in the implementation of any pursuit policy. Police supervisors occupy a pivotal role in assessing the degree of risk inherent in any pursuit and in properly balancing that risk against the need to apprehend a fleeing offender. The 1993 policy outlined the responsibility of police supervisors to manage and control pursuit activity.

The 1999 policy revision provides law enforcement agencies with the discretion to use authorized tire deflation devices during vehicular pursuits, and the 2001 revision further refines the section on authorized tire deflation devices. Agencies should be advised that this policy does not govern the use of tire deflation devices in situations other than vehicular pursuits. The Task Force was convinced early on that any sound vehicular pursuit policy is necessarily based on complete and accurate information about pursuit incidents. In order to ensure that such information is continually available, the policy requires that all law enforcement officers engaged in pursuit incidents file a pursuit incident report. The Task Force did not take lightly the imposition of another reporting requirement. It did, however, strongly believe that the risks and potential consequences inherent in the conduct of vehicular pursuits are such that this measure is warranted. The Task Force considered the entire range of incidents for which police officers are now required to file formal reports and concluded that vehicular pursuits would rank among the most critical on any such list.

The 2009 policy revision clarifies a police officer's responsibilities with respect to Title 39 when he or she is attempting to close the distance between the officer and the alleged offender. The revision states that when attempting to close the distance, police officers are subject to all motor vehicles laws including those laws governing the right of way. The revision also directs law enforcement agencies to investigate all collisions involving a law enforcement vehicle to determine whether the accident could have been prevented.

The Task Force strongly believed that the value of its efforts will ultimately be

determined by the manner in which this policy is implemented. Successful implementation will be a direct result of the effort invested to train and inform police officers about the policy's content. Toward that end, the policy requires that all police officers attend in-service vehicular pursuit training twice a year.

The Task Force knew that the policy had to provide specific guidance as to the conditions under which the initiation of pursuits should be authorized. Some of the most difficult issues considered by the Task Force arose as it dealt with this key portion of the policy. The New Jersey Police Vehicular Pursuit Policy Task Force readily concluded that the severity of 1st and 2nd degree crimes was such that law enforcement officers should have the discretion to pursue, but the appropriate course of action was not so quickly apparent with respect to some other offenses.

The question of how to deal with the 3rd degree offense of car theft is complex and not susceptible to easy resolution. While the Task Force found that the majority of pursuits statewide were for motor vehicle offenses, a number of pursuits undertaken during the three year period reviewed were pursuits of stolen cars. Task Force members were also aware that tragic consequences have occurred over the same period as a result of some stolen car pursuits. Such tragedies, no matter how infrequent, certainly militate against authorizing the pursuit of car thieves. Nonetheless, car theft is a particularly egregious problem in our society at the present time. Not only has car theft become epidemic in some of our communities, but experience has shown that it is often the prelude to the commission of more serious violent crime. We would not, by a blanket prohibition of such pursuits, want to send a false signal to would-be car thieves that they can go about their illegal business with impunity.

There is no simple, guaranteed correct answer to this policy question. The Task Force believed that in the final analysis, pursuit of stolen cars, like other serious crimes, must be left to the discretion of the police officer. Of course, the policy makes it clear that if there are other viable means to apprehend a car thief, or if there is a fair likelihood that the car thief can and will be apprehended within a reasonable future time, or if the risks involved in the pursuit are simply too substantial, then a vehicular pursuit should be avoided. Also, it should be clear that this policy is not meant to imply that prolonged pursuit should be a routine response to joy riding if such a situation could be reasonably determined in advance of the pursuit. As is so often true with difficult law enforcement issues, an oversimplified and quick response to a complex problem does not often serve the best interests of either the police or the public. It is the consensus of the Task Force that pursuits of stolen automobiles, as with all other pursuits, should be avoided whenever possible. However, the Task Force also believes that relying on the combined judgement of police officers and police supervisors will sufficiently safeguard the public.

NEW JERSEY POLICE VEHICULAR PURSUIT POLICY

PURPOSE OF POLICY

The primary purpose of this policy is to secure a balance between the protection of the lives and safety of the public and police officers, and law enforcement's duty to enforce the law and apprehend violators. Since there are numerous situations which arise in law enforcement that are unique, it is impossible for this policy or any standard operating procedure to anticipate all possible circumstances. Therefore, this policy is intended to guide a police officer's discretion in matters of vehicular pursuit.

This policy has been formulated to provide minimum statewide requirements to direct law enforcement activities in this very critical area of police practice. However, police department size, population density and other characteristics vary among communities in this state. Therefore, county and local law enforcement agencies are expected to develop individual standard operating procedures which account for departmental variations, yet are consistent with this policy.

Deciding whether to pursue a motor vehicle is among the most critical decisions made by law enforcement officers. It is a decision which must be made quickly and under difficult, often unpredictable circumstances. In recognition of the potential risk to public safety created by vehicular pursuits, no officer or supervisor shall be criticized or disciplined for a decision not to engage in a vehicular pursuit or to terminate an ongoing vehicular pursuit based on the risk involved, even in circumstances where this policy would permit the commencement or continuation of the pursuit. Likewise, police officers who conduct pursuits consistent with this policy will be strongly supported by the law enforcement community in any subsequent review of such actions.

DEFINITIONS

- A. Authorized Tire Deflation Device: A device designed and intended to produce a controlled deflation of one or more tires of a pursued vehicle, and capable of operation consistent with criteria established in this policy.
- B. Boxing In: The surrounding of a violator's moving vehicle with moving pursuit vehicles which are then slowed to a stop along with the violator's vehicle.
- C. Divided Highway: A road which includes a physical barrier between traffic traveling in opposite directions.
- D. Heading Off: An attempt to terminate a pursuit by pulling ahead of, behind or toward a violator's moving vehicle to force it to the side of the road or to otherwise come to a stop.
- E. Law Enforcement Officer: Any person sworn to uphold the laws of the State of

New Jersey Police Vehicular Pursuit Policy New Jersey, and who is certified by the Police Training Commission or whose training has included Pursuit/Emergency Driving, and who is currently employed by a public safety agency.

F. Paralleling:

1. Street Paralleling: Driving a police vehicle on a street parallel to a street on which a pursuit is occurring.
2. Vehicle Paralleling: A deliberate offensive tactic by one or more patrol vehicles to drive alongside the pursued vehicle while it is in motion.

G. Pursuit Driving: Pursuit driving is an active attempt by a law enforcement officer operating a motor vehicle and utilizing emergency warning lights and an audible device to apprehend one or more occupants of another moving vehicle when the officer reasonably believes that the driver of the fleeing vehicle is aware of the officer's attempt to stop the vehicle and is resisting apprehension by increasing vehicle speed, ignoring the officer or otherwise attempting to elude the officer.

H. Pursuit Vehicles:

1. Primary Unit: The police vehicle that initiates a pursuit or any unit that assumes control of the pursuit as the lead vehicle (the first police vehicle immediately behind the fleeing suspect).
2. Secondary Unit: Any police vehicle which becomes involved as a backup to the primary unit and follows the primary unit at a safe distance.

I. Roadblock: A restriction or obstruction used or intended for the purpose of preventing free passage of motor vehicles on a roadway in order to effect the apprehension of a violator.

1. Avenue of Escape: A gap in a roadblock which requires the violator to decrease the vehicle's speed to permit the violator to bypass the roadblock.
2. Blocking Vehicle: A motor vehicle, often a law enforcement vehicle, which is placed perpendicular to a roadway or angled in such a way as to create a roadblock.

J. Supervisor: A police officer who, by virtue of rank or assignment, is responsible for the direction or supervision of the activities of other police officers.

K. Vehicle Contact Action: Any action undertaken by the pursuing officer intended to result in contact between the moving police vehicle and the pursued

vehicle.

- L. Violator: Any person who a police officer reasonably believes: (1) has committed an offense of the first or second degree or an offense enumerated in Appendix A of this policy, or (2) poses an immediate threat to the safety of the public or other police officers.

I. DECIDING WHETHER TO PURSUE

A police officer has the authority, at all times, to attempt the stop of any person suspected of having committed any criminal offense or traffic violation. It is clear that while it is the officer who initiates the stop, it is the violator who initiates the pursuit. The officer's decision to pursue should always be undertaken with an awareness of the degree of risk to which the law enforcement officer exposes himself and others. The officer must weigh the need for immediate apprehension against the risk created by the pursuit.

A. Authorization to Pursue

1. A police officer may only pursue
 - a. When the officer reasonably believes that the violator has committed an offense of the first or second degree, or an offense enumerated in Appendix A of this policy, or
 - b. When a police officer reasonably believes that the violator poses an immediate threat to the safety of the public or other police officers.
2. Pursuit for motor vehicle offenses is not authorized under the above criteria unless the violator's vehicle is being operated so as to pose an immediate threat to the safety of another person.

B. In the event that one of the authorization requirements is satisfied, a pursuit should not be automatically undertaken. An officer must still consider the following factors:

1. Likelihood of successful apprehension.
2. Whether the identity of the violator is known to the point where later apprehension is possible.
3. Degree of risk created by pursuit
 - a. Volume, type, speed and direction of vehicular traffic.
 - b. Nature of the area: residential, commercial, school zone, open highway,

etc.

- c. Population density and volume of pedestrian traffic
- d. Environmental factors such as weather and darkness
- e. Road conditions: construction, poor repair, extreme curves, intersections controlled by traffic signals or signs, ice, etc.

4. Police Officer characteristics

- a. Driving skills
- b. Familiarity with roads
- c. Condition of police vehicle

C. Terminating the pursuit

1. The pursuing officer shall terminate the pursuit

- a. If instructed to do so by a supervisor, or
- b. If the officer believes that the danger to the pursuing officers or the public outweighs the necessity for immediate apprehension of the violator, or
- c. If the violator's identity is established to the point where later apprehension may be accomplished and where there is no immediate threat to the safety of the public or police officers, or
- d. If the pursued vehicle's location is no longer known or the distance between the pursuing vehicles and the violator's vehicle becomes so great that further pursuit is futile, or
- e. If there is a person injured during the pursuit and there are no police or medical personnel able to render assistance, or
- f. If there is a clear and unreasonable danger to the police officer or the public. A clear and unreasonable danger exists when the pursuit requires that the vehicle be driven at excessive speeds or in any other manner which exceeds the performance capabilities of the pursuing vehicles or police officers involved in a pursuit, or
- g. If advised of any unanticipated condition, event or circumstance which substantially increases the risk to public safety inherent in

the pursuit.

II. ROLE OF THE PURSUING OFFICER

- A. The decision to initiate and/or continue a pursuit requires weighing the need to immediately apprehend the violator against the degree of risk to which the officer and others are exposed as a result of the pursuit.
- B. Upon the commencement of a pursuit, the pursuing officer will immediately activate emergency lights, audible device and headlights.
- C. Once the pursuit has been initiated, the primary unit must notify communications and a superior officer providing as much of the following information as is known:
 - 1. Reason for the pursuit.
 - 2. Direction of travel, designation and location of roadway.
 - 3. Identification of the violator's vehicle: year, make, model, color, vehicle registration number and other identifying characteristics.
 - 4. Number of occupants.
 - 5. The speed of the pursued vehicle.
 - 6. Other information that may be helpful in terminating the pursuit or resolving the incident.

III. VEHICULAR PURSUIT RESTRICTIONS

- A. No pursuits will be conducted
 - 1. In a direction opposite to the flow of traffic on a divided highway.
 - 2. In a police vehicle in which an individual who is not a law enforcement officer is either the driver or passenger.
- B. No more than two police vehicles (primary unit and secondary unit) shall become actively involved in a pursuit unless otherwise specifically directed by a supervisor.
- C. A motorcycle officer may initiate a pursuit, but will relinquish primary unit status immediately upon the participation of a marked police vehicle.
- D. An unmarked police vehicle will not participate in a vehicular pursuit unless it is equipped with an emergency light and an audible device. The unmarked car

shall relinquish primary unit status immediately upon the participation of a marked vehicle.

- E. To diminish the likelihood of a pursuit, a police officer intending to stop a vehicle for any violation of the law shall, when possible and without creating a threat to public safety, close the distance between the two vehicles prior to activating emergency lights and an audible device. Police officers shall recognize that while attempting to close the distance and prior to the initiation of a pursuit and the activation of emergency lights and an audible device, they are subject to all motor vehicle laws governing the right of way (e.g. N.J.S.A. 39:4-91 and -92).
- F. Throughout the course of a vehicular pursuit, pursuing officers shall not attempt to overtake or pass the violator's moving vehicle.
- G. During the course of a pursuit and when approaching an intersection controlled by traffic signals or signs, or any other location at which there is a substantially increased likelihood of collision, the operator of any pursuit vehicle shall, prior to entering the intersection, reduce the vehicle's speed and control the vehicle so as to avoid collision with another vehicle or a pedestrian. The officer shall observe that the way is clear before cautiously proceeding through the intersection. At all other times including an attempt to close the distance prior to the initiation of a pursuit, police officers shall observe the applicable laws governing the right of way at intersections and other locations.
- H. Officers involved in a pursuit will not engage in vehicle paralleling.
- I. There shall be no street paralleling along the route unless the pursuit passes through a patrol's assigned area. A patrol that is parallel-street-pursuing shall not join or interfere with a pursuit, and shall stop all pursuit-related activity at the boundary of its assigned area.
- J. Boxing in or heading off a violator's moving vehicle is permitted only under extraordinary circumstances. These tactics substantially increase the risk inherent in the pursuit and shall only be employed:
 - 1. At low speeds, and
 - 2. With the approval of a supervisor, or
 - 3. In response to an imminent threat to the safety of the public or a police officer.
- K. Roadblocks must only be employed as a last resort in circumstances where deadly force would otherwise be justified.
 - 1. The use of a roadblock must be authorized by a supervisor.
 - 2. At no time will a roadblock be established until all pursuing police vehicles

are made aware of the roadblock and its location and have acknowledged this awareness.

3. Once a roadblock has been established and a vehicle or barricade has been positioned in the roadway, there shall be:
 - a. adequate distance to see the roadblock
 - b. an avenue of escape
 - c. no one in the blocking vehicle(s).

- L. Officers involved in a pursuit shall not fire any weapon from or at a moving vehicle nor engage in any vehicle contact action except as a last resort to prevent imminent death or serious injury to the officer or another person where deadly force would otherwise be justified.

IV. AUTHORIZED TIRE DEFLATION DEVICES

- A. Law enforcement agencies may choose to utilize authorized tire deflation devices during the course of a vehicular pursuit. Agencies which choose to employ this strategy may only utilize devices authorized by this policy. As with all operational decisions made during the conduct of a vehicular pursuit, the use of such devices is subject to the assessment of inherent risk balanced against the need to apprehend a fleeing offender.
- B. To be authorized for deployment and use under the vehicular pursuit policy, the tire deflation device must:
 1. Be capable of producing a controlled deflation of one or more tires of a pursued vehicle;
 2. Be capable of being deployed or activated immediately before the pursued vehicle drives over it, and removed or deactivated immediately after the pursued vehicle drives over it; and
 3. Allow the officer to remain a safe distance from the roadway at the time of deployment or activation.
- C. Prior to the deployment and use of an authorized tire deflation device, the law enforcement agency shall
 1. Modify its vehicular pursuit policy to provide for the proper use of the authorized tire deflation device; and
 2. Train all officers in the use of the authorized tire deflation device.

- a. Training must include practical, hands-on operation of the authorized tire deflation device.

D. Use of an authorized tire deflation device

1. An authorized tire deflation device may be utilized only after supervisory approval.
2. An authorized tire deflation device shall not be used to stop motorcycles, mopeds, or similar vehicles.
3. The authorized tire deflation device should not be used in locations where specific geographic features (e.g., sharp curves, alongside of rivers, steep embankments, etc.) increase the risk of serious injury to the officer, violator or public.
4. Deployment locations should have reasonably good sight distances to enable the officer to observe the pursuit and other traffic as it approaches.
5. The officer deploying the authorized tire deflation device should not attempt to overtake and pass a high speed pursuit in order to position the device.

E. Deployment

1. The officer deploying the authorized tire deflation device should do so from a position of safety.
2. The officer deploying the authorized tire deflation device should be in position to allow sufficient time for deployment.
3. The supervisor must coordinate the efforts of all law enforcement units involved in the pursuit.
4. The communications operator shall notify all units of the location of the authorized tire deflation device deployment.

F. Use of the authorized tire deflation device

1. The officer operating the authorized tire deflation device should take a position of safety as the pursued vehicle approaches.
2. The officer shall deploy or activate the authorized tire deflation device immediately before the pursued vehicle arrives at the point where it would impact the device.
3. The officer shall remove or deactivate the device immediately

after the pursued vehicle goes over the authorized tire deflation device.

4. The officer should immediately notify communications if the pursued vehicle impacted the authorized tire deflation device, if the officer observed any signs of deflation, and the direction and operation of the pursued vehicle after the impact.

G. Reporting

1. After deployment or use of the authorized tire deflation device, the law enforcement agency shall include at least the following information in the narrative of the vehicle pursuit report:
 - a. Date, time and location of deployment and activation
 - b. Officer who deployed and activated the authorized tire deflation device
 - c. Results of the use of authorized tire deflation device:
 - (1) on the pursued vehicle;
 - (2) on other vehicles, property or people; and
 - (3) on the authorized tire deflation device itself.

V. ROLE OF THE SUPERVISOR

Upon being notified or becoming aware of the pursuit, the supervisor shall decide as quickly as possible whether or not the pursuit should continue.

- A. The supervisor shall permit a pursuit to continue only if
 1. There is a reasonable belief that the violator has committed an offense of the first or second degree, or an offense enumerated in Appendix A of this policy, or
 2. There is a reasonable belief that violator poses an immediate threat to safety of the public or other police officers.
- B. The supervisor shall order a pursuit terminated at any time if he or she concludes that the danger to the pursuing officers or the public outweighs the necessity for immediate apprehension of the violator.
- C. The supervisor shall order the pursuit terminated if the suspect's identity is established to the point where later apprehension may be accomplished and where there is no immediate threat to public safety.

- D. In recognition of the overall population density and volume of vehicular traffic in this State, and the increased risk attendant to prolonged vehicular pursuits, a supervisor shall order the termination of any pursuit of protracted duration unless the supervisor determines that further pursuit is justified to respond to an immediate threat to public safety.
- E. The supervisor shall ensure, for the duration of the pursuit, that this policy and agency procedures are followed by all officers.

VI. ROLE OF POLICE COMMUNICATIONS

- A. The communications operator shall:
 - 1. Immediately notify a police supervisor of a pursuit in progress if a supervisor has not already been otherwise notified;
 - 2. Keep the supervisor apprised of the duration and progress of the pursuit.
- B. When possible, a police supervisor shall determine whether there is a need to assume control over and coordinate pursuit related communications.
- C. All law enforcement agencies shall establish procedures to ensure that radio channels remain open for pursuit related transmissions and that all necessary information is made available to officers involved in the pursuit.

VII. REINSTATING PURSUITS

- A. Reinstatement of any previously terminated pursuit shall be undertaken consistent with the authorization criteria for originally initiating a pursuit.

VIII. INTERJURISDICTIONAL PURSUITS

- A. The original pursuing jurisdiction shall provide timely notification of a pursuit in progress to any other jurisdiction into which the pursuit enters.
 - 1. Notifying another jurisdiction that a pursuit is in progress is not a request to join the pursuit. The pursuing agency shall advise if assistance is necessary. Whenever the pursuing officers are unfamiliar with the roadways and terrain of the jurisdiction into which the pursuit has entered, the pursuing agency shall, when possible, seek the assistance of, and be prepared to relinquish the pursuit to, the other agency.

IX. PURSUIT REPORTING

- A. All law enforcement officers who operate law enforcement vehicles in vehicular pursuit situations shall be required to file a pursuit incident report. Pursuit incident reports are to be filed in a manner established by agency operating

procedures and should contain, at a minimum, the following information:

1. Location, date and time of pursuit initiation.
2. Location, date and time of pursuit termination.
3. Highest speed achieved, weather conditions, road surface and description of pursuit area.
4. Reasons for initiating and terminating the pursuit.
5. Consequences of the pursuit, such as accidents, injuries or fatalities.
6. Whether or not the violator was apprehended.
7. The offenses with which the violator was charged.

B. All law enforcement agencies shall prepare an annual agency Vehicular Pursuit Summary Report for submission to the county prosecutor. The annual report shall be submitted on the Police Vehicular Summary Report Form and shall contain the following information:

1. Total number of pursuits.
2. Number of pursuits resulting in accident, injury, death and arrest.
3. The number and type of vehicles involved in accidents (police, violator, third party).
4. A description of individuals injured or killed (police, violator, third party).
5. The number of violators involved and arrested in pursuit incidents, including passengers.
6. The number of pursuits in which an authorized tire deflation device was used.

X. VEHICULAR PURSUIT REVIEW

- A. All law enforcement agencies shall establish procedures for the formal review of all pursuit incident reports.
- B. Pursuit incidents should be reviewed for compliance with applicable policy and department operating procedures.
- C. Pursuit incidents should also be reviewed to identify the need for remedial training of individual officers or specific areas of emphasis in agency-wide

training regarding pursuit situations and the application of pursuit policies and procedures.

- D. Periodic review of pursuit incidents and summary pursuit information should be conducted in order to identify any additions, deletions or modifications warranted in departmental pursuit procedures.
- E. Every law enforcement agency shall conduct an investigation when one of its vehicles collides with another vehicle or any other object during the course of a pursuit. The investigation shall determine whether the collision could have been prevented. A copy of the report shall be made available to the county prosecutor. In every case where the collision could have been prevented, the report shall set forth the actions taken by the agency to address the cause or causes of the collision (e.g. remedial training, revision of department policy, disciplinary action, etc.).

XI. TRAINING

- A. All officers shall attend in-service vehicular pursuit training twice annually.
- B. Vehicular pursuit training shall consist of knowledge of applicable statutes, familiarization with statewide police pursuit policy and departmental procedures, decision making skills, and the use of an authorized tire deflation device if employed by the agency.
- C. An annual report shall be filed with the county prosecutor or, in the case of certain state law enforcement agencies, with the Director of the Division of Criminal Justice. The report will confirm in-service pursuit training of all police officers in conjunction with semi-annual firearm requalification and the use of force training.

INDIVIDUAL AGENCY POLICIES

Law enforcement agencies may adopt more restrictive policies as to pursuit procedures or more extensive training and reporting requirements. In the event an agency chooses to do so, the agency policies and procedures will prevail with respect to applicability to that agency's personnel.

APPENDIX A TO NEW JERSEY POLICE VEHICULAR PURSUIT POLICY

**OFFENSES IN ADDITION TO THOSE OF THE FIRST AND SECOND DEGREE
FOR WHICH VEHICULAR PURSUIT MAY BE AUTHORIZED
UNDER SUBSECTION 1A(1)(a)**

Vehicular Homicide 2C:11-5

Aggravated Assault 2C:12-1b

Criminal Restraint 2C:13-2

Aggravated Criminal Sexual Contact 2C:14-3a

Arson 2C:17-1b

Burglary 2C:18-2

Automobile Theft 2C:20-2

Theft by Extortion 2C:20-5

Escape 2C:29-5

Manufacturing, Distributing or Dispensing of CDS 2C:35-5b

POLICE PURSUIT INCIDENT REPORT

1. Department		2. Incident No.		3. Pursuit date	
4. Officer		5. Badge No.		6. Car No.	
7. Supervisor notified		8. Badge No.		9.	
10. Initiating agency		11. Initiating officer			
12. Location officer became involved		13. Time officer became involved		14. Highest speed	
15. Location officer terminated		16. Time officer terminated		17. Approx. distance in pursuit (miles)	
18. Weather ☐ Clear ☐ Rain ☐ Snow ☐ Other _____					
19. Road surface ☐ Dry ☐ Wet ☐ Ice or snow ☐ Other _____					
20. Area ☐ Residential ☐ Commercial ☐ Highway ☐ Rural					
21. Reason pursuit initiated ☐ Traffic violation (describe) _____ ☐ DWI ☐ Warrant (describe) _____ ☐ Stolen Car ☐ Assisting other agency (name) _____ ☐ Suspected criminal involvement (describe) _____ ☐ Other _____					
22. Tire Deflation Device ☐ Tire deflation device used Type _____ Effect _____					
23. Reason pursuit terminated ☐ Pursued voluntarily stopped/surrendered ☐ Pursued voluntarily stopped/attempted flight on foot ☐ Apprehended ☐ Escaped ☐ Pursued forced to stop/vehicle disabled ☐ Other (describe) _____ ☐ Pursued stopped in accident ☐ Pursued escaped in vehicle ☐ Officer decision ☐ Officer vehicle in accident ☐ Supervisor decision					
24. Number of people injured _____ # Pursued vehicle _____ # Police vehicles _____ # Third party vehicles _____ # Pedestrians			25. Number of people killed _____ # Pursued vehicle _____ # Police vehicles _____ # Third party vehicles _____ # Pedestrians		
26. Number of vehicles in accidents _____ Pursued vehicle _____ # Police vehicles _____ # Third party vehicles			27. No. of people in pursued vehicle		28. Number of people arrested
29. List charges for driver					
30. Signature		31. Date		32. Reviewed by	

(DCJ 7/2009)

POLICE PURSUIT INCIDENT REPORT
Instructions

1. Department: Enter the name of the agency involved in the pursuit and completing the report.
2. Incident No.: Enter the agency's unique number for the incident involving the pursuit.
3. Pursuit date: Enter the date on which the pursuit occurred (or began if it went past midnight).
4. Officer: Enter the name of the officer involved in the pursuit and completing the report.
5. Badge No.: Enter the badge number or other identifier of the officer in Block #4.
6. Car No.: Enter the car or unit number of the vehicle that the officer in Block #4 used in the pursuit.
7. Supervisor Notified: Enter the name of the first supervisor who was notified that a pursuit had been initiated.
8. Badge No.: Enter the badge number or other identifier of the supervisor in Block #7.
- 9.: *This block reserved for use by the agency.*
10. Initiating agency: Enter the name of the law enforcement agency that *originally* began the pursuit.
11. Initiating officer: Enter the name of the law enforcement officer who *originally* began the pursuit.
12. Location officer became involved: Enter the location that the officer in Block #4 became involved in the pursuit.
13. Time officer became involved: Enter the time that the officer in Block #4 became involved in the pursuit (use military time).
14. Highest speed: Enter the highest speed reached during the pursuit by the officer in Block #4.
15. Location officer terminated: Enter the location that the officer in Block #4 terminated involvement in the pursuit.
16. Time officer terminated: Enter the time that the officer in Block #4 terminated involvement in the pursuit (use military time).
17. Approx. distance in pursuit (miles): Enter the approximate distance that the officer in Block #4 was involved in the pursuit. Use miles and tenths of miles.
18. Weather: Check the box(es) that apply to the weather at the time the officer in Block #4 became involved in the pursuit.
19. Road surface: Check the box(es) that apply to the road conditions at the time the officer in Block #4 became involved in the pursuit.
20. Area: Check the box(es) that apply to the type(s) of area that the pursuit went through during the involvement of the officer in Block #4.
21. Reason pursuit initiated: Check the box(es) that apply to the reason that the pursuit was initiated. If the officer in Block #4 is *different than* the officer in Block #11, indicate the reason(s) for which the pursuit *originally* began.
22. Tire deflation device: Check if a tire deflation device was used. If a tire deflation device was used, enter the type of device used (manufacturer and model) and the effect (for example, "2 tires punctured" or "pursued driver evaded device").
23. Reason pursuit terminated: Check the box(es) that apply to the reason that the officer in Block #4 terminated involvement in the pursuit.
24. Number of people injured: Enter the total number of people injured as a result of the pursuit in each of the categories.
25. Number of people killed: Enter the total number of people killed as a result of the pursuit in each of the categories.
26. Number of vehicles in accidents: Enter the total number of vehicles involved in accidents as a result of the pursuit in each of the categories.
27. No. of people in pursued vehicle: Enter the total number of people in the pursued vehicle at the time that the officer in Block #4 became involved in the pursuit.
28. Number of people arrested: Enter the total number of people arrested as a result of the pursuit, even if the charges were not directly related to the pursuit (e.g., a passenger in the vehicle had an outstanding warrant which was discovered after

the pursuit).

29. List charges for driver: List all of the offenses with which the driver was charged.

30. Signature: Signature of the officer in Block #4.

31. Date: Enter the date that the report was completed.

32. Reviewed by: This block can be initialed or signed by a supervisor after reviewing the report.

POLICE PURSUIT SUMMARY REPORT

Agency	County
Reporting Period	
Person completing report I am	Date completed
Phone number	

1. Number of pursuits initiated	
2. Number of pursuits resulting in accidents	
3. Number of pursuits resulting in injuries (NO DEATHS)	
4. Number of pursuits resulting in death	
5. Number of pursuits resulting in arrest	
6. Number of vehicles in accidents	
a. Pursued vehicles	
b. Police vehicles	
c. Third party vehicles	
7. Number of people injured	
a. Pursued vehicles	
b. Police vehicles	
c. Third party vehicles	
d. Pedestrians	
8. Number of people killed	
a. Pursued vehicles	
b. Police vehicles	
c. Third party vehicles	
d. Pedestrians	
9. Number of people arrested	
10. Number of pursuits in which a tire deflation device was used	

(DCJ 7/2009)