



## 3/2007

## 3/2007


**ORIGINAL**  
**TOMS RIVER POLICE DEPARTMENT**  
**USE OF FORCE REPORT**

**A. Incident Information**

|            |      |             |                |                    |
|------------|------|-------------|----------------|--------------------|
| Date       | Time | Day of Week | Location       | <b>CASE NUMBER</b> |
| 04/02/2016 | 0153 | Saturday    | 201 Route 37 W | 16-18058           |

**Type of Incident**

☐ Crime in Progress    
 ☐ Domestic    
 ☐ Other Dispute    
 ☐ Suspicious Person    
 ☐ Traffic Stop

☒ Other (specify) Disorderly conduct

**B. Officer Information**

|                            |                 |                  |                 |                 |                 |                |
|----------------------------|-----------------|------------------|-----------------|-----------------|-----------------|----------------|
| Name (last, First, Middle) | Badge #         | Sex              | Race            | Age             | Injured (Y / N) | Killed (Y / N) |
| Claps, Anthony, J          | 393             | M                | W               | 26              | N               | N              |
| Rank                       | Duty Assignment | Years of Service | On Duty (Y / N) | Uniform (Y / N) |                 |                |
| Patrolman                  | Patrol          | 2                | Y               | Y               |                 |                |

**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) |
| Annunziato, Eric, J        | M   | W    | 32  | N             | N              | N              |

☒ Under the influence  
☐ Other unusual condition (specify)

**Arrested (Y/N)** Y     **Charges** 2C:29-1A, 2C:29-2a(1), 2C:33-2A

**Suspect'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     ☐ Firearms Discharge  
☐ Hands/fists     ☐ Intentional  
☐ Kicks/feet     ☐ Accidental  
☐ Chemical/natural agent  
☐ Strike/use baton or other object     Number of shots fired \_\_\_\_\_  
☐ Canine     Number of hits \_\_\_\_\_  
☐ Other (specify)     [Use 'UNK' if unknown]

**C2. Subject 2** (List only the person who was the subject of the use of force by the officer listed in section B.)

|                            |     |      |     |               |                |                |
|----------------------------|-----|------|-----|---------------|----------------|----------------|
| Name (last, First, Middle) | Sex | Race | Age | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
|                            |     |      |     |               |                |                |

☐ Under the influence  
☐ Other unusual condition (specify)

**Arrested (Y/N)**     **Charges**

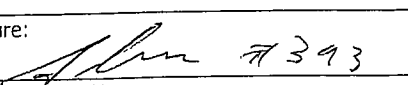
**Suspect's Actions** (check all that apply)

☐ 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     ☐ Firearms Discharge  
☐ Hands/fists     ☐ Intentional  
☐ Kicks/feet     ☐ Accidental  
☐ Chemical/natural agent  
☐ Strike/use baton or other object     Number of shots fired \_\_\_\_\_  
☐ Canine     Number of hits \_\_\_\_\_  
☐ Other (specify)     [Use 'UNK' if unknown]

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

|                                                                                                |                                    |
|------------------------------------------------------------------------------------------------|------------------------------------|
| Signature:  | Date: 4/2/16                       |
| Print Supervisor Name: SGT. S. EUBANKS #318                                                    | Supervisor Signature: J. Gail #318 |

# COPY

## TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT



# ORIGINAL

### Incident Information

|                                                                                                                                                                                                      |      |             |                    |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|--------------------|-------------|
| Date                                                                                                                                                                                                 | Time | Day of Week | Location           | CASE NUMBER |
| 04/02/2016                                                                                                                                                                                           | 0250 | Saturday    | 1735 Hooper Avenue | 16-18065    |
| <b>Type of Incident</b>                                                                                                                                                                              |      |             |                    |             |
| <input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop |      |             |                    |             |
| <input checked="" type="checkbox"/> Other (specify) Motor Vehicle Crash (DWI)                                                                                                                        |      |             |                    |             |

### B. Officer Information

|                            |                 |                  |                 |                 |                 |                |
|----------------------------|-----------------|------------------|-----------------|-----------------|-----------------|----------------|
| Name (last, First, Middle) | Badge #         | Sex              | Race            | Age             | Injured (Y / N) | Killed (Y / N) |
| Inglis, Christopher, D.    | 390             | M                | W               | 29              | N               | N              |
| Rank                       | Duty Assignment | Years of Service | On Duty (Y / N) | Uniform (Y / N) |                 |                |
| Patrolmen                  | Patrol          | 3                | Y               | Y               |                 |                |

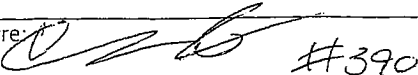
### C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |     |               |                |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Race                       | Age | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
| Blaine T. Fischer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | W                          | 19  | N             | N              | N              |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Charges                    |     |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Obstruction, Resist Arrest |     |               |                |                |
| <b>Suspect's Actions</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Officer's use of force toward this subject</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |     |               |                |                |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <input checked="" type="checkbox"/> Compliance hold    Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent    Number of shots fired _____<br><input type="checkbox"/> Strike/use baton or other object    Number of hits _____<br><input type="checkbox"/> Canine    [Use 'UNK' if unknown]<br><input type="checkbox"/> Other (specify) |                            |     |               |                |                |

### C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |     |               |                |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Race    | Age | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
| N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |     |               |                |                |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Charges |     |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |     |               |                |                |
| <b>Suspect's Actions</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Officer's use of force toward this subject</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                               |         |     |               |                |                |
| <input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <input type="checkbox"/> Compliance hold    Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent    Number of shots fired _____<br><input type="checkbox"/> Strike/use baton or other object    Number of hits _____<br><input type="checkbox"/> Canine    [Use 'UNK' if unknown]<br><input type="checkbox"/> Other (specify) |         |     |               |                |                |

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

|                                                                                                     |                                                                                                                  |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Signature:  #390 | Date: 04/02/2016                                                                                                 |
| Print Supervisor Name: SGT. S. EUBANKS #318                                                         | Supervisor Signature:  #318 |

# TOMS RIVER POLICE DEPARTMENT

## USE OF FORCE REPORT

ORIGINAL

### A. Incident Information

|                                                                                                                                                                                                                                                               |      |             |                     |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|---------------------|--------------------|
| Date                                                                                                                                                                                                                                                          | Time | Day of Week | Location            | <b>CASE NUMBER</b> |
| 04/05/2016                                                                                                                                                                                                                                                    | 2009 | Tuesday     | 505 Coolidge Avenue | 16-18858           |
| <b>Type of Incident</b>                                                                                                                                                                                                                                       |      |             |                     |                    |
| <input checked="" type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input type="checkbox"/> Other ( specify ) |      |             |                     |                    |

### B. Officer Information

|                            |                 |                  |                 |                 |     |                 |                  |
|----------------------------|-----------------|------------------|-----------------|-----------------|-----|-----------------|------------------|
| Name (last, First, Middle) |                 | Badge #          | Sex             | Race            | Age | Injured (Y / N) | Killed ( Y / N ) |
| Chencharik, Andrew T       |                 | 338              | M               | W               | 37  | N               | N                |
| Rank                       | Duty Assignment | Years of Service | On Duty (Y / N) | Uniform (Y / N) |     |                 |                  |
| Patrolman                  | SET             | 11               | Y               | N               |     |                 |                  |

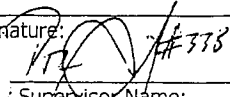
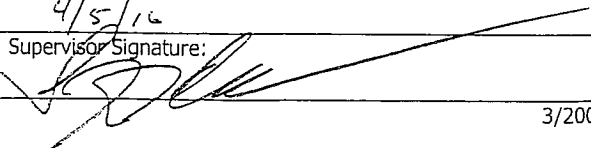
### C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                   |                                   |     |               |                |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----|---------------|----------------|-----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Sex                                                                                                                                                                                                                                                                                                                               | Race                              | Age | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N ) |
| Peterson, Brandon J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | M                                                                                                                                                                                                                                                                                                                                 | B                                 | 22  | N             | N              | N               |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                    | Charges                           |     |               |                |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Y                                                                                                                                                                                                                                                                                                                                 | 2C:35-5b3, 2C:29-1b, 2C:29-2a(3)d |     |               |                |                 |
| <b>Suspect's Actions</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>Officer's use of force toward this subject</b> (check all that apply)                                                                                                                                                                                                                                                          |                                   |     |               |                |                 |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |  | <input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |                                   |     |               |                |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>[Use 'UNK' if unknown]                                                                                                                                                |                                   |     |               |                |                 |

### C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                        |         |     |               |                |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----|---------------|----------------|-----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Sex                                                                                                                                                                                                                                                                                                                    | Race    | Age | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N ) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                        |         |     |               |                |                 |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Arrested (Y/N)                                                                                                                                                                                                                                                                                                         | Charges |     |               |                |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                        |         |     |               |                |                 |
| <b>Suspect's Actions</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>Officer's use of force toward this subject</b> (check all that apply)                                                                                                                                                                                                                                               |         |     |               |                |                 |
| <input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |  | <input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |         |     |               |                |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>[Use 'UNK' if unknown]                                                                                                                                     |         |     |               |                |                 |

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

|                                                                                                    |                                                                                                            |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Signature:  #318 | Date: 4/5/16                                                                                               |
| Supervisor Name: Sergeant Scott Moeller #288                                                       | Supervisor Signature:  |

# TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

## A. Incident Information

|                                                                                                                                                                                                                                                             |      |             |                     |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|---------------------|--------------------|
| Date                                                                                                                                                                                                                                                        | Time | Day of Week | Location            | <b>CASE NUMBER</b> |
| 04/05/2016                                                                                                                                                                                                                                                  | 2009 | Tuesday     | 505 Coolidge Avenue | 16-18858           |
| <b>Type of Incident</b>                                                                                                                                                                                                                                     |      |             |                     |                    |
| <input checked="" type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input type="checkbox"/> Other (specify) |      |             |                     |                    |

## B. Officer Information

|                            |                 |                  |                 |                 |                 |                |
|----------------------------|-----------------|------------------|-----------------|-----------------|-----------------|----------------|
| Name (last, First, Middle) | Badge #         | Sex              | Race            | Age             | Injured (Y / N) | Killed (Y / N) |
| MacRae, Duncan -           | 323             | M                | W               | 37              | N               | N              |
| Rank                       | Duty Assignment | Years of Service | On Duty (Y / N) | Uniform (Y / N) |                 |                |
| Detective                  | SET             | 14               | 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) |
| Peterson, Brandon J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | M              | B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 22                                | N             | N              | N              |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Arrested (Y/N) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Charges                           |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Y              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2C:35-5b3, 2C:29-1b, 2C:29-2a(3)d |               |                |                |
| <b>Suspect's Actions</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                | <b>Officer's use of force toward this subject</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |               |                |                |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |                | <input checked="" type="checkbox"/> Compliance hold      Firearms Discharge<br><input checked="" type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object      Number of shots fired _____<br><input type="checkbox"/> Canine      Number of hits _____<br><input type="checkbox"/> Other (specify)      [Use 'UNK' if unknown] |                                   |               |                |                |

### C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |               |                |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sex            | Race                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Age     | Weapon(Y / N) | Injured(Y / N) | Killed (Y / N) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |               |                |                |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Arrested (Y/N) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Charges |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |               |                |                |
| <b>Suspect's Actions</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                | <b>Officer's use of force toward this subject</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |               |                |                |
| <input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |                | <input type="checkbox"/> Compliance hold      Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object      Number of shots fired _____<br><input type="checkbox"/> Canine      Number of hits _____<br><input type="checkbox"/> Other (specify)      [Use 'UNK' if unknown] |         |               |                |                |

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

|                             |                       |
|-----------------------------|-----------------------|
| Signature:                  | Date:                 |
|                             | 4/5/16                |
| Supervisor Name:            | Supervisor Signature: |
| Sergeant Scott Moeller #288 |                       |

### A. Incident Information

### B. Officer Information

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

**C2. Subject 2** (List only the person who was the subject of the use of force by the officer listed in section B.)

3/2007

## Incident Information

### B. Officer Information

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

**C2. Subject 2** (List only the person who was the subject of the use of force by the officer listed in section B.)

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

3/2007



## 3/2007



3/2007

ORIGINAL

3/2007

# TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

 ORIGINAL

## A. Incident Information

|                                                                                                                                                                                                                                                                                                                       |              |                       |                              |                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------|------------------------------|--------------------------------|
| Date<br>04/18/2016                                                                                                                                                                                                                                                                                                    | Time<br>1840 | Day of Week<br>Monday | Location<br>1201 Hooper Ave. | <b>CASE NUMBER</b><br>16-21601 |
| <b>Type of Incident</b><br><input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input checked="" type="checkbox"/> Other ( specify ) Disorderly in Progress / DWI |              |                       |                              |                                |

## B. Officer Information

|                                                 |                                      |                        |                      |                      |           |                      |                     |
|-------------------------------------------------|--------------------------------------|------------------------|----------------------|----------------------|-----------|----------------------|---------------------|
| Name (last, First, Middle)<br>Mooney, Edmund B. |                                      | Badge #<br>335         | Sex<br>M             | Race<br>W            | Age<br>36 | Injured (Y / N)<br>N | Killed (Y / N)<br>N |
| Rank<br>Sergeant                                | Duty Assignment<br>Patrol / evenings | Years of Service<br>11 | On Duty (Y / N)<br>Y | Uniform (Y / N)<br>Y |           |                      |                     |

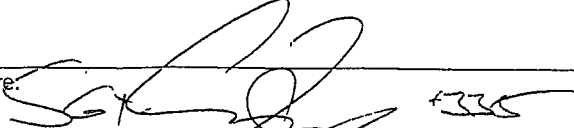
### C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                              |                    |                     |                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------|--------------------|---------------------|---------------------|
| Name (last, First, Middle)<br>Markakis, Lauren A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Sex<br>F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Race<br>W | Age<br>27                                    | Weapon(Y / N)<br>N | Injured(Y / N)<br>N | Killed( Y / N)<br>N |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Arrested (Y/N)<br>Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           | Charges<br>2C:29-1a; 2C:29-2a(3)(a); 39:4-50 |                    |                     |                     |
| <b>Suspect's Actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |  | <b>Officer's use of force toward this subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object     Number of shots fired _____<br><input type="checkbox"/> Canine     Number of hits _____<br><input type="checkbox"/> Other (specify)     [Use 'UNK' if unknown] |           |                                              |                    |                     |                     |

### C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |         |               |                |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Race | Age     | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      | Charges |               |                |                |
| <b>Suspect's Actions</b> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |  | <b>Officer's use of force toward this subject</b> (check all that apply)<br><input type="checkbox"/> Compliance hold <input type="checkbox"/> Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object     Number of shots fired _____<br><input type="checkbox"/> Canine     Number of hits _____<br><input type="checkbox"/> Other (specify)     [Use 'UNK' if unknown] |      |         |               |                |                |

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

|                                                                                                |                                                                                                                   |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Signature:  | Date:<br>04/18/2016                                                                                               |
| Print Supervisor Name:<br>Sgt. Daniel J. Ruiz #339                                             | Supervisor Signature:<br> 339 |



### A. Incident Information

### B. Officer Information

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

**C2. Subject 2** (List only the person who was the subject of the use of force by the officer listed in section B.)

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

3/2007

### A. Incident Information

### B. Officer Information

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

**C2. Subject 2** (List only the person who was the subject of the use of force by the officer listed in section B.)

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

3/2007



3/2007



3/2007

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## TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

### A. Incident Information

|                                                                                                                                                                                                      |      |             |              |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|--------------|-------------|
| Date                                                                                                                                                                                                 | Time | Day of Week | Location     | CASE NUMBER |
| 04/24/2016                                                                                                                                                                                           | 0015 | Sunday      | 5 Brand Road | 16-22751    |
| <b>Type of Incident</b>                                                                                                                                                                              |      |             |              |             |
| <input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop |      |             |              |             |
| <input checked="" type="checkbox"/> Other (specify) Underage drinking/Disorderly Conduct                                                                                                             |      |             |              |             |

### B. Officer Information

|                            |                 |                  |                 |                 |                 |                |
|----------------------------|-----------------|------------------|-----------------|-----------------|-----------------|----------------|
| Name (last, First, Middle) | Badge #         | Sex              | Race            | Age             | Injured (Y / N) | Killed (Y / N) |
| Inglis                     | 390             | M                | W               | 29              | N               | N              |
| Rank                       | Duty Assignment | Years of Service | On Duty (Y / N) | Uniform (Y / N) |                 |                |
| Patrolman                  | 7M              | 3                | Y               | Y               |                 |                |

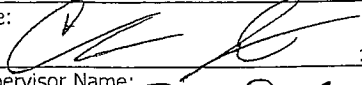
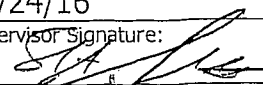
### C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                   |                                      |                                                                                                                                                                                    |               |                |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sex                                                                                                                                                                                                                                                                                                                               | Race                                 | Age                                                                                                                                                                                | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
| [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | M                                                                                                                                                                                                                                                                                                                                 | W                                    | 17                                                                                                                                                                                 | N             | N              | N              |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                    | Charges                              |                                                                                                                                                                                    |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Y                                                                                                                                                                                                                                                                                                                                 | Underage Drinking/Disorderly Conduct |                                                                                                                                                                                    |               |                |                |
| <b>Suspect's Actions</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Officer's use of force toward this subject</b> (check all that apply)                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                    |               |                |                |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |                                      | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>[Use 'UNK' if unknown] |               |                |                |

### C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                        |         |                                                                                                                                                                                    |               |                |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sex                                                                                                                                                                                                                                                                                                                    | Race    | Age                                                                                                                                                                                | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                        |         |                                                                                                                                                                                    |               |                |                |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Arrested (Y/N)                                                                                                                                                                                                                                                                                                         | Charges |                                                                                                                                                                                    |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                        |         |                                                                                                                                                                                    |               |                |                |
| <b>Suspect's Actions</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Officer's use of force toward this subject</b> (check all that apply)                                                                                                                                                                                                                                               |         |                                                                                                                                                                                    |               |                |                |
| <input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |         | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>[Use 'UNK' if unknown] |               |                |                |

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

|                                                                                                     |                                                                                                                 |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Signature:  #390 | Date: 04/24/16                                                                                                  |
| Print Supervisor Name: Sgt. S. Arslan                                                               | Supervisor Signature:  #273 |



# TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

 **ORIGINAL**

## A. Incident Information

|                                                                                                                                                                                                                                                                             |               |                        |                             |                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------|-----------------------------|--------------------------------|
| Date<br>04/26/2016                                                                                                                                                                                                                                                          | Time<br>20:51 | Day of Week<br>Tuesday | Location<br>3434 Route 37 E | <b>CASE NUMBER</b><br>16-23376 |
| <b>Type of Incident</b>                                                                                                                                                                                                                                                     |               |                        |                             |                                |
| <input checked="" type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input checked="" type="checkbox"/> Other (specify) PESS |               |                        |                             |                                |

## B. Officer Information

|                                                   |                           |                       |                      |                      |                      |                     |
|---------------------------------------------------|---------------------------|-----------------------|----------------------|----------------------|----------------------|---------------------|
| Name (last, First, Middle)<br>Kuhlwein, Joshua, J | Badge #<br>363            | Sex<br>M              | Race<br>W            | Age<br>31            | Injured (Y / N)<br>N | Killed (Y / N)<br>N |
| Rank<br>Patrolman                                 | Duty Assignment<br>Patrol | Years of Service<br>6 | On Duty (Y / N)<br>Y | Uniform (Y / N)<br>Y |                      |                     |

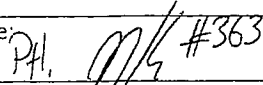
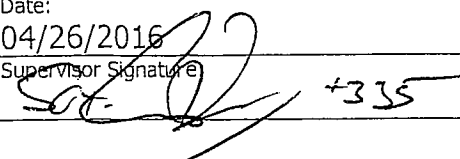
### C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                               |           |                    |                     |                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------|--------------------|---------------------|---------------------|
| Name (last, First, Middle)<br><div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sex<br>M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Race<br>W                                     | Age<br>24 | Weapon(Y / N)<br>Y | Injured(Y / N)<br>N | Killed( Y / N)<br>N |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Arrested (Y/N)<br>Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Charges<br>Poss of a Weapon, Obstruction, CDS |           |                    |                     |                     |
| <b>Suspect's Actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <b>Officer's use of force toward this subject</b> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify)         </div> <div> <b>Firearms Discharge</b><br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           [Use 'UNK' if unknown]         </div> </div> |                                               |           |                    |                     |                     |

### C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |     |               |                |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Race    | Age | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Charges |     |               |                |                |
| <b>Suspect's Actions</b> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <b>Officer's use of force toward this subject</b> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify)         </div> <div> <b>Firearms Discharge</b><br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           [Use 'UNK' if unknown]         </div> </div> |         |     |               |                |                |

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

|                                                                                                     |                                                                                                                 |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Signature:  #363 | Date:<br>04/26/2016                                                                                             |
| Print Supervisor Name:<br>Sgt. E. Mooney #335                                                       | Supervisor Signature:  #335 |





ORIGINAL

# TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

**A. Incident Information**

|                                                                                                                                                                                                                                                                               |               |                        |                             |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------|-----------------------------|--------------------------------|
| Date<br>04/26/2016                                                                                                                                                                                                                                                            | Time<br>20:51 | Day of Week<br>Tuesday | Location<br>3434 Route 37 E | <b>CASE NUMBER</b><br>16-23376 |
| <b>Type of Incident</b>                                                                                                                                                                                                                                                       |               |                        |                             |                                |
| <input checked="" type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input checked="" type="checkbox"/> Other ( specify ) PESS |               |                        |                             |                                |

**B. Officer Information**

|                                                     |                           |                       |                      |                      |                      |                       |
|-----------------------------------------------------|---------------------------|-----------------------|----------------------|----------------------|----------------------|-----------------------|
| Name (last, First, Middle)<br>Taranto III, Louis, H | Badge #<br>374            | Sex<br>M              | Race<br>W            | Age<br>30            | Injured (Y / N)<br>N | Killed ( Y / N )<br>N |
| Rank<br>Patrolman                                   | Duty Assignment<br>Patrol | Years of Service<br>5 | On Duty (Y / N)<br>Y | Uniform (Y / N)<br>Y |                      |                       |

**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)<br><div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Sex<br>M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Race<br>W | Age<br>24                                     | Weapon(Y / N)<br>Y | Injured(Y / N)<br>N | Killed( Y / N )<br>N |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Arrested (Y/N)<br>Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | Charges<br>Poss of a Weapon, Obstruction, CDS |                    |                     |                      |
| <b>Suspect's Actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <b>Officer's use of force toward this subject</b> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify)         </div> <div>           Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           [Use 'UNK' if unknown]         </div> </div> |           |                                               |                    |                     |                      |

**C2. Subject 2** (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |         |               |                |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------------|----------------|-----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Race | Age     | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N ) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      | Charges |               |                |                 |
| <b>Suspect's Actions</b> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <b>Officer's use of force toward this subject</b> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify)         </div> <div>           Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           [Use 'UNK' if unknown]         </div> </div> |      |         |               |                |                 |

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

|                                               |                                               |
|-----------------------------------------------|-----------------------------------------------|
| Signature: <i>[Signature]</i> #374            | Date: 04/26/2016                              |
| Print Supervisor Name:<br>Sgt. E. Mooney #335 | Supervisor Signature: <i>[Signature]</i> #335 |



ORIGINAL

TOMS RIVER POLICE DEPARTMENT  
USE OF FORCE REPORT

## A. Incident Information

|                                                                                                                                                                                                      |      |             |                    |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|--------------------|-------------|
| Date                                                                                                                                                                                                 | Time | Day of Week | Location           | CASE NUMBER |
| 04/30/2016                                                                                                                                                                                           | 0403 | Saturday    | 920 New Jersey Ave | 16-24015    |
| <b>Type of Incident</b>                                                                                                                                                                              |      |             |                    |             |
| <input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop |      |             |                    |             |
| <input checked="" type="checkbox"/> Other (specify) Disorderly Conduct                                                                                                                               |      |             |                    |             |

## B. Officer Information

|                            |                 |                  |                 |                 |                 |                |
|----------------------------|-----------------|------------------|-----------------|-----------------|-----------------|----------------|
| Name (last, First, Middle) | Badge #         | Sex              | Race            | Age             | Injured (Y / N) | Killed (Y / N) |
| DiFabio, Lawrence N        | 385             | M                | W               | 33              | N               | N              |
| Rank                       | Duty Assignment | Years of Service | On Duty (Y / N) | Uniform (Y / N) |                 |                |
| Patrolman                  | Patrol          | 3                | Y               | Y               |                 |                |

## 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) |
| Thomas Carlevale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | M                                                                                                                                                                                                                                                                                                                                 | W                  | 29  | N             | Y              | N              |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                    | Charges            |     |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Y                                                                                                                                                                                                                                                                                                                                 | Disorderly Conduct |     |               |                |                |
| <b>Suspect's Actions</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Officer's use of force toward this subject</b> (check all that apply)                                                                                                                                                                                                                                                          |                    |     |               |                |                |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |                    |     |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>[Use 'UNK' if unknown]                                                                                                                                                |                    |     |               |                |                |

## C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                        |         |     |               |                |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sex                                                                                                                                                                                                                                                                                                                    | Race    | Age | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                        |         |     |               |                |                |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Arrested (Y/N)                                                                                                                                                                                                                                                                                                         | Charges |     |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                        |         |     |               |                |                |
| <b>Suspect's Actions</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Officer's use of force toward this subject</b> (check all that apply)                                                                                                                                                                                                                                               |         |     |               |                |                |
| <input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |         |     |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>[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: Lt. Michael Miller #268 | Supervisor Signature: |

**ORIGINAL****TOMS RIVER POLICE DEPARTMENT  
USE OF FORCE REPORT****A. Incident Information**

|                                                                                                                                                                                                      |      |             |                    |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|--------------------|--------------------|
| Date                                                                                                                                                                                                 | Time | Day of Week | Location           | <b>CASE NUMBER</b> |
| 04/30/2016                                                                                                                                                                                           | 0403 | Saturday    | 920 New Jersey Ave | 16-24015           |
| <b>Type of Incident</b>                                                                                                                                                                              |      |             |                    |                    |
| <input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop |      |             |                    |                    |
| <input checked="" type="checkbox"/> Other (specify) Disorderly Conduct                                                                                                                               |      |             |                    |                    |

**B. Officer Information**

|                            |                 |                  |                 |                 |                 |                |
|----------------------------|-----------------|------------------|-----------------|-----------------|-----------------|----------------|
| Name (last, First, Middle) | Badge #         | Sex              | Race            | Age             | Injured (Y / N) | Killed (Y / N) |
| Martucci, Kyle C           | 347             | M                | W               | 42              | N               | N              |
| Rank                       | Duty Assignment | Years of Service | On Duty (Y / N) | Uniform (Y / N) |                 |                |
| Patrolman                  | Patrol/K-9      | 9                | Y               | Y               |                 |                |

**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) |
| Thomas Carlevale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | W                  | 29  | N             | Y              | N              |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Charges            |     |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Disorderly Conduct |     |               |                |                |
| <b>Suspect's Actions</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Officer's use of force toward this subject</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |     |               |                |                |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <input checked="" type="checkbox"/> Compliance hold      Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object      Number of shots fired _____<br><input type="checkbox"/> Canine      Number of hits _____<br>[Use 'UNK' if unknown]<br><input type="checkbox"/> Other (specify) |                    |     |               |                |                |

**C2. Subject 2** (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |     |               |                |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Race    | Age | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |     |               |                |                |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Charges |     |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |     |               |                |                |
| <b>Suspect's Actions</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Officer's use of force toward this subject</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |     |               |                |                |
| <input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <input type="checkbox"/> Compliance hold      Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object      Number of shots fired _____<br><input type="checkbox"/> Canine      Number of hits _____<br>[Use 'UNK' if unknown]<br><input type="checkbox"/> Other (specify) |         |     |               |                |                |

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

|                                                |                                          |
|------------------------------------------------|------------------------------------------|
| Signature: <i>[Signature]</i> #347             | Date: 4/30/2016                          |
| Print Supervisor Name: Lt. Michael Miller #268 | Supervisor Signature: <i>[Signature]</i> |

ORIGINAL

# TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

### A. Incident Information

|                                                                                                                                                                                                                                                                                                             |      |             |                    |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|--------------------|-------------|
| A. Incident Information                                                                                                                                                                                                                                                                                     |      |             |                    |             |
| Date                                                                                                                                                                                                                                                                                                        | Time | Day of Week | Location           | CASE NUMBER |
| 04/30/2016                                                                                                                                                                                                                                                                                                  | 0403 | Saturday    | 920 New Jersey Ave | 16-24015    |
| <b>Type of Incident</b><br><input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input checked="" type="checkbox"/> Other ( specify ) Disorderly Conduct |      |             |                    |             |

### B. Officer Information

|                            |                 |                  |     |                 |                 |                 |                |
|----------------------------|-----------------|------------------|-----|-----------------|-----------------|-----------------|----------------|
| Name (last, First, Middle) |                 | Badge #          | Sex | Race            | Age             | Injured (Y / N) | Killed (Y / N) |
| Appleby, Brian D           |                 | 401              | M   | W               | 30              | N               | N              |
| Rank                       | Duty Assignment | Years of Service |     | On Duty (Y / N) | Uniform (Y / N) |                 |                |
| Patrolman                  | Patrol          | 2                |     | Y               | Y               |                 |                |

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

| C1. Subject 1 (Last only the person who was the subject of the use of force by the criminal listed in section 72)                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Sex                                                                                                                                                                                                                                                                                                                               | Race | Age                                                                                                                                                                                                             | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | M                                                                                                                                                                                                                                                                                                                                 | W    | 29                                                                                                                                                                                                              | N             | Y              | N              |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                    |      | Charges                                                                                                                                                                                                         |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Y                                                                                                                                                                                                                                                                                                                                 |      | Disorderly Conduct                                                                                                                                                                                              |               |                |                |
| Suspect's Actions (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Officer's use of force toward this subject (check all that apply)                                                                                                                                                                                                                                                                 |      |                                                                                                                                                                                                                 |               |                |                |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |  | <input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |      | <input type="checkbox"/> Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br><br>Number of shots fired _____<br>Number of hits _____<br>[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.)

| C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in Section 2.1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Race | Age     | Weapon(Y / N) | Injured(Y / N) | Killed(Y / N) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------------|----------------|---------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |         |               |                |               |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      | Charges |               |                |               |
| <u>Suspect's Actions</u> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |  | <u>Officer's use of force toward this subject</u> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify)           </div> <div> <input type="checkbox"/> Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/> <br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           [Use 'UNK' if unknown]         </div> </div> |      |         |               |                |               |

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

|                                                |                                          |
|------------------------------------------------|------------------------------------------|
| Signature: <i>[Signature]</i> #401             | Date: 4/30/16                            |
| Print Supervisor Name: Lt. Michael Miller #268 | Supervisor Signature: <i>[Signature]</i> |

**ORIGINAL****TOMS RIVER POLICE DEPARTMENT  
USE OF FORCE REPORT****A. Incident Information**

|                                                                                                                                                                                                      |      |             |                    |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|--------------------|--------------------|
| Date                                                                                                                                                                                                 | Time | Day of Week | Location           | <b>CASE NUMBER</b> |
| 04/30/2016                                                                                                                                                                                           | 0403 | Saturday    | 920 New Jersey Ave | 16-24015           |
| <b>Type of Incident</b>                                                                                                                                                                              |      |             |                    |                    |
| <input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop |      |             |                    |                    |
| <input checked="" type="checkbox"/> Other (specify) Disorderly Conduct                                                                                                                               |      |             |                    |                    |

**B. Officer Information**

|                            |                   |                  |                 |                 |                 |                |
|----------------------------|-------------------|------------------|-----------------|-----------------|-----------------|----------------|
| Name (last, First, Middle) | Badge #           | Sex              | Race            | Age             | Injured (Y / N) | Killed (Y / N) |
| Scali, Anthony J           | 334               | M                | W               | 36              | N               | N              |
| Rank                       | Duty Assignment   | Years of Service | On Duty (Y / N) | Uniform (Y / N) |                 |                |
| Sergeant                   | Patrol Supervisor | 12               | Y               | Y               |                 |                |

**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) |
| Thomas Carlevale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | M                                                                                                                                                                                                                                                                                                                                 | W                  | 29                                                                                                                                                                                                          | N             | Y              | N              |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                    | Charges            |                                                                                                                                                                                                             |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Y                                                                                                                                                                                                                                                                                                                                 | Disorderly Conduct |                                                                                                                                                                                                             |               |                |                |
| <b>Suspect's Actions</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Officer's use of force toward this subject</b> (check all that apply)                                                                                                                                                                                                                                                          |                    |                                                                                                                                                                                                             |               |                |                |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |                    | <input type="checkbox"/> Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>[Use 'UNK' if unknown] |               |                |                |

**C2. Subject 2** (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                        |         |                                                                                                                                                                                                             |               |                |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sex                                                                                                                                                                                                                                                                                                                    | Race    | Age                                                                                                                                                                                                         | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                        |         |                                                                                                                                                                                                             |               |                |                |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Arrested (Y/N)                                                                                                                                                                                                                                                                                                         | Charges |                                                                                                                                                                                                             |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                        |         |                                                                                                                                                                                                             |               |                |                |
| <b>Suspect's Actions</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Officer's use of force toward this subject</b> (check all that apply)                                                                                                                                                                                                                                               |         |                                                                                                                                                                                                             |               |                |                |
| <input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |         | <input type="checkbox"/> Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>[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:                 |
|                        | 4/30/16               |
| Print Supervisor Name: | Supervisor Signature: |
| Michael Miller H268    |                       |



ORIGINAL

# TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

## A. Incident Information

|                                                                                                                                                                                                      |      |             |                    |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|--------------------|--------------------|
| Date                                                                                                                                                                                                 | Time | Day of Week | Location           | <b>CASE NUMBER</b> |
| 04/30/2016                                                                                                                                                                                           | 0403 | Saturday    | 920 New Jersey Ave | 16-24015           |
| <b>Type of Incident</b>                                                                                                                                                                              |      |             |                    |                    |
| <input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop |      |             |                    |                    |
| <input checked="" type="checkbox"/> Other (specify) Disorderly Conduct                                                                                                                               |      |             |                    |                    |

## B. Officer Information

|                            |                 |                  |                 |      |                 |                 |                |
|----------------------------|-----------------|------------------|-----------------|------|-----------------|-----------------|----------------|
| Name (last, First, Middle) |                 | Badge #          | Sex             | Race | Age             | Injured (Y / N) | Killed (Y / N) |
| Inglis, Christopher D      |                 | 390              | M               | W    | 29              | N               | N              |
| Rank                       | Duty Assignment | Years of Service | On Duty (Y / N) |      | Uniform (Y / N) |                 |                |
| Patrolman                  | Patrol          | 3                | Y               |      | Y               |                 |                |

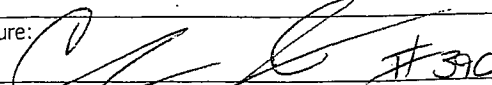
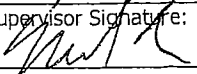
### C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |               |                |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sex            | Race                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Age                | Weapon(Y / N) | Injured(Y / N) | Killed (Y / N) |
| Thomas Carlevale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | M              | W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 29                 | N             | Y              | N              |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Arrested (Y/N) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Charges            |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Y              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disorderly Conduct |               |                |                |
| <b>Suspect's Actions</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                | <b>Officer's use of force toward this subject</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |               |                |                |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |                | <input checked="" type="checkbox"/> Compliance hold      Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object      Number of shots fired _____<br><input type="checkbox"/> Canine      Number of hits _____<br>[Use 'UNK' if unknown]<br><input type="checkbox"/> Other (specify) |                    |               |                |                |

### C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |               |                |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sex            | Race                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Age     | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |               |                |                |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Arrested (Y/N) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Charges |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |               |                |                |
| <b>Suspect's Actions</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                | <b>Officer's use of force toward this subject</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |               |                |                |
| <input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |                | <input type="checkbox"/> Compliance hold      Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object      Number of shots fired _____<br><input type="checkbox"/> Canine      Number of hits _____<br>[Use 'UNK' if unknown]<br><input type="checkbox"/> Other (specify) |         |               |                |                |

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

|                                                                                                |                                                                                                            |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Signature:  | Date: 4/30/2016                                                                                            |
| Print Supervisor Name: L. Michael Miller #260                                                  | Supervisor Signature:  |

 ORIGINAL

| A. Incident Information                                                                                                                                                                                                                                                                 |      |             |                               | CASE NUMBER |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|-------------------------------|-------------|
| Date                                                                                                                                                                                                                                                                                    | Time | Day of Week | Location                      |             |
| 05/04/2016                                                                                                                                                                                                                                                                              | 0041 | Wednesday   | 1920 Route 37 E (Paintmaster) | 16-24724    |
| <b>Type of Incident</b><br><input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input checked="" type="checkbox"/> Traffic Stop<br><input type="checkbox"/> Other ( specify) |      |             |                               |             |

|                                                |                           |                        |          |                      |           |                      |                     |
|------------------------------------------------|---------------------------|------------------------|----------|----------------------|-----------|----------------------|---------------------|
| Name (last, first, middle)<br>Eubanks, Stephen |                           | Badge #<br>318         | Sex<br>M | Race<br>W            | Age<br>48 | Injured (Y / N)<br>N | Killed (Y / N)<br>N |
| Rank<br>Sergeant                               | Duty Assignment<br>Patrol | Years of Service<br>14 |          | On Duty (Y / N)<br>Y |           | Uniform (Y / N)<br>Y |                     |

| C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in section B.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Sex                                                                                                                                                                                                                                                                                                                               | Race | Age                                                                                                                                                                                    | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | F                                                                                                                                                                                                                                                                                                                                 | W    | 27                                                                                                                                                                                     | N             | Y              | N              |
| Schwab, Brittany L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                    |      | Charges                                                                                                                                                                                |               |                |                |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Y                                                                                                                                                                                                                                                                                                                                 |      | 2C:29-2(A)1                                                                                                                                                                            |               |                |                |
| <u>Suspect's Actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                          |      |                                                                                                                                                                                        |               |                |                |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |  | <input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |      | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br><br>Number of shots fired _____<br>Number of hits _____<br>[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.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                                                                                                                                                                                                                                                                        |      | Injured(Y / N) |               | Killed( Y / N) |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------|---------------|----------------|--|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  | Sex                                                                                                                                                                                                                                                                                                                    | Race | Age            | Weapon(Y / N) |                |  |
| N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                                                                                                                                                                                                                                                                        |      |                |               |                |  |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  | Arrested (Y/N)                                                                                                                                                                                                                                                                                                         |      | Charges        |               |                |  |
| <u>Suspect's Actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                               |      |                |               |                |  |
| <input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |  |  |  | <input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |      |                |               |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>[Use 'UNK' if unknown]                                                                                                                                     |      |                |               |                |  |

|                                                  |                                                        |
|--------------------------------------------------|--------------------------------------------------------|
| Signature: <i>J. Cant #318</i>                   | Date:<br>05/04/2016                                    |
| Print Supervisor Name:<br>Sgt. Steve Austin #273 | Supervisor Signature:<br><i>Sgt. Steve Austin #273</i> |

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 ORIGINAL

|                                                                                                     |                                                                                                                 |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Signature:  #337 | Date: 05/04/2016                                                                                                |
| Print Supervisor Name: Sgt. Steve Austin #273                                                       | Supervisor Signature:  #273 |

# TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT



ORIGINAL

## A. Incident Information

|                                                                                                                                                                                                                                                               |              |                          |                                           |                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------|-------------------------------------------|--------------------------------|
| Date<br>05/04/2016                                                                                                                                                                                                                                            | Time<br>0041 | Day of Week<br>Wednesday | Location<br>1920 Route 37 E (Paintmaster) | <b>CASE NUMBER</b><br>16-24724 |
| <b>Type of Incident</b>                                                                                                                                                                                                                                       |              |                          |                                           |                                |
| <input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input checked="" type="checkbox"/> Traffic Stop<br><input type="checkbox"/> Other ( specify ) |              |                          |                                           |                                |

## B. Officer Information

|                                                 |                           |                        |                      |                      |                      |                       |
|-------------------------------------------------|---------------------------|------------------------|----------------------|----------------------|----------------------|-----------------------|
| Name (last, First, Middle)<br>Robertazzi, Jesse | Badge #<br>304            | Sex<br>M               | Race<br>W            | Age<br>40            | Injured (Y / N)<br>N | Killed ( Y / N )<br>N |
| Rank<br>Patrolman                               | Duty Assignment<br>Patrol | Years of Service<br>17 | On Duty (Y / N)<br>Y | Uniform (Y / N)<br>Y |                      |                       |

### 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)<br>Schwab, Brittany L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Sex<br>F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Race<br>W              | Age<br>27 | Weapon(Y / N)<br>N | Injured(Y / N)<br>Y | Killed( Y / N )<br>N |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Arrested (Y/N)<br>Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Charges<br>2C:29-2(A)1 |           |                    |                     |                      |
| <b>Suspect's Actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <b>Officer's use of force toward this subject</b> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify)         </div> <div>           Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           [Use 'UNK' if unknown]         </div> </div> |                        |           |                    |                     |                      |

### 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)<br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Race    | Age | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N ) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Charges |     |               |                |                 |
| <b>Suspect's Actions</b> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <b>Officer's use of force toward this subject</b> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify)         </div> <div>           Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           [Use 'UNK' if unknown]         </div> </div> |         |     |               |                |                 |

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

|                                                  |                             |
|--------------------------------------------------|-----------------------------|
| Signature:  #304                                 | Date: 05/04/2016            |
| Print Supervisor Name:<br>Sgt. Steve Austin #273 | Supervisor Signature:  #273 |

**COPY**

| A. Incident Information                                                                                                                                                                                                                                                                             |      |             |                     | CASE NUMBER |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|---------------------|-------------|
| Date                                                                                                                                                                                                                                                                                                | Time | Day of Week | Location            |             |
| 05/05/2016                                                                                                                                                                                                                                                                                          | 1815 | Thursday    | 14 Morning Glory Ct | 16-25067    |
| <b>Type of Incident</b><br><input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input checked="" type="checkbox"/> Other ( specify) Violent EDP |      |             |                     |             |

|                                               |                           |                        |          |                      |           |                      |                     |
|-----------------------------------------------|---------------------------|------------------------|----------|----------------------|-----------|----------------------|---------------------|
| Name (last, First, Middle)<br>Foy, Michael J. |                           | Badge #<br>371         | Sex<br>M | Race<br>W            | Age<br>30 | Injured (Y / N)<br>N | Killed (Y / N)<br>N |
| Rank<br>Ptl.                                  | Duty Assignment<br>Patrol | Years of Service<br>11 |          | On Duty (Y / N)<br>Y |           | Uniform (Y / N)<br>Y |                     |

| 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)                                                                                                                                                                         |  |
| Morrissy, Sean T.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | M              | W    | 28                                                                                                                                                                                                                                                                                                                                | N             | N              | N                                                                                                                                                                                      |  |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Arrested (Y/N) |      | Charges                                                                                                                                                                                                                                                                                                                           |               |                |                                                                                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | N              |      | Complaints pending                                                                                                                                                                                                                                                                                                                |               |                |                                                                                                                                                                                        |  |
| <u>Suspect's Actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |      | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                          |               |                |                                                                                                                                                                                        |  |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |                |      | <input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |               |                | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br><br>Number of shots fired _____<br>Number of hits _____<br>[Use 'UNK' if unknown] |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |         |               |                |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------------|----------------|----------------|
| <b>C2. Subject 2</b> (List only the person who was the subject of the use of force by the officer listed in section B.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |         |               |                |                |
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Race | Age     | Weapon(Y / N) | Injured(Y / N) | Killed (Y / N) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      | Charges |               |                |                |
| <u>Suspect's Actions</u> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |  | <u>Officer's use of force toward this subject</u> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify)         </div> <div>           Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/> <br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           [Use 'UNK' if unknown]         </div> </div> |      |         |               |                |                |

|                                                                                                     |                                                                                                                  |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Signature:  #371 | Date: 05/05/2016                                                                                                 |
| Print Supervisor Name: Sgt. K. Dietz #257                                                           | Supervisor Signature:  #257 |

# TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

| A. Incident Information                                                                                                                                                                              |       |             |               | CASE NUMBER |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|---------------|-------------|
| Date                                                                                                                                                                                                 | Time  | Day of Week | Location      |             |
| 05/05/2016                                                                                                                                                                                           | 20:56 | Thursday    | 36 Pilot Road | 16-25094    |
| <b>Type of Incident</b>                                                                                                                                                                              |       |             |               |             |
| <input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop |       |             |               |             |
| <input checked="" type="checkbox"/> Other ( specify ) P.E.S.S. Screening                                                                                                                             |       |             |               |             |

|                            |                 |                  |     |                 |                 |                 |                |
|----------------------------|-----------------|------------------|-----|-----------------|-----------------|-----------------|----------------|
| Name (last, First, Middle) |                 | Badge #          | Sex | Race            | Age             | Injured (Y / N) | Killed (Y / N) |
| Kant, Christian, A.        |                 | 375              | M   | W               | 40              | N               | N              |
| Rank                       | Duty Assignment | Years of Service |     | On Duty (Y / N) | Uniform (Y / N) |                 |                |
| Patrolman                  | 7E              | 4                |     | Y               | Y               |                 |                |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                                                                                                                                                                                                                                                                                                                   |      |         |               |                |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------------|----------------|---------------|
| <b>C1. Subject 1</b> (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) |
| [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  | F                                                                                                                                                                                                                                                                                                                                 | W    | 30      | N             | N              | N             |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                    |      | Charges |               |                |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  | N                                                                                                                                                                                                                                                                                                                                 |      | N/A     |               |                |               |
| <u>Suspect's Actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                          |      |         |               |                |               |
| <input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |  |  |  | <input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |      |         |               |                |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>[Use "UNK" if unknown]                                                                                                                                                |      |         |               |                |               |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                        |      |         |               |                                                                                                                                                                                        |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <b>C2. Subject 2</b> (List only the person who was the subject of the use of force by the officer listed in section B.)                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                        |      |         |               |                                                                                                                                                                                        |               |
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Sex                                                                                                                                                                                                                                                                                                                    | Race | Age     | Weapon(Y / N) | Injured(Y / N)                                                                                                                                                                         | Killed(Y / N) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Arrested (Y/N)                                                                                                                                                                                                                                                                                                         |      | Charges |               |                                                                                                                                                                                        |               |
| <u>Suspect's Actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                               |      |         |               |                                                                                                                                                                                        |               |
| <input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |  | <input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |      |         |               | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br><br>Number of shots fired _____<br>Number of hits _____<br>[Use 'UNK' if unknown] |               |

|                                                   |                                              |
|---------------------------------------------------|----------------------------------------------|
| Signature: <i>Christian Kaut</i> #375             | Date:<br>05/05/16                            |
| Print Supervisor Name:<br>Sgt. R. Sermarini # 309 | Supervisor Signature: <i>[Signature]</i> 309 |

# TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

# COPY

## A. Incident Information

|                                                                                                                                                                                                                                                                                             |              |                       |                              |                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------|------------------------------|--------------------------------|
| Date<br>05/08/2016                                                                                                                                                                                                                                                                          | Time<br>1940 | Day of Week<br>Sunday | Location<br>2126 Halsey Road | <b>CASE NUMBER</b><br>16-25676 |
| <b>Type of Incident</b><br><input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input checked="" type="checkbox"/> Other (specify) PESS |              |                       |                              |                                |

## B. Officer Information

|                                                   |                           |                       |                      |                      |           |                      |                     |
|---------------------------------------------------|---------------------------|-----------------------|----------------------|----------------------|-----------|----------------------|---------------------|
| Name (last, First, Middle)<br>Kuhlwein, Joshua, J |                           | Badge #<br>363        | Sex<br>M             | Race<br>W            | Age<br>31 | Injured (Y / N)<br>N | Killed (Y / N)<br>N |
| Rank<br>Patrolman                                 | Duty Assignment<br>Patrol | Years of Service<br>7 | On Duty (Y / N)<br>Y | Uniform (Y / N)<br>Y |           |                      |                     |

### 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)<br><div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sex<br>F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Race<br>W | Age<br>21      | Weapon(Y / N)<br>N | Injured(Y / N)<br>Y | Killed( Y / N)<br>N |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Arrested (Y/N)<br>N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | Charges<br>N/A |                    |                     |                     |
| <b>Suspect's Actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input checked="" type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <b>Officer's use of force toward this subject</b> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify)         </div> <div>           Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           [Use 'UNK' if unknown]         </div> </div> |           |                |                    |                     |                     |

### C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |         |               |                |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Race | Age     | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      | Charges |               |                |                |
| <b>Suspect's Actions</b> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <b>Officer's use of force toward this subject</b> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify)         </div> <div>           Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           [Use 'UNK' if unknown]         </div> </div> |      |         |               |                |                |

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

|                                                |                                             |
|------------------------------------------------|---------------------------------------------|
| Signature:<br><i>Pt. M. # 363</i>              | Date:<br>05/08/2016                         |
| Print Supervisor Name:<br>Sergeant Daniel Ruiz | Supervisor Signature:<br><i>[Signature]</i> |

# TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT



ORIGINAL

## A. Incident Information

|            |      |             |                  |                    |
|------------|------|-------------|------------------|--------------------|
| Date       | Time | Day of Week | Location         | <b>CASE NUMBER</b> |
| 05/08/2016 | 1940 | Sunday      | 2126 Halsey Road | 16-25676           |

**Type of Incident**

☐ Crime in Progress    
 ☐ Domestic    
 ☐ Other Dispute    
 ☐ Suspicious Person    
 ☐ Traffic Stop

☒ Other (specify) PESS

## B. Officer Information

|                            |                 |                  |                 |                 |                 |                |
|----------------------------|-----------------|------------------|-----------------|-----------------|-----------------|----------------|
| Name (last, First, Middle) | Badge #         | Sex              | Race            | Age             | Injured (Y / N) | Killed (Y / N) |
| Minor, John, A             | 416             | M                | W               | 31              | N               | N              |
| Rank                       | Duty Assignment | Years of Service | On Duty (Y / N) | Uniform (Y / N) |                 |                |
| Patrolman                  | Patrol          | 1                | Y               | Y               |                 |                |

### 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) |
| [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | W       | 21  | N             | Y              | N              |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Charges |     |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | N/A     |     |               |                |                |
| <b>Suspect's Actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input checked="" type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <b>Officer's use of force toward this subject</b> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify)                     </div> <div> <b>Firearms Discharge</b><br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/> <br/>                     Number of shots fired _____<br/>                     Number of hits _____<br/>                     [Use 'UNK' if unknown]                 </div> </div> |         |     |               |                |                |

### C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |     |               |                |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Race    | Age | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |     |               |                |                |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Charges |     |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |     |               |                |                |
| <b>Suspect's Actions</b> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <b>Officer's use of force toward this subject</b> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify)                     </div> <div> <b>Firearms Discharge</b><br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/> <br/>                     Number of shots fired _____<br/>                     Number of hits _____<br/>                     [Use 'UNK' if unknown]                 </div> </div> |         |     |               |                |                |

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

|                                             |                       |
|---------------------------------------------|-----------------------|
| Signature:                                  | Date: 05/08/2016      |
| Print Supervisor Name: Sergeant Daniel Ruiz | Supervisor Signature: |

**ORIGINAL**  
**TOMS RIVER POLICE DEPARTMENT**  
**USE OF FORCE REPORT**

**A. Incident Information**

|            |      |             |                  |                    |
|------------|------|-------------|------------------|--------------------|
| Date       | Time | Day of Week | Location         | <b>CASE NUMBER</b> |
| 05/08/2016 | 1940 | Sunday      | 2126 Halsey Road | 16-25676           |

**Type of Incident**

☐ Crime in Progress    
 ☐ Domestic    
 ☐ Other Dispute    
 ☐ Suspicious Person    
 ☐ Traffic Stop

☒ Other (specify) PESS

**B. Officer Information**

|                            |                 |                  |                 |                 |                 |                |
|----------------------------|-----------------|------------------|-----------------|-----------------|-----------------|----------------|
| Name (last, First, Middle) | Badge #         | Sex              | Race            | Age             | Injured (Y / N) | Killed (Y / N) |
| Ruiz, Shawn M.             | 331             | M                | H               | 37              | N               | N              |
| Rank                       | Duty Assignment | Years of Service | On Duty (Y / N) | Uniform (Y / N) |                 |                |
| Patrolman                  | Patrol          | 14               | Y               | Y               |                 |                |

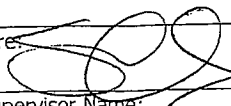
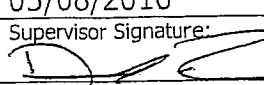
**C1. Subject 1** (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |     |               |                |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Race    | Age | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
| [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | W       | 21  | N             | Y              | N              |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Charges |     |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | N/A     |     |               |                |                |
| <b>Suspect's Actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input checked="" type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <b>Officer's use of force toward this subject</b> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input checked="" type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify)                     </div> <div> <b>Firearms Discharge</b><br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/> <br/>                     Number of shots fired _____<br/>                     Number of hits _____<br/>                     [Use 'UNK' if unknown]                 </div> </div> |         |     |               |                |                |

**C2. Subject 2** (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |     |               |                |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Race    | Age | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |     |               |                |                |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Charges |     |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |     |               |                |                |
| <b>Suspect's Actions</b> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <b>Officer's use of force toward this subject</b> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify)                     </div> <div> <b>Firearms Discharge</b><br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/> <br/>                     Number of shots fired _____<br/>                     Number of hits _____<br/>                     [Use 'UNK' if unknown]                 </div> </div> |         |     |               |                |                |

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

|                                                                                                |                                                                                                            |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Signature:  | Date: 05/08/2016                                                                                           |
| Print Supervisor Name: Sergeant Daniel Ruiz                                                    | Supervisor Signature:  |

# TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT



ORIGINAL

## A. Incident Information

|                                                                                                                                                                                                                                                                                                                  |              |                         |                        |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------|------------------------|--------------------------------|
| Date<br>05/12/2016                                                                                                                                                                                                                                                                                               | Time<br>2221 | Day of Week<br>Thursday | Location<br>Robbins St | <b>CASE NUMBER</b><br>16-26485 |
| <b>Type of Incident</b><br><input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input checked="" type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input checked="" type="checkbox"/> Other (specify) Warrant Arrest |              |                         |                        |                                |

## B. Officer Information

|                                                 |                           |                        |                      |                      |           |                      |                     |
|-------------------------------------------------|---------------------------|------------------------|----------------------|----------------------|-----------|----------------------|---------------------|
| Name (last, First, Middle)<br>DeRosa, Michael A |                           | Badge #<br>386         | Sex<br>M             | Race<br>W            | Age<br>36 | Injured (Y / N)<br>N | Killed (Y / N)<br>N |
| Rank<br>Patrolman                               | Duty Assignment<br>Patrol | Years of Service<br>10 | On Duty (Y / N)<br>Y | Uniform (Y / N)<br>Y |           |                      |                     |

### 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)<br>Ware, Jimmie B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Sex<br>M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Race<br>B | Age<br>24                          | Weapon(Y / N)<br>N | Injured(Y / N)<br>N | Killed (Y / N)<br>N |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Arrested (Y/N)<br>Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | Charges<br>2C:29-1 / 2C:12-1(b)(5) |                    |                     |                     |
| <b>Suspect's Actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input checked="" type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <b>Officer's use of force toward this subject</b> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input checked="" type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify)         </div> <div>           Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           [Use 'UNK' if unknown]         </div> </div> |           |                                    |                    |                     |                     |

### C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |         |               |                |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Race | Age     | Weapon(Y / N) | Injured(Y / N) | Killed (Y / N) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      | Charges |               |                |                |
| <b>Suspect's Actions</b> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <b>Officer's use of force toward this subject</b> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify)         </div> <div>           Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           [Use 'UNK' if unknown]         </div> </div> |      |         |               |                |                |

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

|                                         |                       |
|-----------------------------------------|-----------------------|
| Signature:                              | Date:<br>05/12/16     |
| Print Supervisor Name:<br>Lt. M. Miller | Supervisor Signature: |



## 3/2007

ORIGINAL

# TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

### A. Incident Information

|                                                                                                                                                                                                                 |      |             |           |             |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|-----------|-------------|----------|
| A. Incident Information                                                                                                                                                                                         |      |             |           | CASE NUMBER |          |
| Date                                                                                                                                                                                                            | Time | Day of Week | Location  |             | 16-30038 |
| 05/28/2016                                                                                                                                                                                                      | 2348 | Saturday    | 1506 Rt 9 |             |          |
| <b>Type of Incident</b>                                                                                                                                                                                         |      |             |           |             |          |
| <input type="checkbox"/> Crime in Progress <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop |      |             |           |             |          |
| <input checked="" type="checkbox"/> Other ( specify) PESS Screening                                                                                                                                             |      |             |           |             |          |

### B. Officer Information

|                            |                 |                  |     |                 |                 |                 |                |
|----------------------------|-----------------|------------------|-----|-----------------|-----------------|-----------------|----------------|
| Name (last, First, Middle) |                 | Badge #          | Sex | Race            | Age             | Injured (Y / N) | Killed (Y / N) |
| Worth, Adam, C             |                 | 378              | M   | W               | 29              | N               | N              |
| Rank                       | Duty Assignment | Years of Service |     | On Duty (Y / N) | Uniform (Y / N) |                 |                |
| Patrolman                  | Patrol          | 4                |     | Y               | Y               |                 |                |

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

| C1. Subject 1 (Last only the person who was the subject of the use of force by the officer listed in Section A2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                    |      |         |                                                                                                                                                                                        |                |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sex                                                                                                                                                                                                                                                                                                                                | Race | Age     | Weapon(Y / N)                                                                                                                                                                          | Injured(Y / N) | Killed( Y / N) |
| [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | M                                                                                                                                                                                                                                                                                                                                  | L    | 27      | N                                                                                                                                                                                      | N              | N              |
| <input checked="" type="checkbox"/> Under the influence<br><input checked="" type="checkbox"/> Other unusual condition (specify) <i>MENTAL HEALTH</i>                                                                                                                                                                                                                                                                                                                                                                                                                                           | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                     |      | Charges |                                                                                                                                                                                        |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | N                                                                                                                                                                                                                                                                                                                                  |      | N/A     |                                                                                                                                                                                        |                |                |
| <u>Suspect's Actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                           |      |         |                                                                                                                                                                                        |                |                |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/flists<br><input checked="" type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |      |         | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br><br>Number of shots fired _____<br>Number of hits _____<br>[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.)

| C2: Subject 2 (List only the person who was the subject of the use of force by the officer listed in Section 2.1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |         |               |                |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Race | Age     | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      | Charges |               |                |                |
| <u>Suspect's Actions</u> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |  | <u>Officer's use of force toward this subject</u> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify)           </div> <div> <input type="checkbox"/> Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/> <br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           [Use 'UNK' if unknown]         </div> </div> |      |         |               |                |                |

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

|                                                                                               |                                                                                                               |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Signature:  | Date:<br>5/28/2016                                                                                            |
| Print Supervisor Name:<br>SGT. JAMES BERRY                                                    | Supervisor Signature:<br> |

# COPY

## TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT



# ORIGINAL

### A. Incident Information

|                                                                                                                                                                                                      |      |             |               |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|---------------|-------------|
| Date                                                                                                                                                                                                 | Time | Day of Week | Location      | CASE NUMBER |
| 05/31/2016                                                                                                                                                                                           | 1806 | Tuesday     | 1496 Essex Ct | 16-30697    |
| <b>Type of Incident</b>                                                                                                                                                                              |      |             |               |             |
| <input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop |      |             |               |             |
| <input checked="" type="checkbox"/> Other (specify) PESS Evaluation                                                                                                                                  |      |             |               |             |

### B. Officer Information

|                            |                 |                  |                 |                 |                 |                |
|----------------------------|-----------------|------------------|-----------------|-----------------|-----------------|----------------|
| Name (last, First, Middle) | Badge #         | Sex              | Race            | Age             | Injured (Y / N) | Killed (Y / N) |
| Moschella, Frank, A        | 369             | M                | W               | 29              | N               | N              |
| Rank                       | Duty Assignment | Years of Service | On Duty (Y / N) | Uniform (Y / N) |                 |                |
| Patrolman                  | Patrol          | 5                | Y               | Y               |                 |                |

### 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) |
| [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | M              | W                                                                                                                                                                                                                                                                                                                                 | 32  | N             | Y              | N              |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Arrested (Y/N) | Charges                                                                                                                                                                                                                                                                                                                           |     |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | N              | N/A                                                                                                                                                                                                                                                                                                                               |     |               |                |                |
| <b>Suspect's Actions</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                | <b>Officer's use of force toward this subject</b> (check all that apply)                                                                                                                                                                                                                                                          |     |               |                |                |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |                | <input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |     |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>[Use 'UNK' if unknown]                                                                                                                                                |     |               |                |                |

### C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                                                                                                                                                                                                                                                                                                                        |     |               |                |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sex            | Race                                                                                                                                                                                                                                                                                                                   | Age | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                                                                                                                                                                                                                                                                                                                        |     |               |                |                |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Arrested (Y/N) | Charges                                                                                                                                                                                                                                                                                                                |     |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                                                                                                                                                                                                                                                                                                                        |     |               |                |                |
| <b>Suspect's Actions</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                | <b>Officer's use of force toward this subject</b> (check all that apply)                                                                                                                                                                                                                                               |     |               |                |                |
| <input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |                | <input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |     |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>[Use 'UNK' if unknown]                                                                                                                                     |     |               |                |                |

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

|                                                          |                                        |
|----------------------------------------------------------|----------------------------------------|
| Signature: [Signature] #369                              | Date: 05/31/2016                       |
| Print Supervisor Name:<br>Sgt. Christopher McDowell #312 | Supervisor Signature: [Signature] #312 |

# COPY

## TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT



# ORIGINAL

### A. Incident Information

|                                                                                                                                                                                                      |      |             |               |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|---------------|-------------|
| Date                                                                                                                                                                                                 | Time | Day of Week | Location      | CASE NUMBER |
| 05/31/2016                                                                                                                                                                                           | 1806 | Tuesday     | 1496 Essex Ct | 16-30697    |
| <b>Type of Incident</b>                                                                                                                                                                              |      |             |               |             |
| <input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop |      |             |               |             |
| <input checked="" type="checkbox"/> Other (specify) PESS Evaluation                                                                                                                                  |      |             |               |             |

### B. Officer Information

|                            |                 |                  |                 |                 |                 |                |
|----------------------------|-----------------|------------------|-----------------|-----------------|-----------------|----------------|
| Name (last, First, Middle) | Badge #         | Sex              | Race            | Age             | Injured (Y / N) | Killed (Y / N) |
| Macdonald, Michael, S      | 366             | M                | W               | 32              | N               | N              |
| Rank                       | Duty Assignment | Years of Service | On Duty (Y / N) | Uniform (Y / N) |                 |                |
| Patrolman                  | Patrol          | 6                | Y               | Y               |                 |                |

### 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) |
| [REDACTED]                                                                                                 | M                                                                        | W       | 32                                   | N             | Y              | N              |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify) | Arrested (Y/N)                                                           | Charges |                                      |               |                |                |
|                                                                                                            | N                                                                        | N/A     |                                      |               |                |                |
| <b>Suspect's Actions</b> (check all that apply)                                                            | <b>Officer's use of force toward this subject</b> (check all that apply) |         |                                      |               |                |                |
| <input checked="" type="checkbox"/> Resisted police officer control                                        | <input checked="" type="checkbox"/> Compliance hold                      |         | Firearms Discharge                   |               |                |                |
| <input type="checkbox"/> Physical threat/attack on officer or another                                      | <input type="checkbox"/> Hands/fists                                     |         | <input type="checkbox"/> Intentional |               |                |                |
| <input type="checkbox"/> Threatened/attacked officer or another with blunt object                          | <input type="checkbox"/> Kicks/feet                                      |         | <input type="checkbox"/> Accidental  |               |                |                |
| <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object                  | <input type="checkbox"/> Chemical/natural agent                          |         | Number of shots fired _____          |               |                |                |
| <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle                         | <input type="checkbox"/> Strike/use baton or other object                |         | Number of hits _____                 |               |                |                |
| <input type="checkbox"/> Threatened officer or another with firearm                                        | <input type="checkbox"/> Canine                                          |         | [Use 'UNK' if unknown]               |               |                |                |
| <input type="checkbox"/> Fired at officer or another                                                       | <input type="checkbox"/> Other (specify)                                 |         |                                      |               |                |                |
| <input type="checkbox"/> Other (Specify)                                                                   |                                                                          |         |                                      |               |                |                |

### C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                            |                                                                          |         |                                      |               |                |                |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------|--------------------------------------|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                 | Sex                                                                      | Race    | Age                                  | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
|                                                                                                            |                                                                          |         |                                      |               |                |                |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify) | Arrested (Y/N)                                                           | Charges |                                      |               |                |                |
|                                                                                                            |                                                                          |         |                                      |               |                |                |
| <b>Suspect's Actions</b> (check all that apply)                                                            | <b>Officer's use of force toward this subject</b> (check all that apply) |         |                                      |               |                |                |
| <input type="checkbox"/> Resisted police officer control                                                   | <input type="checkbox"/> Compliance hold                                 |         | Firearms Discharge                   |               |                |                |
| <input type="checkbox"/> Physical threat/attack on officer or another                                      | <input type="checkbox"/> Hands/fists                                     |         | <input type="checkbox"/> Intentional |               |                |                |
| <input type="checkbox"/> Threatened/attacked officer or another with blunt object                          | <input type="checkbox"/> Kicks/feet                                      |         | <input type="checkbox"/> Accidental  |               |                |                |
| <input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object                  | <input type="checkbox"/> Chemical/natural agent                          |         | Number of shots fired _____          |               |                |                |
| <input type="checkbox"/> Threatened/attacked officer or another with motor vehicle                         | <input type="checkbox"/> Strike/use baton or other object                |         | Number of hits _____                 |               |                |                |
| <input type="checkbox"/> Threatened officer or another with firearm                                        | <input type="checkbox"/> Canine                                          |         | [Use 'UNK' if unknown]               |               |                |                |
| <input type="checkbox"/> Fired at officer or another                                                       | <input type="checkbox"/> Other (specify)                                 |         |                                      |               |                |                |
| <input type="checkbox"/> Other (Specify)                                                                   |                                                                          |         |                                      |               |                |                |

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

|                                |                       |
|--------------------------------|-----------------------|
| Signature:                     | Date:                 |
| #366                           | 05/31/2016            |
| Print Supervisor Name:         | Supervisor Signature: |
| Sgt. Christopher McDowell #312 | #312                  |





| A. Incident Information                                                                                                                                                                              |      |             |                        | CASE NUMBER |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|------------------------|-------------|
| Date                                                                                                                                                                                                 | Time | Day of Week | Location               |             |
| 06/06/2016                                                                                                                                                                                           | 2230 | Monday      | 3222 Mystic Port Place | 16-31989    |
| <b>Type of Incident</b>                                                                                                                                                                              |      |             |                        |             |
| <input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop |      |             |                        |             |
| <input checked="" type="checkbox"/> Other ( specify) PESS Screening                                                                                                                                  |      |             |                        |             |

|                            |                 |                  |     |                 |                 |                 |                |
|----------------------------|-----------------|------------------|-----|-----------------|-----------------|-----------------|----------------|
| Name (last, First, Middle) |                 | Badge #          | Sex | Race            | Age             | Injured (Y / N) | Killed (Y / N) |
| Oleary, Brian              |                 | 381              | M   | W               | 29              | N               | N              |
| Rank                       | Duty Assignment | Years of Service |     | On Duty (Y / N) | Uniform (Y / N) |                 |                |
| Ptl                        | Patrol          | 6                |     | Y               | Y               |                 |                |

| C1. Subject 1 (Last only the person who was the subject of the use of force by the officer listed in Section 2.1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Race | Age     | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------------|----------------|----------------|
| Name (last, First, Middle)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | W    | 38      | N             | N              | N              |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      | Charges |               |                |                |
| <u>Suspect's Actions</u> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |  | <u>Officer's use of force toward this subject</u> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify)           </div> <div>             Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/> <br/>             Number of shots fired _____<br/>             Number of hits _____<br/>             [Use 'UNK' if unknown]           </div> </div> |      |         |               |                |                |

| C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in section 2.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |         |               |                |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  | Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Race | Age     | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      | Charges |               |                |                |
| <u>Suspect's Actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |         |               |                |                |
| <input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |  |  |  | <div> <input type="checkbox"/> Compliance hold           <input type="checkbox"/> Firearms Discharge         </div> <div> <input type="checkbox"/> Hands/fists           <input type="checkbox"/> Intentional         </div> <div> <input type="checkbox"/> Kicks/feet           <input type="checkbox"/> Accidental         </div> <div> <input type="checkbox"/> Chemical/natural agent           Number of shots fired _____         </div> <div> <input type="checkbox"/> Strike/use baton or other object           Number of hits _____         </div> <div> <input type="checkbox"/> Canine           [Use 'UNK' if unknown]         </div> <div> <input type="checkbox"/> Other (specify)         </div> |      |         |               |                |                |

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

|                                                                                                     |                                                                                                                   |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Signature:  #381 | Date:<br>6-06-16                                                                                                  |
| Print Supervisor Name:<br>Sgt. Scali #334                                                           | Supervisor Signature:  - 334 |

**ORIGINAL**

| A. Incident Information                                                                                                                                                                                                                                                                                |      |             |                         |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|-------------------------|-------------|
| Date                                                                                                                                                                                                                                                                                                   | Time | Day of Week | Location                | CASE NUMBER |
| 06/06/2016                                                                                                                                                                                                                                                                                             | 2230 | Monday      | 3222 Mystic Port Place. | 16-31989    |
| <b>Type of Incident</b><br><input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input checked="" type="checkbox"/> Other ( specify) PESS Screening |      |             |                         |             |

|                            |                 |                  |     |                 |                 |                 |                |
|----------------------------|-----------------|------------------|-----|-----------------|-----------------|-----------------|----------------|
| Name (last, First, Middle) |                 | Badge #          | Sex | Race            | Age             | Injured (Y / N) | Killed (Y / N) |
| Pedalino, Joshua, S        |                 | 358              | M   | W               | 32              | N               | N              |
| Rank                       | Duty Assignment | Years of Service |     | On Duty (Y / N) | Uniform (Y / N) |                 |                |
| Ptl                        | Patrol          | 10               |     | Y               | Y               |                 |                |

| 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) |
| [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | M                                                                                                                                                                                                                                                                                                                                            | W    | 38      | N                                                                                                                                                                                      | N              | N              |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                               |      | Charges |                                                                                                                                                                                        |                |                |
| <u>Suspect's Actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                                     |      |         |                                                                                                                                                                                        |                |                |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input checked="" type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |      |         | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br><br>Number of shots fired _____<br>Number of hits _____<br>[Use 'UNK' if unknown] |                |                |

| C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in section B.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |               |               |                |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Race | Age           | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      | Charges _____ |               |                |                |
| <u>Suspect's Actions</u> (check all that apply) _____<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) _____ | <u>Officer's use of force toward this subject</u> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify) _____           </div> <div>             Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/> <br/>             Number of shots fired _____<br/>             Number of hits _____<br/>             [Use 'UNK' if unknown]           </div> </div> |      |               |               |                |                |

|                                        |                                              |
|----------------------------------------|----------------------------------------------|
| Signature: <i>P. J. Pata</i> #358 TRPD | Date: 6-06-16                                |
| Print Supervisor Name: Sgt. Scali #334 | Supervisor Signature: <i>[Signature]</i> 334 |

**ORIGINAL**  
**TOMS RIVER POLICE DEPARTMENT**  
**USE OF FORCE REPORT**

**A. Incident Information**

|                                                                                                                                                                                                                                                                              |      |             |                        |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|------------------------|--------------------|
| Date                                                                                                                                                                                                                                                                         | Time | Day of Week | Location               | <b>CASE NUMBER</b> |
| 06/06/2016                                                                                                                                                                                                                                                                   | 2230 | Monday      | 3222 Mystic Port Place | 16-31989           |
| <b>Type of Incident</b>                                                                                                                                                                                                                                                      |      |             |                        |                    |
| <input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input checked="" type="checkbox"/> Other ( specify ) PESS Screening |      |             |                        |                    |

**B. Officer Information**

|                            |                 |                  |                 |      |                 |                 |                  |
|----------------------------|-----------------|------------------|-----------------|------|-----------------|-----------------|------------------|
| Name (last, First, Middle) |                 | Badge #          | Sex             | Race | Age             | Injured (Y / N) | Killed ( Y / N ) |
| Pedalino, Vincent, J       |                 | 327              | M               | W    | 35              | N               | N                |
| Rank                       | Duty Assignment | Years of Service | On Duty (Y / N) |      | Uniform (Y / N) |                 |                  |
| Ptl                        | Patrol          | 14               | Y               |      | Y               |                 |                  |

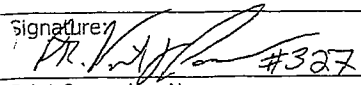
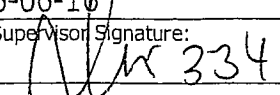
**C1. Subject 1** (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |         |               |                |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------------|----------------|-----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Race | Age     | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N ) |
| [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | W    | 38      | N             | N              | N               |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      | Charges |               |                |                 |
| <b>Suspect's Actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |  | <b>Officer's use of force toward this subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold      Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent      Number of shots fired _____<br><input type="checkbox"/> Strike/use baton or other object      Number of hits _____<br><input type="checkbox"/> Canine      [Use 'UNK' if unknown]<br><input type="checkbox"/> Other (specify) |      |         |               |                |                 |

**C2. Subject 2** (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |         |               |                |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------------|----------------|-----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Race | Age     | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N ) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |         |               |                |                 |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      | Charges |               |                |                 |
| <b>Suspect's Actions</b> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |  | <b>Officer's use of force toward this subject</b> (check all that apply)<br><input type="checkbox"/> Compliance hold      Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent      Number of shots fired _____<br><input type="checkbox"/> Strike/use baton or other object      Number of hits _____<br><input type="checkbox"/> Canine      [Use 'UNK' if unknown]<br><input type="checkbox"/> Other (specify) |      |         |               |                |                 |

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

|                                                                                                    |                                                                                                                |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Signature:  #327 | Date: 6-06-16                                                                                                  |
| Print Supervisor Name: Sgt. Scali #334                                                             | Supervisor Signature:  334 |

**ORIGINAL**  
**TOMS RIVER POLICE DEPARTMENT**  
**USE OF FORCE REPORT**

### A. Incident Information

|                                                                                                                                                                                                      |      |             |                        |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|------------------------|--------------------|
| Date                                                                                                                                                                                                 | Time | Day of Week | Location               | <b>CASE NUMBER</b> |
| 06/06/2016                                                                                                                                                                                           | 2230 | Monday      | 3222 Mystic Port Place | 16-31989           |
| <b>Type of Incident</b>                                                                                                                                                                              |      |             |                        |                    |
| <input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop |      |             |                        |                    |
| <input checked="" type="checkbox"/> Other ( specify ) PESS Screening                                                                                                                                 |      |             |                        |                    |

### **B. Officer Information**

|                                                |                           |                        |          |                      |           |                      |                     |
|------------------------------------------------|---------------------------|------------------------|----------|----------------------|-----------|----------------------|---------------------|
| Name (last, First, Middle)<br>Eubanks, Stephen |                           | Badge #<br>318         | Sex<br>M | Race<br>W            | Age<br>48 | Injured (Y / N)<br>N | Killed (Y / N)<br>N |
| Rank<br>Sgt                                    | Duty Assignment<br>Patrol | Years of Service<br>15 |          | On Duty (Y / N)<br>Y |           | Uniform (Y / N)<br>Y |                     |

**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) |
| [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | M                                                                                                                                                                                                                                                                                                                                 | W    | 38      | N             | N              | N              |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                    |      | Charges |               |                |                |
| <u>Suspect's Actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                          |      |         |               |                |                |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |      |         |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>[Use 'UNK' if unknown]                                                                                                                                                |      |         |               |                |                |

**C2. Subject 2** (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |         |               |                |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------------|----------------|-----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Race | Age     | Weapon(Y / N) | Injured(Y / N) | Killed ( Y / N) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      | Charges |               |                |                 |
| <u>Suspect's Actions</u> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |  | <u>Officer's use of force toward this subject</u> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify)         </div> <div>           Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/> <br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           [Use 'UNK' if unknown]         </div> </div> |      |         |               |                |                 |

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

|                                        |                                            |
|----------------------------------------|--------------------------------------------|
| Signature: <i>C. Galt #318</i>         | Date: 6-06-16                              |
| Print Supervisor Name: Sgt. Scali #334 | Supervisor Signature: <i>N. Scali #334</i> |



# TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT



ORIGINAL

## A. Incident Information

|                                                                                                                                                                                                                                                                                          |              |                          |                        |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------|------------------------|--------------------------------|
| Date<br>06/08/2016                                                                                                                                                                                                                                                                       | Time<br>2020 | Day of Week<br>Wednesday | Location<br>District 1 | <b>CASE NUMBER</b><br>16-32393 |
| <b>Type of Incident</b><br><input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input checked="" type="checkbox"/> Traffic Stop<br><input type="checkbox"/> Other ( specify ) |              |                          |                        |                                |

## B. Officer Information

|                                                    |                           |                        |                      |                      |                      |                     |
|----------------------------------------------------|---------------------------|------------------------|----------------------|----------------------|----------------------|---------------------|
| Name (last, First, Middle)<br>Dugan, Brian, Edward | Badge #<br>328            | Sex<br>M               | Race<br>W            | Age<br>38            | Injured (Y / N)<br>N | Killed (Y / N)<br>N |
| Rank<br>Ptl.                                       | Duty Assignment<br>Patrol | Years of Service<br>14 | On Duty (Y / N)<br>Y | Uniform (Y / N)<br>Y |                      |                     |

### 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)<br>Cofi, Salim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Sex<br>M            | Race<br>B | Age<br>35                                           | Weapon(Y / N)<br>N | Injured(Y / N)<br>N | Killed( Y / N)<br>N |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Arrested (Y/N)<br>Y |           | Charges<br>Possession with intent to distribute CDS |                    |                     |                     |
| <b>Suspect's Actions (check all that apply)</b><br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify)                                                                                                                        |                     |           |                                                     |                    |                     |                     |
| <b>Officer's use of force toward this subject (check all that apply)</b><br><div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify)         </div> <div> <b>Firearms Discharge</b><br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           [Use 'UNK' if unknown]         </div> </div> |                     |           |                                                     |                    |                     |                     |

### 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)<br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sex            | Race | Age     | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Arrested (Y/N) |      | Charges |               |                |                |
| <b>Suspect's Actions (check all that apply)</b><br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify)                                                                                                                        |                |      |         |               |                |                |
| <b>Officer's use of force toward this subject (check all that apply)</b><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify)         </div> <div> <b>Firearms Discharge</b><br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           [Use 'UNK' if unknown]         </div> </div> |                |      |         |               |                |                |

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

|                                                     |                                              |
|-----------------------------------------------------|----------------------------------------------|
| Signature: <i>P.H. B. Dugan #328</i>                | Date:<br>6/9/16                              |
| Print Supervisor Name: <i>Sgt. Ron Scarpino 309</i> | Supervisor Signature: <i>[Signature] 309</i> |

# TOMS RIVER POLICE DEPARTMENT

## USE OF FORCE REPORT

### A. Incident Information

|                                                                                                                                                                                                                                                                                          |              |                          |                          |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------|--------------------------|--------------------------------|
| Date<br>06/08/2016                                                                                                                                                                                                                                                                       | Time<br>2002 | Day of Week<br>Wednesday | Location<br>District One | <b>CASE NUMBER</b><br>16-32393 |
| <b>Type of Incident</b><br><input checked="" type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input type="checkbox"/> Other ( specify ) |              |                          |                          |                                |

### B. Officer Information

|                                              |                        |                        |                      |                      |                      |                       |
|----------------------------------------------|------------------------|------------------------|----------------------|----------------------|----------------------|-----------------------|
| Name (last, First, Middle)<br>MacRae, Duncan | Badge #<br>323         | Sex<br>M               | Race<br>W            | Age<br>37            | Injured (Y / N)<br>n | Killed ( Y / N )<br>n |
| Rank<br>Detective                            | Duty Assignment<br>SET | Years of Service<br>14 | On Duty (Y / N)<br>y | Uniform (Y / N)<br>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)<br>Cofi, Salim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Sex<br>M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Race<br>B | Age<br>35                                                    | Weapon(Y / N)<br>n | Injured(Y / N)<br>n | Killed( Y / N )<br>n |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Arrested (Y/N)<br>y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           | Charges<br>Dist. of heroin, possession of heroin and cocaine |                    |                     |                      |
| <b>Suspect's Actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input checked="" type="checkbox"/> Other (Specify) Attempted to conceal a bag containing 100 wax folds of heroin in his buttox area after being transported to D1. | <b>Officer's use of force toward this subject</b> (check all that apply)<br><input type="checkbox"/> Compliance hold <input type="checkbox"/> Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object     Number of shots fired _____<br><input type="checkbox"/> Canine     Number of hits _____<br><div style="text-align: right;">[Use 'UNK' if unknown]</div> <input checked="" type="checkbox"/> Other (specify) Held the suspect up after the suspect refused to be searched and attempted to throw himself on the ground. |           |                                                              |                    |                     |                      |

### C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |         |               |                |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------------|----------------|-----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Race | Age     | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N ) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | Charges |               |                |                 |
| <b>Suspect's Actions</b> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <b>Officer's use of force toward this subject</b> (check all that apply)<br><input type="checkbox"/> Compliance hold <input type="checkbox"/> Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object     Number of shots fired _____<br><input type="checkbox"/> Canine     Number of hits _____<br><div style="text-align: right;">[Use 'UNK' if unknown]</div> <input type="checkbox"/> Other (specify) |      |         |               |                |                 |

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

|                                       |                             |
|---------------------------------------|-----------------------------|
| Signature:  #323                      | Date: 6-8-16                |
| Print Supervisor Name: Sgt. S. Moller | Supervisor Signature:  #288 |

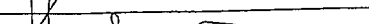
ORIGINAL

| .. Incident Information                                                                                                                                                                              |      |             |                                    |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|------------------------------------|--------------------|
| Date                                                                                                                                                                                                 | Time | Day of Week | Location                           | <b>CASE NUMBER</b> |
| 06/09/2016                                                                                                                                                                                           | 0950 | Thursday    | Ocean County Jail- 120 Hooper Ave. | 16-32506           |
| <b><u>Type of Incident</u></b>                                                                                                                                                                       |      |             |                                    |                    |
| <input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop |      |             |                                    |                    |
| <input checked="" type="checkbox"/> Other ( specify) Jail Interview with Suspect                                                                                                                     |      |             |                                    |                    |

| B. Officer Information                        |                                  |                        |                |                      |           |                      |                      |                     |
|-----------------------------------------------|----------------------------------|------------------------|----------------|----------------------|-----------|----------------------|----------------------|---------------------|
| Name (last, First, Middle)<br>Carey, James S. |                                  |                        | Badge #<br>292 | Sex<br>M             | Race<br>W | Age<br>48            | Injured (Y / N)<br>Y | Killed (Y / N)<br>N |
| Rank<br>Detective                             | Duty Assignment<br>Crim. Invest. | Years of Service<br>20 |                | On Duty (Y / N)<br>Y |           | Uniform (Y / N)<br>N |                      |                     |

| C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section D.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |      |                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                   |                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------|----------------|--|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Sex | Race | Age                                                                                                                                                                                                                                                                                                                                                                                                                            | Weapon(Y / N) | Injured(Y / N)                    | Killed( Y / N) |  |
| Lomonico, Thomas J.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | M   | W    | 26                                                                                                                                                                                                                                                                                                                                                                                                                             | Y             | N                                 | N              |  |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |      | Arrested (Y/N)<br>Y                                                                                                                                                                                                                                                                                                                                                                                                            |               | Charges<br>Agg. Assault on Police |                |  |
| <u>Suspect's Actions</u> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input checked="" type="checkbox"/> Physical threat/attack on officer or another<br><input checked="" type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) _____ |     |      | <u>Officer's use of force toward this subject</u> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input checked="" type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) _____ |               |                                   |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |      | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>[Use 'UNK' if unknown]                                                                                                                                                                                                                                             |               |                                   |                |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                                                                                                                                                                                                                                                                                                                        |      |         |                                                                                                                                                                                               |                |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|
| <b>C2. Subject 2</b> (List only the person who was the subject of the use of force by the officer listed in section B.)                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                                                                                                                                                                                        |      |         |                                                                                                                                                                                               |                |                |
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  | Sex                                                                                                                                                                                                                                                                                                                    | Race | Age     | Weapon(Y / N)                                                                                                                                                                                 | Injured(Y / N) | Killed( Y / N) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  | Arrested (Y/N)                                                                                                                                                                                                                                                                                                         |      | Charges |                                                                                                                                                                                               |                |                |
| <b>Suspect's Actions</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  | <b>Officer's use of force toward this subject</b> (check all that apply)                                                                                                                                                                                                                                               |      |         |                                                                                                                                                                                               |                |                |
| <input type="checkbox"/> Resisted-police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |  |  | <input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |      |         | <b>Firearms-Discharge</b><br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br><br>Number of shots fired _____<br>Number of hits _____<br>[Use 'UNK' if unknown] |                |                |

|                                                                                                |                                                                                                                    |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Signature:  | Date:<br>6/9/2016                                                                                                  |
| Print Supervisor Name:<br>Captain Michael Belcher #259                                         | Supervisor Signature:<br> #259 |





# TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT



**ORIGINAL**

## A. Incident Information

|            |      |             |                          |                    |
|------------|------|-------------|--------------------------|--------------------|
| Date       | Time | Day of Week | Location                 | <b>CASE NUMBER</b> |
| 06/15/2016 | 1413 | Wednesday   | 140 Route 37 E; Checkers | 16-33927           |

**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) |
| Lamar, Kyle, L             | 413             | M                | W               | 29              | N               | N               |
| Rank                       | Duty Assignment | Years of Service | On Duty (Y / N) | Uniform (Y / N) |                 |                 |
| Patrolman                  | Patrol          | 1                | Y               | Y               |                 |                 |

### 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) |
| Morgan, Devonta, A         | M   | B    | 23  | N             | N              | N              |

☐ Under the influence  
☐ Other unusual condition (specify)

**Suspect'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)

**Arrested (Y/N)**  
Y

**Charges**  
2C:35-10a(4), 2C:29-2, 2C:36-1

**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)

**Suspect'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)

**Arrested (Y/N)**

**Charges**

**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:  # 413                          | Date: 06/15/2016            |
| Print Supervisor Name: Sgt. S. Austin #273 | Supervisor Signature:  #273 |

**COPY**

## 3/2007

# TOMS RIVER POLICE DEPARTMENT

## USE OF FORCE REPORT

### A. Incident Information

|            |      |             |              |                    |
|------------|------|-------------|--------------|--------------------|
| Date       | Time | Day of Week | Location     | <b>CASE NUMBER</b> |
| 06/22/2016 | 0046 | Wednesday   | 47 Walnut St | 16-35429           |

**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) |
| Worth, Adam, C             | 378             | M                | W               | 30              | N               | N              |
| Rank                       | Duty Assignment | Years of Service | On Duty (Y / N) | Uniform (Y / N) |                 |                |
| Patrolman                  | Patrol          | 4                | Y               | Y               |                 |                |

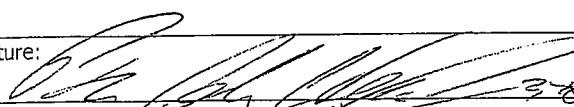
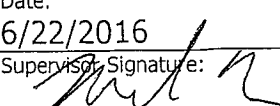
### C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                               |                            |     |               |                |                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Sex                                                                                                                                                                                                                                                                                                                                                                                                           | Race                       | Age | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
| Evans, Germain, E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | M                                                                                                                                                                                                                                                                                                                                                                                                             | B                          | 31  | N             | N              | N              |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                | Charges                    |     |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Y                                                                                                                                                                                                                                                                                                                                                                                                             | Obstruction, DV Harassment |     |               |                |                |
| <b>Suspect's Actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <b>Officer's use of force toward this subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |                            |     |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>[Use 'UNK' if unknown]                                                                                                                                                                                                                            |                            |     |               |                |                |

### C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                    |         |     |               |                |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sex                                                                                                                                                                                                                                                                                                                                                                                                | Race    | Age | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                    |         |     |               |                |                |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                     | Charges |     |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                    |         |     |               |                |                |
| <b>Suspect's Actions</b> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <b>Officer's use of force toward this subject</b> (check all that apply)<br><input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |         |     |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>[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: 6/22/2016                                                                                            |
| Print Supervisor Name: Michael Miller 268                                                      | Supervisor Signature:  |



# TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

ORIGINAL

## Incident Information

|                                                                                                                                                                                                                                                                                                         |              |                         |                                        |                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------|----------------------------------------|--------------------------------|
| Date<br>06/25/2016                                                                                                                                                                                                                                                                                      | Time<br>0206 | Day of Week<br>Saturday | Location<br>255 Oak Ave; TRMJ; Cell #6 | <b>CASE NUMBER</b><br>16-36154 |
| <b>Type of Incident</b><br><input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input checked="" type="checkbox"/> Other ( specify ) Search in TRMJ |              |                         |                                        |                                |

## B. Officer Information

|                                                  |                         |                       |                      |                      |                      |                       |
|--------------------------------------------------|-------------------------|-----------------------|----------------------|----------------------|----------------------|-----------------------|
| Name (last, First, Middle)<br>Gadaleta, Robert D | Badge #<br>4589         | Sex<br>M              | Race<br>C            | Age<br>24            | Injured (Y / N)<br>N | Killed ( Y / N )<br>N |
| Rank<br>Booking Officer                          | Duty Assignment<br>Jail | Years of Service<br>2 | On Duty (Y / N)<br>Y | Uniform (Y / N)<br>Y |                      |                       |

### 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)<br>Turner, William R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sex<br>M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Race<br>B           | Age<br>42 | Weapon(Y / N)<br>N | Injured(Y / N)<br>N | Killed( Y / N )<br>N |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Arrested (Y/N)<br>Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Charges<br>2C:29-1A |           |                    |                     |                      |
| <b>Suspect's Actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <b>Officer's use of force toward this subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent    Number of shots fired _____<br><input type="checkbox"/> Strike/use baton or other object    Number of hits _____<br><input type="checkbox"/> Canine    [Use 'UNK' if unknown]<br><input type="checkbox"/> Other (specify) |                     |           |                    |                     |                      |

### C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |     |               |                |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----|---------------|----------------|-----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Race    | Age | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N ) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Charges |     |               |                |                 |
| <b>Suspect's Actions</b> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <b>Officer's use of force toward this subject</b> (check all that apply)<br><input type="checkbox"/> Compliance hold <input type="checkbox"/> Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent    Number of shots fired _____<br><input type="checkbox"/> Strike/use baton or other object    Number of hits _____<br><input type="checkbox"/> Canine    [Use 'UNK' if unknown]<br><input type="checkbox"/> Other (specify) |         |     |               |                |                 |

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

|                                           |                               |
|-------------------------------------------|-------------------------------|
| Signature:<br>4589                        | Date:<br>06/25/2016           |
| Print Supervisor Name:<br>Sgt. R. S. #260 | Supervisor Signature:<br>#260 |

ORIGINAL

3/2007

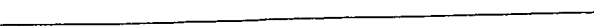
ORIGINAL

| Incident Information                                                                                                                                                                                                                                                                    |      |             |              | CASE NUMBER |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|--------------|-------------|
| Date                                                                                                                                                                                                                                                                                    | Time | Day of Week | Location     |             |
| 06/25/2016                                                                                                                                                                                                                                                                              | 0154 | Saturday    | 7 W Water St | 16-36154    |
| <b>Type of Incident</b><br><input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input checked="" type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input type="checkbox"/> Other ( specify) |      |             |              |             |

|                            |                 |                  |     |                 |     |                 |                |
|----------------------------|-----------------|------------------|-----|-----------------|-----|-----------------|----------------|
| Name (last, First, Middle) |                 | Badge #          | Sex | Race            | Age | Injured (Y / N) | Killed (Y / N) |
| Worth, Adam, C             |                 | 378              | M   | W               | 30  | N               | N              |
| Rank                       | Duty Assignment | Years of Service |     | On Duty (Y / N) |     | Uniform (Y / N) |                |
| Patrolman                  | Patrol          | 4                |     | Y               |     | Y               |                |

| 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) |
| Turner, William, R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | M              | B                                                                                                                                                                                                                                                                                                                                     | 42  | N             | N              | N              |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Arrested (Y/N) | Charges                                                                                                                                                                                                                                                                                                                               |     |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Y              | Obstruction                                                                                                                                                                                                                                                                                                                           |     |               |                |                |
| <u>Suspect's Actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                              |     |               |                |                |
| <input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input checked="" type="checkbox"/> Other (Specify) Attempted to assist another party in fleeing custody |                | <input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input checked="" type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><br><input type="checkbox"/> Other (specify) |     |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br><br>Number of shots fired _____<br>Number of hits _____<br>[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) |
| Hardy, Rosilee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | B    | 29                                            | N             | N              | N              |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Arrested (Y/N)<br>Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      | Charges<br>Defiant Trespass, Resisting Arrest |               |                |                |
| <u>Suspect's Actions</u> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <u>Officer's use of force toward this subject</u> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input checked="" type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify)           </div> <div>             Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/> <br/>             Number of shots fired _____<br/>             Number of hits _____<br/>             [Use 'UNK' if unknown]           </div> </div> |      |                                               |               |                |                |

|                                                                                               |                                                                                                            |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Signature:  | Date: 6/25/16                                                                                              |
| Print Supervisor Name: Sgt D. Sysoi #260                                                      | Supervisor Signature:  |
| 3/2007                                                                                        |                                                                                                            |

SE OF FORCE RE

| Incident Information                                                                                                                                                                                                                                                                                   |      |             |                     | CASE NUMBER |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|---------------------|-------------|
| Date                                                                                                                                                                                                                                                                                                   | Time | Day of Week | Location            |             |
| 06/25/2016                                                                                                                                                                                                                                                                                             | 1138 | Saturday    | 122 Fairacres Drive | 16-36225    |
| <b>Type of Incident</b><br><input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input checked="" type="checkbox"/> Other ( specify) First aid call |      |             |                     |             |

| B. Officer Information                             |                           | Badge #               | Sex | Race                 | Age | Injured (Y / N)      | Killed (Y / N) |
|----------------------------------------------------|---------------------------|-----------------------|-----|----------------------|-----|----------------------|----------------|
| Name (last, First, Middle)<br>Mundy, Brent, Austin |                           | 377                   | M   | W                    | 31  | N                    | N              |
| Rank<br>Patrolman                                  | Duty Assignment<br>Patrol | Years of Service<br>4 |     | On Duty (Y / N)<br>Y |     | Uniform (Y / N)<br>Y |                |

| 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)                                                                                                                                                                         |  |
| Leen, Joseph, Aloysius                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | M              | W    | 54                                                                                                                                                                                                                                                                                                                                | N             | N              | N                                                                                                                                                                                      |  |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Arrested (Y/N) |      | Charges                                                                                                                                                                                                                                                                                                                           |               |                |                                                                                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Y              |      | 2C:12-1(b)5(c) Aggravated Assault                                                                                                                                                                                                                                                                                                 |               |                |                                                                                                                                                                                        |  |
| Suspect's Actions (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |      | Officer's use of force toward this subject (check all that apply)                                                                                                                                                                                                                                                                 |               |                |                                                                                                                                                                                        |  |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |                |      | <input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |               |                | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br><br>Number of shots fired _____<br>Number of hits _____<br>[Use 'UNK' if unknown] |  |

| C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in section B.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |         |               |                |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Race | Age     | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      | Charges |               |                |                |
| <u>Suspect's Actions</u> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <u>Officer's use of force toward this subject</u> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify)           </div> <div>             Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/> <br/>             Number of shots fired _____<br/>             Number of hits _____<br/>             [Use 'UNK' if unknown]           </div> </div> |      |         |               |                |                |

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

|                                             |                                                                                                                |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Signature:<br>P.H. Brent Meyer #377         | Date:<br>06/25/16                                                                                              |
| Print Supervisor Name:<br>Sgt. T. Grob #262 | Supervisor Signature:<br> |

3/2007

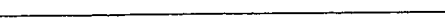
 ORIGINAL

|                                                                                                                                                                                                      |      |             |                  |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|------------------|--------------------|
| Date                                                                                                                                                                                                 | Time | Day of Week | Location         | <b>CASE NUMBER</b> |
| 06/25/2016                                                                                                                                                                                           | 1138 | Saturday    | 122 Fairacers Dr | 16-36225           |
| <b>Type of Incident</b>                                                                                                                                                                              |      |             |                  |                    |
| <input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop |      |             |                  |                    |
| <input checked="" type="checkbox"/> Other ( specify) first aid/agg. assault                                                                                                                          |      |             |                  |                    |

|                            |                 |                  |     |                 |                 |                 |                |
|----------------------------|-----------------|------------------|-----|-----------------|-----------------|-----------------|----------------|
| Name (last, first, middle) |                 | Badge #          | Sex | Race            | Age             | Injured (Y / N) | Killed (Y / N) |
| Brennan, Daniel, Thomas    |                 | 290              | M   | W               | 49              | N               | N              |
| Rank                       | Duty Assignment | Years of Service |     | On Duty (Y / N) | Uniform (Y / N) |                 |                |
| Ptl.                       | Patrol          | 16               |     | Y               | Y               |                 |                |

| <b>CI: Subject 1</b> (List only the person who was the subject of the use of force by the officer listed in section 12.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                |      |                                                                                                                                                                                                                                                                                                                                   |               |                |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|-----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sex                            | Race | Age                                                                                                                                                                                                                                                                                                                               | Weapon(Y / N) | Injured(Y / N) | Killed ( Y / N) |
| Leen Joseph,Aloysius                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | M                              | W    | 54                                                                                                                                                                                                                                                                                                                                | N             | N              | N               |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Arrested (Y/N)<br><br><b>Y</b> |      | Charges<br><br><b>Agg. Assault</b>                                                                                                                                                                                                                                                                                                |               |                |                 |
| <b>Suspect's Actions</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |      | <b>Officer's use of force toward this subject</b> (check all that apply)                                                                                                                                                                                                                                                          |               |                |                 |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |                                |      | <input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |               |                |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |      | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br><br>Number of shots fired _____<br>Number of hits _____<br>[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 2.1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Name (last, First, Middle) | Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Race | Age     | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------------|----------------|----------------|
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                            | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      | Charges |               |                |                |
| <u>Suspect's Actions</u> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |  |                            | <u>Officer's use of force toward this subject</u> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify)           </div> <div>             Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/> <br/>             Number of shots fired _____<br/>             Number of hits _____<br/>             [Use 'UNK' if unknown]           </div> </div> |      |         |               |                |                |

|                                                                                               |                                                                                                                 |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Signature:  | Date: 06/25/16                                                                                                  |
| Print Supervisor Name: Sgt T Grob #262                                                        | Supervisor Signature:  261 |

3/2007

# DEPARTMENT OF REPORTS

| Incident Information                                                                                                                                                                                                                                                                                    |       |             |                   | CASE NUMBER |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|-------------------|-------------|
| Date                                                                                                                                                                                                                                                                                                    | Time  | Day of Week | Location          |             |
| 06/25/2016                                                                                                                                                                                                                                                                                              | 11:38 | Saturday    | 122 Fairacres Dr. | 16-36225    |
| <b>Type of Incident</b><br><input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input checked="" type="checkbox"/> Other ( specify ) First Aid Call |       |             |                   |             |

| B. Officer Information     |                 |                  |         |                 |      |                 |                 |                |
|----------------------------|-----------------|------------------|---------|-----------------|------|-----------------|-----------------|----------------|
| Name (last, First, Middle) |                 |                  | Badge # | Sex             | Race | Age             | Injured (Y / N) | Killed (Y / N) |
| Doyle, Brian, Michael      |                 |                  | 329     | M               | W    | 39              | N               | N              |
| Rank                       | Duty Assignment | Years of Service |         | On Duty (Y / N) |      | Uniform (Y / N) |                 |                |
| Patrolman                  | Patrol          | 15               |         | Y               |      | Y               |                 |                |

| 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) |
| Leen, Joseph Aloysius                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | M              | W                                                                                                                                                                                                                                                                                                                                 | 54  | N             | N              | N              |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Arrested (Y/N) | Charges                                                                                                                                                                                                                                                                                                                           |     |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Y              | 2C:12-1(B)5(C) Aggravated Assault                                                                                                                                                                                                                                                                                                 |     |               |                |                |
| <u>Suspect's Actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                          |     |               |                |                |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |                | <input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |     |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>[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.7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                                                                                                                                                                                                                                                                                                                        |         |               |                |                                                                                                                                                                                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sex            | Race                                                                                                                                                                                                                                                                                                                   | Age     | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N)                                                                                                                                                                         |  |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Arrested (Y/N) |                                                                                                                                                                                                                                                                                                                        | Charges |               |                |                                                                                                                                                                                        |  |
| <u>Suspect's Actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                               |         |               |                |                                                                                                                                                                                        |  |
| <input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |                | <input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |         |               |                | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br><br>Number of shots fired _____<br>Number of hits _____<br>[Use 'UNK' if unknown] |  |

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

|                                                                                                     |                                                                                                                |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Signature:  #329 | Date:<br>06/25/16                                                                                              |
| Print Supervisor Name:<br>Sgt. T. Grob #262                                                         | Supervisor Signature:  262 |

3/2007

# TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

## Incident Information

|                                                                                                                                                                                                                                                                                                       |               |                         |                               |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|-------------------------------|--------------------------------|
| Date<br>06/25/2016                                                                                                                                                                                                                                                                                    | Time<br>11:38 | Day of Week<br>Saturday | Location<br>122 Fairacres Dr. | <b>CASE NUMBER</b><br>16-36225 |
| <b>Type of Incident</b><br><input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input checked="" type="checkbox"/> Other (specify) First Aid Call |               |                         |                               |                                |

## B. Officer Information

|                                                    |                           |                       |                      |                      |                      |                     |
|----------------------------------------------------|---------------------------|-----------------------|----------------------|----------------------|----------------------|---------------------|
| Name (last, First, Middle)<br>Oliver, Kevin Thomas | Badge #<br>389            | Sex<br>M              | Race<br>W            | Age<br>31            | Injured (Y / N)<br>N | Killed (Y / N)<br>N |
| Rank<br>Patrolman                                  | Duty Assignment<br>Patrol | Years of Service<br>3 | On Duty (Y / N)<br>Y | Uniform (Y / N)<br>Y |                      |                     |

### 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)<br>Leen, Joseph Aloysius                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sex<br>M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Race<br>W                                    | Age<br>54 | Weapon(Y / N)<br>N | Injured(Y / N)<br>N | Killed( Y / N)<br>N |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Arrested (Y/N)<br>Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Charges<br>2C:12-1(B)5(C) Aggravated Assault |           |                    |                     |                     |
| <b>Suspect's Actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <b>Officer's use of force toward this subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/fists <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify)<br>Firearms Discharge<br><input type="checkbox"/> Intentional <input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>[Use 'UNK' if unknown] |                                              |           |                    |                     |                     |

### C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |     |               |                |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Race    | Age | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Charges |     |               |                |                |
| <b>Suspect's Actions</b> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <b>Officer's use of force toward this subject</b> (check all that apply)<br><input type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/fists <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object <input type="checkbox"/> Canine <input type="checkbox"/> Other (specify)<br>Firearms Discharge<br><input type="checkbox"/> Intentional <input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>[Use 'UNK' if unknown] |         |     |               |                |                |

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

|                                             |                            |
|---------------------------------------------|----------------------------|
| Signature:  #389                            | Date:<br>06/25/16          |
| Print Supervisor Name:<br>Sgt. T. Grob #262 | Supervisor Signature:  262 |

16-36574



|            |      |             |                 |                    |
|------------|------|-------------|-----------------|--------------------|
| Date       | Time | Day of Week | Location        | <b>CASE NUMBER</b> |
| 06/26/2016 | 1858 | SUNDAY      | 26 ALMOND DRIVE | 16-36574           |

☐ Crime in Progress      ☐ Domestic      ☐ Other Dispute      ☐ Suspicious Person      ☐ Traffic Stop

☒ Other ( specify ) **THEFT**

|                                                           |                                        |                               |                 |                             |                  |                             |                             |
|-----------------------------------------------------------|----------------------------------------|-------------------------------|-----------------|-----------------------------|------------------|-----------------------------|-----------------------------|
| Name (last, First, Middle)<br><b>MCDOWELL, C.D. (312)</b> |                                        | Badge #<br><b>312</b>         | Sex<br><b>M</b> | Race<br><b>W</b>            | Age<br><b>46</b> | Injured (Y / N)<br><b>N</b> | Killed ( Y / N)<br><b>N</b> |
| Rank<br><b>SGT.</b>                                       | Duty Assignment<br><b>OPS. SQUAD 5</b> | Years of Service<br><b>15</b> |                 | On Duty (Y / N)<br><b>Y</b> |                  | Uniform (Y / N)<br><b>Y</b> |                             |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                    |      |                        |               |                |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sex                                                                                                                                                                                                                                                                                                                                | Race | Age                    | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
| DUFF, BRIAN J.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | M                                                                                                                                                                                                                                                                                                                                  | W    | 39                     | N             | N              | N              |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                     |      | Charges                |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Y                                                                                                                                                                                                                                                                                                                                  |      | 2C:33-2(A), 2C:29-2(A) |               |                |                |
| <u>Suspect's Actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                           |      |                        |               |                |                |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/flists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |      |                        |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>[Use 'UNK' if unknown]                                                                                                                                                 |      |                        |               |                |                |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |         |               |                |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Race | Age     | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      | Charges |               |                |                |
| <u>Suspect's Actions</u> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <u>Officer's use of force toward this subject</u> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify)         </div> <div>           Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           [Use 'UNK' if unknown]         </div> </div> |      |         |               |                |                |

Signature: B. M. #312

Date:  
06.26.2016

26.2016  
Supervisor Signature:  #266



ORIGINAL

# TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

16-36574

 ORIGINAL

## A. Incident Information

|            |      |             |                    |                    |
|------------|------|-------------|--------------------|--------------------|
| Date       | Time | Day of Week | Location           | <b>CASE NUMBER</b> |
| 06/26/2016 | 1959 | Sunday      | 85 Beechtree Drive | 16-36574           |

**Type of Incident**

☐ Crime in Progress    
 ☐ Domestic    
 ☐ Other Dispute    
 ☐ Suspicious Person    
 ☐ Traffic Stop

☒ Other (specify) Theft

## B. Officer Information

|                            |                 |                  |                 |                 |                 |                |
|----------------------------|-----------------|------------------|-----------------|-----------------|-----------------|----------------|
| Name (last, First, Middle) | Badge #         | Sex              | Race            | Age             | Injured (Y / N) | Killed (Y / N) |
| Franco, Nicholas, R.       | 380             | M                | W               | 30              | N               | N              |
| Rank                       | Duty Assignment | Years of Service | On Duty (Y / N) | Uniform (Y / N) |                 |                |
| Patrolman                  | Patrol          | 4                | Y               | Y               |                 |                |

## 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) |
| Keefer, Nicole, J.         | F   | W    | 37  | N             | N              | N              |

☒ Under the influence  
☐ Other unusual condition (specify)

**Suspect'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)

**Arrested (Y/N)** Y

**Charges**  
Obstruction, Resisting

**Officer's use of force toward this subject** (check all that apply)

☒ Compliance hold     ☐ Firearms Discharge  
☐ Hands/fists     ☐ Intentional  
☐ Kicks/feet     ☐ Accidental  
☐ Chemical/natural agent  
☐ Strike/use baton or other object     Number of shots fired 0  
☐ Canine     Number of hits 0  
☐ Other (specify)     [Use 'UNK' if unknown]

## C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in section B.)

|                            |     |      |     |               |                |                |
|----------------------------|-----|------|-----|---------------|----------------|----------------|
| Name (last, First, Middle) | Sex | Race | Age | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
| n/a                        |     |      |     |               |                |                |

☐ Under the influence  
☐ Other unusual condition (specify)

**Suspect'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)

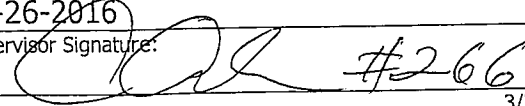
**Arrested (Y/N)**

**Charges**

**Officer's use of force toward this subject** (check all that apply)

☐ Compliance hold     ☐ Firearms Discharge  
☐ Hands/fists     ☐ Intentional  
☐ Kicks/feet     ☐ Accidental  
☐ Chemical/natural agent  
☐ Strike/use baton or other object     Number of shots fired \_\_\_\_\_  
☐ Canine     Number of hits \_\_\_\_\_  
☐ Other (specify)     [Use 'UNK' if unknown]

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

|                                                                                                |                                                                                                                 |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Signature:  | Date: 06-26-2016                                                                                                |
| Print Supervisor Name: Lieutenant C. Anderson #266                                             | Supervisor Signature:  #266 |

3/2007

 ORIGINAL

16-37(27)

| Incident Information                                                                                                                                                                                                                                                                 |       |             |                     |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|---------------------|-------------|
| Date                                                                                                                                                                                                                                                                                 | Time  | Day of Week | Location            | CASE NUMBER |
| 06/29/2016                                                                                                                                                                                                                                                                           | 11:30 | Wednesday   | K Mart 213 Rt. 3716 | 16-37127    |
| <b>Type of Incident</b><br><input checked="" type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Other ( specify) |       |             |                     |             |

|                            |                 |                  |     |                 |     |                 |                |
|----------------------------|-----------------|------------------|-----|-----------------|-----|-----------------|----------------|
| Name (last, first, middle) |                 | Badge #          | Sex | Race            | Age | Injured (Y / N) | Killed (Y / N) |
| Charles L. Grainger        |                 | 373              | M   | C               | 32  | N               | N              |
| Rank                       | Duty Assignment | Years of Service |     | On Duty (Y / N) |     | Uniform (Y / N) |                |
| Patrolman                  | Patrol          | 5                |     | Y               |     | Y               |                |

| C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section 7.2.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |      |                                                                                                                                                                                                                                                                                                                                   |               |                |               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|---------------|--|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sex            | Race | Age                                                                                                                                                                                                                                                                                                                               | Weapon(Y / N) | Injured(Y / N) | Killed(Y / N) |  |
| Alexander Ciccoello                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | M              | C    | 24                                                                                                                                                                                                                                                                                                                                | N             | N              | N             |  |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Arrested (Y/N) |      | Charges                                                                                                                                                                                                                                                                                                                           |               |                |               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Y              |      | 2C:20-11,2C:29-1,2C:29-2                                                                                                                                                                                                                                                                                                          |               |                |               |  |
| <u>Suspect's Actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |      | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                          |               |                |               |  |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |                |      | <input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |               |                |               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |      | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>[Use 'UNK' if unknown]                                                                                                                                                |               |                |               |  |

| C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in section B.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |         |               |                |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Race | Age     | Weapon(Y / N) | Injured(Y / N) | Killed (Y / N) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      | Charges |               |                |                |
| <u>Suspect's Actions</u> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) | <u>Officer's use of force toward this subject</u> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compliance hold<br/> <input type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify)           </div> <div>             Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/> <br/>             Number of shots fired _____<br/>             Number of hits _____<br/>             [Use 'UNK' if unknown]           </div> </div> |      |         |               |                |                |

|                                                    |                                          |
|----------------------------------------------------|------------------------------------------|
| Signature: <i>[Signature]</i> PTH. Charles Granger | Date: 6-28-16                            |
| Print Supervisor Name: <i>[Signature]</i> McDougal | Supervisor Signature: <i>[Signature]</i> |

3/2007



ORIGINAL

# TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

16-37127

## Incident Information

|                                                                                                                                                                                                                                                                                          |               |                          |                                 |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------|---------------------------------|--------------------------------|
| Date<br>06/29/2016                                                                                                                                                                                                                                                                       | Time<br>11:30 | Day of Week<br>Wednesday | Location<br>K Mart 213 Rt. 3716 | <b>CASE NUMBER</b><br>16-37127 |
| <b>Type of Incident</b><br><input checked="" type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop<br><input type="checkbox"/> Other ( specify ) |               |                          |                                 |                                |

## B. Officer Information

|                                               |                           |                        |                      |                      |           |                      |                       |
|-----------------------------------------------|---------------------------|------------------------|----------------------|----------------------|-----------|----------------------|-----------------------|
| Name (last, First, Middle)<br>Robert Westfall |                           | Badge #<br>306         | Sex<br>M             | Race<br>C            | Age<br>48 | Injured (Y / N)<br>N | Killed ( Y / N )<br>N |
| Rank<br>Patrolman                             | Duty Assignment<br>Patrol | Years of Service<br>26 | On Duty (Y / N)<br>Y | Uniform (Y / N)<br>Y |           |                      |                       |

## 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)<br>Alexander Ciccolello                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Sex<br>M                                                                                                                                                                                                                                                                                                                                                                                          | Race<br>C                           | Age<br>24 | Weapon(Y / N)<br>N | Injured(Y / N)<br>N | Killed( Y / N )<br>N |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Arrested (Y/N)<br>Y                                                                                                                                                                                                                                                                                                                                                                               | Charges<br>2C:20-11,2C:29-1,2C:29-2 |           |                    |                     |                      |
| <b>Suspect's Actions</b> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |  | <b>Officer's use of force toward this subject</b> (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/fists <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object <input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |                                     |           |                    |                     |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Firearms Discharge<br><input type="checkbox"/> Intentional <input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>[Use 'UNK' if unknown]                                                                                                                                                                                                                   |                                     |           |                    |                     |                      |

## C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                        |         |     |               |                |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----|---------------|----------------|-----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Sex                                                                                                                                                                                                                                                                                                                                                                                    | Race    | Age | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N ) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                                                                         | Charges |     |               |                |                 |
| <b>Suspect's Actions</b> (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (Specify) |  | <b>Officer's use of force toward this subject</b> (check all that apply)<br><input type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/fists <input type="checkbox"/> Kicks/feet <input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object <input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |         |     |               |                |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Firearms Discharge<br><input type="checkbox"/> Intentional <input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>[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: 6/29/16         |
| Print Supervisor Name: | Supervisor Signature: |



ORIGINAL