

**ORIGINAL**

|                                                                                                                                                                                                      |      |             |                 |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|-----------------|--------------------|
| Date                                                                                                                                                                                                 | Time | Day of Week | Location        | <b>CASE NUMBER</b> |
| 10/05/2015                                                                                                                                                                                           | 0850 | Monday      | 11 Pavilion St. | 15-58046           |
| <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) Basic arrest                                                                                                                                    |      |             |                 |                    |

|                                               |                                      |                        |          |                      |           |                      |                     |
|-----------------------------------------------|--------------------------------------|------------------------|----------|----------------------|-----------|----------------------|---------------------|
| Name (last, First, Middle)<br>Sgt. S. Moeller |                                      | Badge #<br>288         | Sex<br>M | Race<br>W            | Age<br>41 | Injured (Y / N)<br>N | Killed (Y / N)<br>N |
| Rank<br>Sergeant                              | Duty Assignment<br>Patrol Supervisor | Years of Service<br>16 |          | On Duty (Y / N)<br>Y |           | Uniform (Y / N)<br>Y |                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                   |      |                                                                                                                                                                                    |               |                |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|----------------|
| Name (last, first, middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Sex                                                                                                                                                                                                                                                                                                                               | Race | Age                                                                                                                                                                                | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
| Romano, Ralph                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | M                                                                                                                                                                                                                                                                                                                                 | W    | 64                                                                                                                                                                                 | N             | N              | N              |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                    |      | Charges                                                                                                                                                                            |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Y                                                                                                                                                                                                                                                                                                                                 |      | 2C:29-2A(1), 2C:29-3A(7)                                                                                                                                                           |               |                |                |
| <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] |               |                |                |

| Suspect's 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:  #288 | Date: 12/5/15                                                                                                   |
| Print Supervisor Name: <u>CHANEY, C. A</u> #312                                                     | Supervisor Signature:  #312 |

## ORIGINAL

|                                                  |                                             |
|--------------------------------------------------|---------------------------------------------|
| Signature: <i>Charles L. Smith</i> <b>ES 73</b>  | Date: <i>10/5/15</i>                        |
| Print Supervisor Name: <i>McAfee, C.D. # 312</i> | Supervisor Signature: <i>CDM</i> <b>312</b> |

**ORIGINAL**

## 3/2007

# TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

ORIGINAL

## A. Incident Information

|                                                                                                                                                                                                                                                                                        |              |                          |                             |                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------|-----------------------------|--------------------------------|
| Date<br>10/07/2015                                                                                                                                                                                                                                                                     | Time<br>0547 | Day of Week<br>Wednesday | Location<br>523 Martin Road | <b>CASE NUMBER</b><br>15-58611 |
| <b>Type of Incident</b><br><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<br><input type="checkbox"/> Other (specify) |              |                          |                             |                                |

## B. Officer Information

|                                                  |                           |                       |                      |           |                      |                      |                     |
|--------------------------------------------------|---------------------------|-----------------------|----------------------|-----------|----------------------|----------------------|---------------------|
| Name (last, First, Middle)<br>Broderick, Matthew |                           | Badge #<br>370        | Sex<br>M             | Race<br>C | Age<br>29            | 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>Stephen Bungay Jr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Sex<br>M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Race<br>C | Age<br>18                                                                | 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>Simple Assault (DV), Criminal Mischief (DV), Resisting Arrest |                    |                     |                     |
| <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 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)<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:<br><i>R. M. Rankin</i> TRPD # 370 | Date:<br>10/07/2015                               |
| Print Supervisor Name:<br>Sgt. R. Rankin     | Supervisor Signature:<br><i>Sgt. Rankin</i> # 274 |

# TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

ORIGINAL

## A. Incident Information

|                                                                                                                                                                                                                                                                                          |              |                          |                             |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------|-----------------------------|--------------------------------|
| Date<br>10/07/2015                                                                                                                                                                                                                                                                       | Time<br>0547 | Day of Week<br>Wednesday | Location<br>523 Martin Road | <b>CASE NUMBER</b><br>15-58611 |
| <b>Type of Incident</b><br><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<br><input type="checkbox"/> Other ( specify ) |              |                          |                             |                                |

## B. Officer Information

|                                                     |                           |                        |                      |                      |           |                      |                     |
|-----------------------------------------------------|---------------------------|------------------------|----------------------|----------------------|-----------|----------------------|---------------------|
| Name (last, First, Middle)<br>Tamaro III, Victor P. |                           | Badge #<br>364         | Sex<br>M             | Race<br>C            | 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>Stephen Bungay Jr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Sex<br>M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Race<br>C | Age<br>18                                                                | 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>Simple Assault (DV), Criminal Mischief (DV), Resisting Arrest |                    |                     |                     |
| <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 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)<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:  #364                         | Date:<br>10/07/2015           |
| Print Supervisor Name:<br>Sgt. R. Rankin | Supervisor Signature:<br>#274 |

# TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

## A. Incident Information

|                                                                                                                                                                                                                                                                                               |               |                         |                                     |                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|-------------------------------------|--------------------------------|
| Date<br>10/10/2015                                                                                                                                                                                                                                                                            | Time<br>15:20 | Day of Week<br>Saturday | Location<br>1738 Adams Ave. #B TRNJ | <b>CASE NUMBER</b><br>15-59417 |
| <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>Scali, Anthony, J | Badge #<br>334            | Sex<br>M               | Race<br>W            | Age<br>35            | Injured (Y / N)<br>N | Killed ( Y / N )<br>N |
| Rank<br>Patrolman                               | 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)<br><div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Sex<br>F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Race<br>W       | Age<br>17 | 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>N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Charges<br>PESS |           |                    |                     |                      |
| <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:                                    | Date:<br>10/10/2015        |
| Print Supervisor Name:<br>Sgt. Sermarini #309 | Supervisor Signature:  309 |





Q

## 3/2007

# TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

## A. Incident Information

|                                                                                                                                                                                                                                                                                          |              |                       |                             |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------|-----------------------------|--------------------------------|
| Date<br>10/11/2015                                                                                                                                                                                                                                                                       | Time<br>2102 | Day of Week<br>Sunday | Location<br>812 Main Street | <b>CASE NUMBER</b><br>15-59695 |
| <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>Raia, Christopher Jon | Badge #<br>281            | Sex<br>M               | Race<br>W            | Age<br>45            | Injured (Y / N)<br>N | Killed ( Y / N )<br>N |
| Rank<br>Patrolman                                   | Duty Assignment<br>Patrol | Years of Service<br>18 | 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>Camargo, Christopher, J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Sex<br>M                                                                                                                                                                                                                                                                                                                                                                                                | Race<br>W | Age<br>22          | 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>2C:18-2 |                    |                     |                      |
| <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><input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/fists <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 0<br>Number of hits 0<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)<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><input type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/fists <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:<br>                             | Date:<br>10/11/2015          |
| Print Supervisor Name:<br>Sgt. Mooney #335 | Supervisor Signature:<br>335 |

# TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

ORIGINAL 

## A. Incident Information

|                                                                                                                                                                                                                                                                                          |              |                        |                                |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------|--------------------------------|--------------------------------|
| Date<br>10/13/2015                                                                                                                                                                                                                                                                       | Time<br>1447 | Day of Week<br>Tuesday | Location<br>1027 Hooper Avenue | <b>CASE NUMBER</b><br>15-60062 |
| <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 ) |              |                        |                                |                                |

## B. Officer Information

|                                                   |                           |                        |                        |                        |                        |                       |
|---------------------------------------------------|---------------------------|------------------------|------------------------|------------------------|------------------------|-----------------------|
| Name (last, First, Middle)<br>Hutton, William, G. | Badge #<br>342            | Sex<br>M               | Race<br>W              | Age<br>42              | 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 |                        |                       |

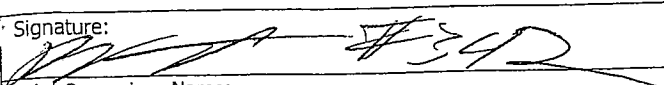
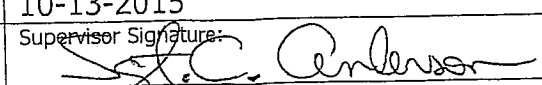
### C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |           |                    |                     |                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------|--------------------|---------------------|----------------------|
| Name (last, First, Middle)<br>Higgins, Arthur, R.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Sex<br>M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Race<br>W                                          | Age<br>55 | 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>Aggravated Assault, Resisting Arrest, + |           |                    |                     |                      |
| <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 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)         </div> <div> <b>Firearms Discharge</b><br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/> <br/>           Number of shots fired 0<br/>           Number of hits 0<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> <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:<br> | Date:<br>10-13-2015                                                                                           |
| Print Supervisor Name:<br>Sgt. Anderson #266                                                     | Supervisor Signature:<br> |

### 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.) |      |     |           |       |
|------------------------------------------------------------------------------------------------------------------|------|-----|-----------|-------|
| Sex                                                                                                              | Race | Age | Weapon(s) | Other |
|                                                                                                                  |      |     |           |       |

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

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|                                                                                                                                                                                                                 |      |             |                    |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|--------------------|--------------------|
| <b>A. Incident Information</b>                                                                                                                                                                                  |      |             |                    | <b>CASE NUMBER</b> |
| Date                                                                                                                                                                                                            | Time | Day of Week | Location           | 15-60062           |
| 10/13/2015                                                                                                                                                                                                      | 1447 | Tuesday     | 1027 Hooper Avenue |                    |
| <b><u>Type of Incident</u></b>                                                                                                                                                                                  |      |             |                    |                    |
| <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 |      |             |                    |                    |
| <input type="checkbox"/> Other ( specify) _____                                                                                                                                                                 |      |             |                    |                    |

|                                                    |                           |  |                       |          |                      |                      |                      |                     |
|----------------------------------------------------|---------------------------|--|-----------------------|----------|----------------------|----------------------|----------------------|---------------------|
| B. Officer Information                             |                           |  |                       |          |                      |                      |                      |                     |
| Name (last, first, middle)<br>Franco, Nicholas, R. |                           |  | Badge #<br>380        | Sex<br>M | Race<br>W            | Age<br>29            | 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Sex                                                                                                                                                                                                                                                                                                                               | Race                                    | Age | Weapon(Y / N)                                                                                                                                                                                | Injured(Y / N) | Killed(Y / N) |
| Higgins, Arthur, R.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | M                                                                                                                                                                                                                                                                                                                                 | W                                       | 55  | N                                                                                                                                                                                            | N              | N             |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                    | Charges                                 |     |                                                                                                                                                                                              |                |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Y                                                                                                                                                                                                                                                                                                                                 | Aggravated Assault, Resisting Arrest, + |     |                                                                                                                                                                                              |                |               |
| <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 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) | <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 <u>0</u><br>Number of hits <u>0</u><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 1.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |         |               |                |               |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------------|----------------|---------------|--|
| 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 |               |                |               |  |
| <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> |      |         |               |                |               |  |

|                                                 |                                             |
|-------------------------------------------------|---------------------------------------------|
| nature:<br>PH, Numb <del>130</del>              | Date:<br>10-13-2015                         |
| Print Supervisor Name:<br>Sgt. C. Anderson #266 | Supervisor Signature:<br><i>[Signature]</i> |

3/2007

# TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

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|                                                                                                                                                                                                      |      |             |                |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|----------------|--------------------|
| Date                                                                                                                                                                                                 | Time | Day of Week | Location       | <b>CASE NUMBER</b> |
| 10/15/2015                                                                                                                                                                                           | 2213 | Thursday    | 59 Channel Way | 15-60617           |
| <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 call                                                                                                                                  |      |             |                |                    |

|                                                     |                           |                       |          |                      |           |                      |                     |
|-----------------------------------------------------|---------------------------|-----------------------|----------|----------------------|-----------|----------------------|---------------------|
| Name (last, First, Middle)<br>DiFabio, Lawrence, N. |                           | Badge #<br>385        | Sex<br>M | Race<br>W            | Age<br>32 | Injured (Y / N)<br>N | Killed (Y / N)<br>N |
| Rank<br>Patrolman                                   | Duty Assignment<br>Patrol | Years of Service<br>2 |          | On Duty (Y / N)<br>Y |           | Uniform (Y / N)<br>Y |                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                   |      |                           |                                                                                                                                                                                    |                |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sex                                                                                                                                                                                                                                                                                                                               | Race | Age                       | Weapon(Y / N)                                                                                                                                                                      | Injured(Y / N) | Killed ( Y / N) |
| Hanratty, Timothy, J.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | M                                                                                                                                                                                                                                                                                                                                 | W    | 46                        | N                                                                                                                                                                                  | N              | N               |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                    |      | Charges                   |                                                                                                                                                                                    |                |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Y                                                                                                                                                                                                                                                                                                                                 |      | Disorderly conduct 388-4x |                                                                                                                                                                                    |                |                 |
| <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] |                |                 |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |         |               |                |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------------|----------------|----------------|
| 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>           Firearm 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:<br> #385 | Date:<br>10/15/15                                                                                              |
| Print Supervisor Name:<br>Lt. T. Laffan #205                                                           | Supervisor Signature:<br> |

## ORIGINAL

# TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

**ORIGINAL**

## A. Incident Information

|                                                                                                                                                                                                                                                                                          |               |                       |                        |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|------------------------|--------------------------------|
| Date<br>10/26/2015                                                                                                                                                                                                                                                                       | Time<br>2245h | Day of Week<br>Monday | Location<br>Rt 70/Rt 9 | <b>CASE NUMBER</b><br>15-62846 |
| <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>Gashlin, Ryan E | Badge #<br>398            | Sex<br>M              | Race<br>W            | Age<br>28            | Injured (Y / N)<br>N | Killed ( Y / N )<br>N |
| Rank<br>Patrolman                             | Duty Assignment<br>Patrol | Years of Service<br>1 | 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>Castro, Marilyn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sex<br>F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Race<br>H | Age<br>52                           | 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:29-2 Resisting Arrest |                    |                     |                      |
| <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/> <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:  #398                            | Date:<br>10/26/2015       |
| Print Supervisor Name:<br>Sgt. James Reilly | Supervisor Signature:<br> |

# GENERAL



### **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.) |      |     |               |  |
|------------------------------------------------------------------------------------------------------------------|------|-----|---------------|--|
| Sex                                                                                                              | Race | Age | Weapon(Y / N) |  |
|                                                                                                                  |      |     |               |  |

**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.

|                                                                                                     |                                                                                                               |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Signature:  #401 | Date: 10-30-2015                                                                                              |
| Print Supervisor Name: SGT. MILLER #268                                                             | Supervisor Signature:  268 |

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|                                                                                                                                                                                                                 |      |             |                                 |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|---------------------------------|--------------------|
| <b>A. Incident Information</b>                                                                                                                                                                                  |      |             |                                 |                    |
| Date                                                                                                                                                                                                            | Time | Day of Week | Location                        | <b>CASE NUMBER</b> |
| 10/30/2015                                                                                                                                                                                                      | 2228 | FRIDAY      | 51 BANANIER DRIVE; CVS PHARMACY | 15-63657           |
| <b>Type of Incident</b>                                                                                                                                                                                         |      |             |                                 |                    |
| <input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop |      |             |                                 |                    |
| <input type="checkbox"/> Other ( specify) _____                                                                                                                                                                 |      |             |                                 |                    |

|                                                        |                              |                              |                 |                             |                             |                             |                            |
|--------------------------------------------------------|------------------------------|------------------------------|-----------------|-----------------------------|-----------------------------|-----------------------------|----------------------------|
| Name (last, First, Middle)<br><b>DURKIN, MARTIN, D</b> |                              | Badge #<br><b>397</b>        | Sex<br><b>M</b> | Race<br><b>W</b>            | Age<br><b>26</b>            | Injured (Y / N)<br><b>N</b> | Killed (Y / N)<br><b>N</b> |
| Rank<br><b>PATROLMAN</b>                               | Duty Assignment<br><b>1E</b> | Years of Service<br><b>1</b> |                 | On Duty (Y / N)<br><b>Y</b> | Uniform (Y / N)<br><b>Y</b> |                             |                            |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                 |  |  |  |                 |                  |                  |                           |                            |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|--|--|--|-----------------|------------------|------------------|---------------------------|----------------------------|----------------------------|
| <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.)<br>Name (last, First, Middle)<br><b>HAMMEL, WILLIAM, A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                 |  |  |  | Sex<br><b>W</b> | Race<br><b>M</b> | Age<br><b>36</b> | Weapon(Y / N)<br><b>N</b> | Injured(Y / N)<br><b>N</b> | Killed (Y / N)<br><b>N</b> |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Arrested (Y/N)<br><b>Y</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Charges<br><b>OBSTRUCTION, RESISTING ARREST</b> |  |  |  |                 |                  |                  |                           |                            |                            |
| <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 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:  # 397 | Date:<br>10-30-2015                                                                                          |
| Print Supervisor Name:<br>SGT. MILLER #268                                                           | Supervisor Signature:<br> |

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| A. Incident Information                                                                                                                                                                                         |       |             |                          | CASE NUMBER |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|--------------------------|-------------|
| Date                                                                                                                                                                                                            | Time  | Day of Week | Location                 |             |
| 10/31/2015                                                                                                                                                                                                      | 19:46 | Saturday    | Wawa- 1725 Hooper Avenue | 15-63812    |
| <b><u>Type of Incident</u></b>                                                                                                                                                                                  |       |             |                          |             |
| <input checked="" type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop |       |             |                          |             |
| <input checked="" type="checkbox"/> Other ( specify) _____                                                                                                                                                      |       |             |                          |             |

| B. Officer Information     |                 |                  |     |                 |                 |                 |                |
|----------------------------|-----------------|------------------|-----|-----------------|-----------------|-----------------|----------------|
| Name (last, First, Middle) |                 | Badge #          | Sex | Race            | Age             | Injured (Y / N) | Killed (Y / N) |
| Kant, Christian, Andrew    |                 | 375              | M   | W               | 40              | N               | N              |
| Rank                       | Duty Assignment | Years of Service |     | On Duty (Y / N) | Uniform (Y / N) |                 |                |
| Patrolman                  | 7E              | 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) |  |
| Johnston, Thomas, M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | M              | W    | 32                                                                                                                                                                                                                                                                                                                                           | N             | N              | N              |  |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Arrested (Y/N) |      | Charges                                                                                                                                                                                                                                                                                                                                      |               |                |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Y              |      | 2C:29-2A(1) / 2C:35-10A (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 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) |                |      | <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 0<br>Number of hits 0<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.**

3/2007

**COPY** 

|                                                                                                                                                                                                                 |       |             |                       |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|-----------------------|--------------------|
| <b>4. Incident Information</b>                                                                                                                                                                                  |       |             |                       |                    |
| Date                                                                                                                                                                                                            | Time  | Day of Week | Location              | <b>CASE NUMBER</b> |
| 10/31/2015                                                                                                                                                                                                      | 19:45 | Saturday    | 1725 Hooper Ave. Wawa | 15-63812           |
| <b>Type of Incident</b>                                                                                                                                                                                         |       |             |                       |                    |
| <input checked="" type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other Dispute <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Stop |       |             |                       |                    |
| <input type="checkbox"/> Other ( specify)                                                                                                                                                                       |       |             |                       |                    |

|                            |                 |                  |     |                 |                 |                 |                |
|----------------------------|-----------------|------------------|-----|-----------------|-----------------|-----------------|----------------|
| Name (last, First, Middle) |                 | Badge #          | Sex | Race            | Age             | Injured (Y / N) | Killed (Y / N) |
| Polhemus, Wallace, T.      |                 | 360              | M   | W               | 37              | 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) |  |
| Johnston, Thomas, M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | M                                                                                                                                                                                                                                                                                                                                 | W    | 32                       | N                                                                                                                                                                                      | N              | N               |  |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                    |      | Charges                  |                                                                                                                                                                                        |                |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Y                                                                                                                                                                                                                                                                                                                                 |      | 2C:29-2A(1)/2C:35-10A(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.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 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>             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:<br>10/31/2015                                                                                           |
| Print Supervisor Name:<br>Sgt. Sermarini #309                                                  | Supervisor Signature:  309 |

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3/2007



|                                                                                                                                                                                                      |      |             |                   |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|-------------------|--------------------|
| <b>A. Incident Information</b>                                                                                                                                                                       |      |             |                   | <b>CASE NUMBER</b> |
| Date                                                                                                                                                                                                 | Time | Day of Week | Location          | 15-65757           |
| 11/10/2015                                                                                                                                                                                           | 2120 | Tuesday     | 424 Colleen Court |                    |
| <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) Mental Health Evaluation                                                                                                                        |      |             |                   |                    |

|                            |                 |                  |     |                 |                 |                 |                |
|----------------------------|-----------------|------------------|-----|-----------------|-----------------|-----------------|----------------|
| Name (last, First, Middle) |                 | Badge #          | Sex | Race            | Age             | Injured (Y / N) | Killed (Y / N) |
| Eubanks, Stephen           |                 | 318              | M   | W               | 47              | N               | N              |
| Rank                       | Duty Assignment | Years of Service |     | On Duty (Y / N) | Uniform (Y / N) |                 |                |
| Sergeant                   | Patrol Sergeant | 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 2.7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Race | Age            | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------|---------------|----------------|----------------|
| Name (last, First, Middle)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | W    | 15             | N             | N              | N              |
| <input type="checkbox"/> Under the influence<br><input checked="" type="checkbox"/> Other unusual condition (specify) <u>E.D.P.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Arrested (Y/N)<br>N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      | Charges<br>N/A |               |                |                |
| <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><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)<br><br><div style="display: flex; justify-content: space-between;"> <div>           Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental         </div> <div>           Number of shots fired <u>0</u><br/>           Number of hits <u>0</u><br/>           [Use 'UNK' if unknown]         </div> </div> |      |                |               |                |                |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                            |      |                                                                                                                                                                                        |               |                |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|----------------|
| <b>C2. Subject 2</b> (List only the person who was the subject of the use of force by the officer listed in section C.1.)<br>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                                                                                                                                                                                |               |                |                |
| <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><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.**

3/2007



# TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

ORIGINAL

## A. Incident Information

|                                                                                                                                                                                                                                                                                          |              |                         |                           |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------|---------------------------|--------------------------------|
| Date<br>11/12/2015                                                                                                                                                                                                                                                                       | Time<br>1814 | Day of Week<br>Thursday | Location<br>926 Berry Ave | <b>CASE NUMBER</b><br>15-66092 |
| <b>Type of Incident</b><br><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<br><input type="checkbox"/> Other ( specify ) |              |                         |                           |                                |

## B. Officer Information

|                                                     |                           |                       |                      |           |                      |                      |                       |
|-----------------------------------------------------|---------------------------|-----------------------|----------------------|-----------|----------------------|----------------------|-----------------------|
| Name (last, First, Middle)<br>Seaman, Travis, Evans |                           | Badge #<br>368        | Sex<br>M             | Race<br>W | Age<br>31            | Injured (Y / N)<br>N | Killed ( Y / N )<br>N |
| Rank<br>Ptl.                                        | 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>Venticinque, Jessica, F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Sex<br>F            | Race<br>W                                                                                                                                                                                                                                                                                                                                                                                         | Age<br>38                              | 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>Agg Assault, Simple Assault |                    |                     |                      |
| <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><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)<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><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:<br>                                               | Date:<br>11/12/15            |
| Print Supervisor Name:<br>Sgt. [Signature] 309 Ron S. Seaman | Supervisor Signature:<br>309 |



ORIGINAL

|                                                                                                                                                                                                      |       |             |            |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|------------|--------------------|
| Date                                                                                                                                                                                                 | Time  | Day of Week | Location   | <b>CASE NUMBER</b> |
| 11/21/2015                                                                                                                                                                                           | 2220h | Saturday    | 950 RT 37W | 15-68011           |
| <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                                                                                                                             |       |             |            |                    |

|                                                      |                           |                       |                      |           |                      |                      |                     |
|------------------------------------------------------|---------------------------|-----------------------|----------------------|-----------|----------------------|----------------------|---------------------|
| Name (last, First, Middle)<br>Claps, Anthony, Joseph |                           | Badge #<br>393        | Sex<br>M             | Race<br>W | Age<br>25            | Injured (Y / N)<br>N | Killed (Y / N)<br>N |
| Rank<br>Patrolman                                    | Duty Assignment<br>Patrol | Years of Service<br>2 | On Duty (Y / N)<br>Y |           | Uniform (Y / N)<br>Y |                      |                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                   |      |                                                                                                                                                                                        |               |                |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Sex                                                                                                                                                                                                                                                                                                                               | Race | Age                                                                                                                                                                                    | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
| Meier, Kevin, E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | M                                                                                                                                                                                                                                                                                                                                 | W    | 52                                                                                                                                                                                     | N             | Y              | N              |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                    |      | Charges                                                                                                                                                                                |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Y                                                                                                                                                                                                                                                                                                                                 |      | 2C:33-2; 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><br>Number of shots fired _____<br>Number of hits _____<br>[Use 'UNK' if unknown] |               |                |                |

| 02: Subject 2 (List only the person who was the subject of the act or threat, and check boxes in column 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)<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> |      |         |               |                |                |

|                                                                                                             |                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Signature:<br>P71.  #393 | Date:<br>11/21/2015                                                                                                 |
| Print Supervisor Name:<br>Sgt. S. Austin #273                                                               | Supervisor Signature:<br> #273 |

# TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

ORIGINAL

## A. Incident Information

|                                                                                                                                                                                                                                                                                                                        |              |                       |                                          |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------|------------------------------------------|--------------------------------|
| Date<br>11/30/2015                                                                                                                                                                                                                                                                                                     | Time<br>1116 | Day of Week<br>Monday | Location<br>Joanna Drive & Theresa Court | <b>CASE NUMBER</b><br>15-69455 |
| <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) Welfare Check / PESS Evaluation |              |                       |                                          |                                |

## B. Officer Information

|                                                    |                           |                        |                      |                      |                      |                     |
|----------------------------------------------------|---------------------------|------------------------|----------------------|----------------------|----------------------|---------------------|
| Name (last, First, Middle)<br>Pedalino, Joshua, S. | Badge #<br>358            | Sex<br>M               | Race<br>W            | Age<br>32            | 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>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sex<br>F            | Race<br>W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Age<br>83      | Weapon(Y / N)<br>N | Injured(Y / N)<br>N | Killed( Y / N)<br>N |
| <input type="checkbox"/> Under the influence<br><input checked="" 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>Threatened/attacked officer or another with blunt object<br>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>--                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Sex<br>-       | Race<br>-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Age<br>0 | Weapon(Y / N)<br>- | Injured(Y / N)<br>-- | Killed( Y / N)<br>- |
| <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>PT. J. Pedalino #358 TRPD           | Date:<br>11/30/15                         |
| Print Supervisor Name:<br>SGT. S. J. Russell #252 | Supervisor Signature:<br>[Signature] #252 |

# TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

## A. Incident Information

|            |      |             |                        |                    |
|------------|------|-------------|------------------------|--------------------|
| Date       | Time | Day of Week | Location               | <b>CASE NUMBER</b> |
| 12/01/2015 | 1230 | Tuesday     | 1221 Old Freehold Road | 15-69634           |

**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) |
| Bopp, Frank J              | 325             | M                | W               | 42              | N               | N              |
| Rank                       | Duty Assignment | Years of Service | On Duty (Y / N) | Uniform (Y / N) |                 |                |
| Patrolman                  | SRO             | 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) |
| [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | B                          | 15  | 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 Disorderly Conduct |     |               |                |                |
| <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) <div style="float: right; text-align: right;">                     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> |                            |     |               |                |                |

### 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) <div style="float: right; text-align: right;">                     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> |         |     |               |                |                |

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

|                        |                       |
|------------------------|-----------------------|
| Signature              | Date:                 |
| [Signature]            | 12/01/2015            |
| Print Supervisor Name: | Supervisor Signature: |
| MCDONNELL-312          | [Signature]           |

7-11-64

### A. Incident Information

|                                                                                                                                                                                                      |      |             |                                  |             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|----------------------------------|-------------|--|
| A. Incident Information                                                                                                                                                                              |      |             |                                  | CASE NUMBER |  |
| Date                                                                                                                                                                                                 | Time | Day of Week | Location                         |             |  |
| 12/04/2015                                                                                                                                                                                           | 1846 | Friday      | Maine St./Area of Silverton Park | 15-70305    |  |
| <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, Suicidal Subject                                                                                                                         |      |             |                                  |             |  |

### B. Officer Information

|                            |                 |                  |     |                 |     |                 |                |
|----------------------------|-----------------|------------------|-----|-----------------|-----|-----------------|----------------|
| Name (last, First, Middle) |                 | Badge #          | Sex | Race            | Age | Injured (Y / N) | Killed (Y / N) |
| Sermarini, Ron, S          |                 | 309              | M   | W               | 37  | N               | N              |
| Rank                       | Duty Assignment | Years of Service |     | On Duty (Y / N) |     | Uniform (Y / N) |                |
| Sergeant                   | Patrol Squad 6  | 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.)

| C1. Subject 1 (Last only the person who was the subject of the use of force by the officer listed in Section 2.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Sex                                                                                                                                                                                                                                                                                                                               | Race | Age                                           | Weapon(Y / N) | Injured(Y / N)                                                                                                                                                                     | Killed( Y / N) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Name (last, First, Middle)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | M                                                                                                                                                                                                                                                                                                                                 | W    | 25                                            | N             | N                                                                                                                                                                                  | 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:PESS, Mental Health Evaluation |               |                                                                                                                                                                                    |                |
| <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 checked="" 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.)

| 02. Subject 2 (List only the person who was the subject of the use of force by and against whom force was used.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Race | Age     | Weapon(Y / N) | Injured(Y / N) | Killed( Y / N) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------------|----------------|----------------|
| Name (last, First, Middle)<br><br><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><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><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:  309 | Date:<br>12/4/15                                                                                                  |
| Print Supervisor Name:<br>Lt. R. Ross #234                                                         | Supervisor Signature:<br> #234 |

7-1-1944

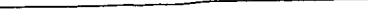
| A. Incident Information                                                                                                                                                                              |      |             |                        | CASE NUMBER |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|------------------------|-------------|
| Date                                                                                                                                                                                                 | Time | Day of Week | Location               |             |
| 12/05/2105                                                                                                                                                                                           | 1300 | Saturday    | 3253 Mystic Port Place | 15-70437    |
| <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) Possible Overdose / PESS Evaluation                                                                                                             |      |             |                        |             |

|                            |                 |                  |     |                 |     |                 |                |
|----------------------------|-----------------|------------------|-----|-----------------|-----|-----------------|----------------|
| Name (last, First, Middle) |                 | Badge #          | Sex | Race            | Age | Injured (Y / N) | Killed (Y / N) |
| Herr, Daniel R.            |                 | 354              | M   | W               | 36  | N               | N              |
| Rank                       | Duty Assignment | Years of Service |     | On Duty (Y / N) |     | Uniform (Y / N) |                |
| Patrolman                  | Patrol          | 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) |
| [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | F              | W    | 26                                                                                                                                                                                                                                                                                                                                | N             | N              | N              |
| <input type="checkbox"/> Under the influence<br><input checked="" type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Arrested (Y/N) |      | Charges                                                                                                                                                                                                                                                                                                                           |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | N              |      | N                                                                                                                                                                                                                                                                                                                                 |               |                |                |
| <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 checked="" type="checkbox"/> Other (Specify) Unknown consumption of prescription pills / jumped out of a window to elude. |  |                |      | <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 0<br>Number of hits 0<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> | Date:<br>12-05-2015                                                                                               |
| Print Supervisor Name:<br>Sergeant Sermarini #309                                                | Supervisor Signature:<br> 329 |

3/2007

ORIGINAL

| A. Incident Information                                                                                                                                                                                                                                                                                        |      |             |                      | CASE NUMBER |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|----------------------|-------------|
| Date                                                                                                                                                                                                                                                                                                           | Time | Day of Week | Location             |             |
| 12/17/2015                                                                                                                                                                                                                                                                                                     | 1607 | Thursday    | 1108 Lighthouse Lane | 15-72719    |
| <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) Suicide Attempt / PESS |      |             |                      |             |

|                            |                 |                  |     |                 |                 |                 |                |
|----------------------------|-----------------|------------------|-----|-----------------|-----------------|-----------------|----------------|
| Name (last, First, Middle) |                 | Badge #          | Sex | Race            | Age             | Injured (Y / N) | Killed (Y / N) |
| Koeppen, Adam, M           |                 | 350              | M   | W               | 33              | N               | N              |
| Rank                       | Duty Assignment | Years of Service |     | On Duty (Y / N) | Uniform (Y / N) |                 |                |
| Patrolman                  | Patrol-7-post   | 11               |     | 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    | 29      | N             | N                                                                                                                                                                                      | N              |
| <input checked="" 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 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 D.)                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                            |      |         |               |                                                                                                                                                                                        |               |
| 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 |               |                                                                                                                                                                                        |               |
| <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><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:<br><i>[Signature]</i> # 350            | Date:<br>12/17/2015                             |
| Print Supervisor Name:<br>SGT. Rod Spurgeon # 309 | Supervisor Signature:<br><i>[Signature]</i> 309 |

100-443887-1

3/2007

# TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

## A. Incident Information

|                                                                                                                                                                                                                                                                                          |               |                       |                             |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|-----------------------------|--------------------------------|
| Date<br>12/18/2015                                                                                                                                                                                                                                                                       | Time<br>23:34 | Day of Week<br>Friday | Location<br>739 S. Mehar Ct | <b>CASE NUMBER</b><br>15-72991 |
| <b>Type of Incident</b><br><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<br><input type="checkbox"/> Other ( specify ) |               |                       |                             |                                |

## B. Officer Information

|                                             |                           |                       |                      |           |                      |                      |                       |
|---------------------------------------------|---------------------------|-----------------------|----------------------|-----------|----------------------|----------------------|-----------------------|
| Name (last, First, Middle)<br>Worth, Adam C |                           | Badge #<br>378        | Sex<br>M             | Race<br>W | Age<br>29            | Injured (Y / N)<br>Y | Killed ( Y / N )<br>N |
| Rank<br>Ptl.                                | 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)<br>Zavala, George A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Sex<br>M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Race<br>W | Age<br>48               | 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:12-1b(5)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 checked="" 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/>           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:                               | Date: 12/18/2015      |
| Print Supervisor Name: 4. Michael Miller | Supervisor Signature: |

# TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

## A. Incident Information

|                                                                                                                                                                                                                                                                                          |               |                       |                             |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|-----------------------------|--------------------------------|
| Date<br>12/18/2015                                                                                                                                                                                                                                                                       | Time<br>23:34 | Day of Week<br>Friday | Location<br>739 S. Mehar Ct | <b>CASE NUMBER</b><br>15-72991 |
| <b>Type of Incident</b><br><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<br><input type="checkbox"/> Other ( specify ) |               |                       |                             |                                |

## B. Officer Information

|                                                     |                           |                       |                      |                      |                      |                     |
|-----------------------------------------------------|---------------------------|-----------------------|----------------------|----------------------|----------------------|---------------------|
| Name (last, First, Middle)<br>Herman, Walter Joseph | Badge #<br>382            | Sex<br>M              | Race<br>W            | Age<br>33            | Injured (Y / N)<br>N | Killed (Y / N)<br>N |
| Rank<br>Ptl.                                        | 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>Zavala, George A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sex<br>M            | Race<br>W                                                                                                                                                                                                                                                                                                                                                                                            | Age<br>48 | 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:12-1b(5)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><input checked="" type="checkbox"/> Compliance hold <input type="checkbox"/> Hands/fists <input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent <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 <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<br><input type="checkbox"/> Chemical/natural agent <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 <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: 12/18/2015           |
| Print Supervisor Name: Lt. Michael Miller | Supervisor Signature:  268 |

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|                                            |                                              |                                        |                                            |                                       |
|--------------------------------------------|----------------------------------------------|----------------------------------------|--------------------------------------------|---------------------------------------|
| Date                                       | Time                                         | Day of Week                            | Location                                   | <b>CASE NUMBER</b>                    |
| 12/28/2015                                 | 0028                                         | Monday                                 | 1255 Route 166 Apt A6                      | 15-74489                              |
| <b><u>Type of Incident</u></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 type="checkbox"/> Other ( specify)  |                                              |                                        |                                            |                                       |

|                                               |                           |                       |          |                      |                      |                      |                     |
|-----------------------------------------------|---------------------------|-----------------------|----------|----------------------|----------------------|----------------------|---------------------|
| Name (last, First, Middle)<br>DeRosa, Michael |                           | Badge #<br>386        | Sex<br>M | Race<br>W            | Age<br>35            | Injured (Y / N)<br>N | Killed (Y / N)<br>N |
| Rank<br>Police Officer                        | Duty Assignment<br>Patrol | Years of Service<br>3 |          | On Duty (Y / N)<br>Y | Uniform (Y / N)<br>Y |                      |                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                   |      |                             |                                                                                                                                                                                        |                |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|
| Name (last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sex                                                                                                                                                                                                                                                                                                                               | Race | Age                         | Weapon(Y / N)                                                                                                                                                                          | Injured(Y / N) | Killed( Y / N) |
| Bednarz, Jamie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | F                                                                                                                                                                                                                                                                                                                                 | W    | 47                          | N                                                                                                                                                                                      | N              | N              |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                    |      | Charges                     |                                                                                                                                                                                        |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Y                                                                                                                                                                                                                                                                                                                                 |      | 2C:12-1B(5)(A), 2C:29-2A(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] |                |                |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |         |               |                |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------------|----------------|----------------|
| 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:<br><i>Michael Delosa (Tms)</i> | Date:<br>12-28-2015                      |
| Print Supervisor Name:<br>Sgt T. Sysol    | Supervisor Signature:<br><i>T. Sysol</i> |

7. 10. 1941

|                                                                                                                                                                                                                 |      |             |                       |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|-----------------------|--------------------|
| Date                                                                                                                                                                                                            | Time | Day of Week | Location              | <b>CASE NUMBER</b> |
| 12/28/2015                                                                                                                                                                                                      | 0028 | Monday      | 1255 Route 166 Apt A6 | 15-74489           |
| <b><u>Type of Incident</u></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 type="checkbox"/> Other ( specify)                                                                                                                                                                       |      |             |                       |                    |

|                                           |                           |                       |          |                      |                      |                      |                     |
|-------------------------------------------|---------------------------|-----------------------|----------|----------------------|----------------------|----------------------|---------------------|
| Name (last, First, Middle)<br>Smith, Sean |                           | Badge #<br>372        | Sex<br>M | Race<br>W            | Age<br>30            | Injured (Y / N)<br>N | Killed (Y / N)<br>N |
| Rank<br>Police Officer                    | Duty Assignment<br>Patrol | Years of Service<br>4 |          | On Duty (Y / N)<br>Y | Uniform (Y / N)<br>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) |
| Bednarz, Jamie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | F                                                                                                                                                                                                                                                                                                                                 | W    | 47                          | N             | N              | N              |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Arrested (Y/N)                                                                                                                                                                                                                                                                                                                    |      | Charges                     |               |                |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Y                                                                                                                                                                                                                                                                                                                                 |      | 2C:12-1B(5)(A), 2C:29-2A(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>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.)<br>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:<br><i>Sean Smith</i> (TMS)  | Date:<br>12-28-2015                          |
| Print Supervisor Name:<br>Sgt T. Sysol | Supervisor Signature:<br><i>T. Sysol</i> 289 |

3/2007