Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/30/14	2029	Thursday	Arctic Ave and California Ave	14-122944

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	Killed
Trivers, Michael, C	525	M	Amer	43	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Patrolman	Uniformed Patrol	23	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
Unknown	M	NA	NA	No	Unknown	No

☐ Under the influence

☐ Other unusual condition (specify) _____

Arrested: No

Charges: NONE

Subject's actions (check all that apply)

☑ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened/attack officer or another with blunt object
☐ Threatened/attack officer or another with knife/cutting object
☐ Threatened/attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify) _____

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

☐ Compliance hold
☐ Hands/fists
☐ Kicks/feet
☑ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify) _____

Firearm's Discharge
☐ Intentional
☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed
NA						

☐ Under the influence

☐ Other unusual condition (specify)

Arrested:

Charges:

Subject's actions (check all that apply)

☐ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened/attack officer or another with blunt object
☐ Threatened/attack officer or another with knife/cutting object
☐ Threatened/attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify) _____

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

☐ Compliance hold
☐ Hands/fists
☐ Kicks/feet
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify) _____

Firearm's Discharge
☐ Intentional
☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature:	Date:
Ptl. M. Trivers	Thursday, October 30, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Sgt. K L Thomas 492	Sgt. K L Thomas 492

DATW 11-10-14

Lt. [signature] #602 11-7-14

I changed block C-2. Charges would have been disorderly/resisting

ATLANTIC CITY POLICE DEPARTMENT
USE OF OLEORESIN CAPSICUM (O.C.) SPRAY REPORT FORM
(Attachment B)

This form is to be filled out by the officer who discharged their O.C. Spray either intentionally or accidentally. Upon completion, the form must be reviewed by the Desk Sergeant or immediate supervisor and signed by them. The original report will go with the case and copies of the incident report and this report will be forwarded to the Chief and Training Unit.

Officer Name:	Michael Trivers	Badge #:	525
Date:	Thursday, October 30, 2014	Current Assignment:	Crash Investigation
Time Of Incident:	2029 hours	Case #:	14-122944

Nature Of Call: On View groups fighting

Suspect Name: NONE Unknown

Suspect Address: NONE

1. Were verbal commands given? YES

2. What were the verbal commands and how many times were they given?

Stop fighting, Police Officer. was said several times

3. Did the suspect comply with verbal commands? NO

4. If O.C. Spray was not used, would physical force have been required to make arrest? YES

5. After O.C. Spray was used, and other than handcuffing, were other weapons or force required to subdue the suspect? NO

6. After the application of O.C. Spray, was the suspect provided with an opportunity to eliminate the effects of the agent as prescribed in our policy? N/A

If the answer is yes, note time: NA

7. Was the suspect advised to remove contact lenses? N/A

If the answer is yes, note time: NA

ATLANTIC CITY POLICE DEPARTMENT
USE OF OLEORESIN CAPSICUM (O.C.) SPRAY REPORT FORM

(Attachment B)

8. Was the suspect given a O.C. Spray Wash-Up Form? NA

   If the answer is yes, note time: NA

   If the answer is no explain why: Suspect was not arrested because he ran away while I was recovering from my exposure from OC spray

9. Did the suspect require medical treatment? NA

10. Was the suspect transported to medical center for treatment? NA

11. Have the report reviewed by the Desk Sergeant or Immediate Supervisor before filing and copies sent to Chief and Training Unit.

Reviewed By: Kathleen Thomas Badge #: 492

Rank: Sgt

#662 11-7-14

11-6-14

* * * Communication Result Report (Oct. 30. 2014 11:45PM) * * *

1)
2)

Date/Time: Oct. 30. 2014 11:43PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
4800	Memory TX	prostr use of force	P. 1	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/30/14	2023	Thursday	Arctic Ave and California Ave	14-122544

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	Killed
Tilney, Michael, C	525	M	Amer	43	No	No

Rank	Duty Assignment	Years of Service	On Duty	Uniform
Patrolman	Uniformed Patrol	23	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
NA	M	NA	NA			

☐ Under the influence
☐ Other unusual condition (specify)

Arrested	Charges
No	NONE

Subject's actions (check all that apply)
☑ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened attack on officer or another with blunt object
☐ Threatened attack on officer or another with knife/sharp object
☐ Threatened attack on officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify)

Officer's use of force toward this subject (check all that apply)
☐ Compliance hold
☐ Handcuffs
☐ Kick/strike
☑ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify)

Firearm's Discharge
☐ Intentional
☐ Accidental
Number of Shots Fired ___
Number of Hits ___
(Use UNK if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed
NA						

☐ Under the influence
☐ Other unusual condition (specify)

Arrested	Charges

Subject's actions (check all that apply)
☐ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened attack on officer or another with blunt object
☐ Threatened attack on officer or another with knife/sharp object
☐ Threatened attack on officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify)

Officer's use of force toward this subject (check all that apply)
☐ Compliance hold
☐ Handcuffs
☐ Kick/strike
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify)

Firearm's Discharge
☐ Intentional
☐ Accidental
Number of Shots Fired ___
Number of Hits ___
(Use UNK if unknown)

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

Signature: [signature] Date: Thursday, October 30, 2014

Supervisor's Additional Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by the supervisor, change weapons, equipment, or tactics, or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name: Sgt. R.L. Thomas 492
Reviewing Supervisor Signature: [signature] 492

* * * Communication Result Report (Oct. 30. 2014 11:46PM) * * *

1)
2)

Date/Time: Oct. 30. 2014 11:44PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
4801	Memory TX	prostr use of force	P. 2	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

ATLANTIC CITY POLICE DEPARTMENT
USE OF OLEORESIN CAPSICUM (O.C.) SPRAY REPORT FORM
(Attachment B)

This form is to be filled out by the officer who discharged their O.C. Spray either intentionally or accidentally. Upon completion, the form must be reviewed by the Desk Sergeant or immediate supervisor and signed by them. The original report will go with the case and copies of the incident report and this report will be forwarded to the Chief and Training Unit.

Officer Name: Michael Trivers | Badge #: 525
Date: Thursday, October 30, 2014 | Current Assignment: Crash Investigation
Time Of Incident: 2029 hours | Case #: 14-122944
Nature Of Call: On View groups fighting
Suspect Name: NONE
Suspect Address: NONE

1. Were verbal commands given? YES

2. What were the verbal commands and how many times were they given?
Stop fighting, Police Officer. was said several times

3. Did the suspect comply with verbal commands? NO
4. If O.C. Spray was not used, would physical force have been required to make arrest? YES
5. After O.C. Spray was used, and other than handcuffing, were other weapons or force required to subdue the suspect? NO
6. After the application of O.C. Spray, was the suspect provided with an opportunity to eliminate the effects of the agent as prescribed in our policy? N/A
If the answer is yes, note time: NA
7. Was the suspect advised to remove contact lenses? N/A
If the answer is yes, note time: NA

(Page 1 of 2 pages)

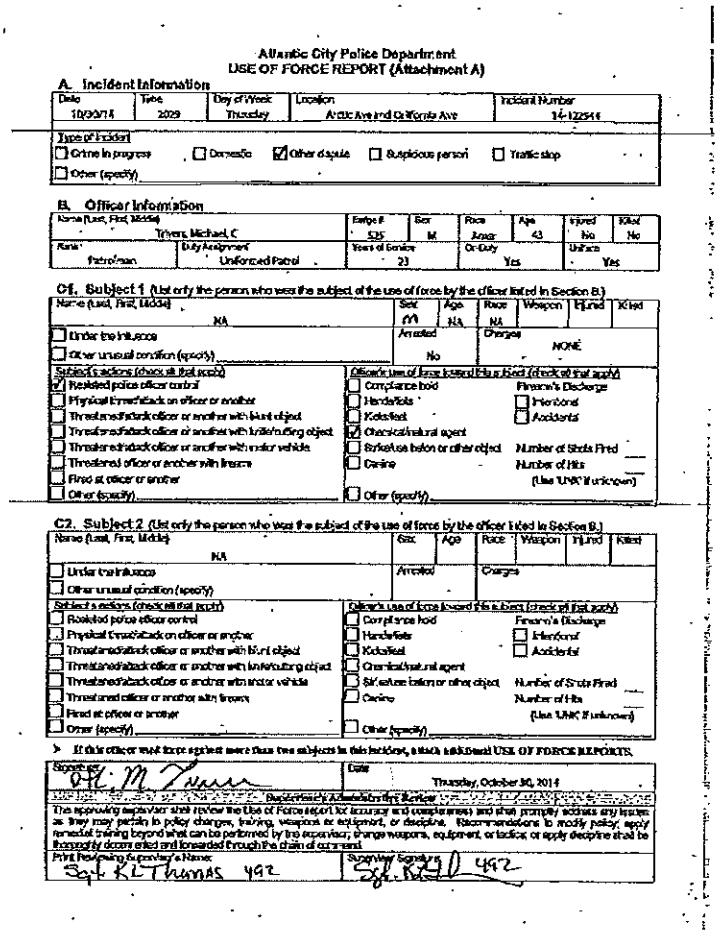
* * * Communication Result Report (Oct. 30. 2014 11:47PM) * * *

1)
2)

Date/Time: Oct. 30. 2014 11:44PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
4802	Memory TX	IA FAX	P. 1	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax



Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/30/14	2029	Thursday	Arctic Ave and California Ave	14-122514

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	Killed
Tilyou, Michael, C	525	M	Asian	43	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Patrolman	Uniformed Patrol	23	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
NA	M	NA	NA			

☐ Under the influence
☐ Other unusual condition (specify)

Arrested	Charges
No	NONE

Subject's actions (check all that apply)
☑ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened/attack officer or another with blunt object
☐ Threatened/attack officer or another with knife/cutting object
☐ Threatened/attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify)

Officer's use of force listed this subject (check all that apply)
☐ Compliance hold
☐ Handcuffs
☐ Kicks/feet
☑ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify)
Firearm's Discharge
☐ Intentional
☐ Accidental
Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed
NA						

☐ Under the influence
☐ Other unusual condition (specify)

Arrested	Charges

Subject's actions (check all that apply)
☐ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened/attack officer or another with blunt object
☐ Threatened/attack officer or another with knife/cutting object
☐ Threatened/attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify)

Officer's use of force listed this subject (check all that apply)
☐ Compliance hold
☐ Handcuffs
☐ Kicks/feet
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify)
Firearm's Discharge
☐ Intentional
☐ Accidental
Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature	Date
M. Tilyou	Thursday, October 30, 2014

Supervisor's Assessment of Report

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by the supervisor, change weapons, equipment, or tactics, or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Name of Reviewing Supervisor	Supervisor Signature
Sgt. R.L. Thomas 492	Sgt. R.L. 492

* * * Communication Result Report (Oct. 30. 2014 11:45PM) * * *

1)
2)

Date/Time: Oct. 30. 2014 11:44PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
4803	Memory TX	IA FAX	P. 2	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

ATLANTIC CITY POLICE DEPARTMENT
USE OF OLEORESIN CAPSICUM (O.C.) SPRAY REPORT FORM
(Attachment B)

This form is to be filled out by the officer who discharged their O.C. Spray either intentionally or accidentally. Upon completion, the form must be reviewed by the Desk Sergeant or immediate supervisor and signed by them. The original report will go with the case and copies of the incident report and this report will be forwarded to the Chief and Training Unit.

Officer Name:	Michael Trivers	Badge #:	525
Date:	Thursday, October 30, 2014	Current Assignment:	Crash Investigation
Time Of Incident:	2029 hours	Case #:	14-122944
Nature Of Call:	On View groups fighting		
Suspect Name:	NONE		
Suspect Address:	NONE		

1. Were verbal commands given? YES

2. What were the verbal commands and how many times were they given?
Stop fighting, Police Officer, was said several times

3. Did the suspect comply with verbal commands? NO

4. If O.C. Spray was not used, would physical force have been required to make arrest? YES

5. After O.C. Spray was used, and other than handcuffing, were other weapons or force required to subdue the suspect? NO

6. After the application of O.C. Spray, was the suspect provided with an opportunity to eliminate the effects of the agent as prescribed in our policy? N/A
If the answer is yes, note time: NA

7. Was the suspect advised to remove contact lenses? N/A
If the answer is yes, note time: NA

(Page 1 of 2 pages)

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/30/14	2245	Thursday	California and Arctic	14-122944

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	Killed
LoDico, Christopher L.		862	M	White	40	No	No
Rank	**Duty Assignment**	**Years of Service**		**On-Duty**		**Uniform**	
Patrolman	Uniformed Patrol	7		Yes		Yes	

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	Age	Race	Weapon	Injured	Killed
[redacted]	M	[redacted]	White	Yes	No	No

☐ Under the influence
☐ Other unusual condition (specify) _____

Arrested: Yes

Charges: Obstruction, Resisting by Flight

Subject's actions (check all that apply)	Officer's use of force toward this subject (check all that apply)	
☑ Resisted police officer control	☑ Compliance hold	Firearm's Discharge
☐ Physical threat/attack on officer or another	☑ Hands/fists	☐ Intentional
☐ Threatened/attack officer or another with blunt object	☐ Kicks/feet	☐ Accidental
☐ Threatened/attack officer or another with knife/cutting object	☐ Chemical/natural agent	
☐ Threatened/attack officer or another with motor vehicle	☐ Strike/use baton or other object	Number of Shots Fired ___
☐ Threatened officer or another with firearm	☐ Canine	Number of Hits ___
☐ Fired at officer or another		(Use 'UNK' if unknown)
☐ Other (specify) _____	☐ Other (specify) _____	

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence
☐ Other unusual condition (specify)

Arrested:

Charges:

Subject's actions (check all that apply)	Officer's use of force toward this subject (check all that apply)	
☐ Resisted police officer control	☐ Compliance hold	Firearm's Discharge
☐ Physical threat/attack on officer or another	☐ Hands/fists	☐ Intentional
☐ Threatened/attack officer or another with blunt object	☐ Kicks/feet	☐ Accidental
☐ Threatened/attack officer or another with knife/cutting object	☐ Chemical/natural agent	
☐ Threatened/attack officer or another with motor vehicle	☐ Strike/use baton or other object	Number of Shots Fired ___
☐ Threatened officer or another with firearm	☐ Canine	Number of Hits ___
☐ Fired at officer or another		(Use 'UNK' if unknown)
☐ Other (specify) _____	☐ Other (specify) _____	

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

Signature:	Date:
[signature]	Thursday, October 30, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Kelly Lee Thoms	Sgt Kelly Lee Thoms 452
11/6/14	Lt [signature] #662 11-7-14

* * * Communication Result Report (Oct. 30. 2014 11:51PM) * * *

1)
2)

Date/Time: Oct. 30. 2014 11:50PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
4807	Memory TX	IA FAX	P. 1	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/30/14	2245	Thursday	California and Arctic	14-122944

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	Killed
LeBlanc, Christopher L.	862	M	White	40	No	No

Rank	Duty Assignment	Years of Service	On Duty	Uniform
Patrolman	Uniformed Patrol	7	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
[redacted]	M	[redacted]	White	Yes	No	No

☐ Under the influence ☐ Other unusual condition (specify)

Arrested: Yes
Charges: Obstruction, Resisting by Flight

Subject's actions (check all that apply)
☑ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened attack officer or another with blunt object
☐ Threatened attack officer or another with life/cutting object
☐ Threatened attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify)

Officer's use of force toward the subject (check all that apply)
☑ Compliance hold
☐ Handcuffs
☐ Kicks/feet
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify)

Firearm's Discharge
☐ Intentional
☐ Accidental
Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence ☐ Other unusual condition (specify)

Arrested
Charges

Subject's actions (check all that apply)
☐ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened attack officer or another with blunt object
☐ Threatened attack officer or another with life/cutting object
☐ Threatened attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify)

Officer's use of force toward the subject (check all that apply)
☐ Compliance hold
☐ Handcuffs
☐ Kicks/feet
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify)

Firearm's Discharge
☐ Intentional
☐ Accidental
Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature: [signature] Date: Thursday, October 30, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues in any way pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by the supervisor, change weapons, equipment, or tactics, or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name: Kelly Lee Thomas
Supervisor Signature: Sgt Kelly Lee Thomas

* * * Communication Result Report (Oct. 30. 2014 11:50PM) * * *

1)
2)

Date/Time: Oct. 30. 2014 11:50PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
4806	Memory TX	prostr use of force	P. 1	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/30/14	2245	Thursday	California and Arctic	14-122944

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	Killed
LoCicero, Christopher L.	862	M	White	40	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Patrolman	Uniformed Patrol	7	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
[redacted]	M	[redacted]	White	Yes	No	No

☐ Under the influence ☐ Other unusual condition (specify) _____
Arrested: Yes
Charges: Obstruction, Resisting by Flight

Subject's actions (check all that apply):
☑ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened/attack officer or another with blunt object
☐ Threatened/attack officer or another with knife/cutting object
☐ Threatened/attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply):
☑ Compliance hold
☑ Hands/fists
☐ Kicks/feet
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify) _____
Firearm's Discharge: ☐ Intentional ☐ Accidental
Number of Shots Fired: ___
Number of Hits: ___ (Use "UNK" if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence ☐ Other unusual condition (specify) _____
Arrested: _____ Charges: _____

Subject's actions (check all that apply):
☐ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened/attack officer or another with blunt object
☐ Threatened/attack officer or another with knife/cutting object
☐ Threatened/attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply):
☐ Compliance hold
☐ Hands/fists
☐ Kicks/feet
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify) _____
Firearm's Discharge: ☐ Intentional ☐ Accidental
Number of Shots Fired: ___
Number of Hits: ___ (Use "UNK" if unknown)

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

Signature: [signature] Date: Thursday, October 30, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by the supervisor, change weapons, equipment, or tactics, or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name: Kellylee Thomas
Supervisor Signature: [signature] S/Sgt 457

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/30/14	2245	Thursday	California and Arctic	14-122944

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	Killed
LoDico, Christopher L.	862	M	White	40	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Patrolman	Uniformed Patrol	7	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
[redacted]	M	[redacted]	White	Yes	No	No

☐ Under the influence
☐ Other unusual condition (specify) _____

Arrested: Yes

Charges: Obstruction, Resisting by Flight

Subject's actions (check all that apply)
- ☑ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply)
- ☑ Compliance hold
- ☑ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ____
Number of Hits ____
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence
☐ Other unusual condition (specify)

Arrested

Charges

Subject's actions (check all that apply)
- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply)
- ☐ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ____
Number of Hits ____
(Use 'UNK' if unknown)

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

Signature:	Date:
[signature]	Thursday, October 30, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Kelly Lee Thoms	[signature]

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/30/14	2029	Thursday	Arctic Ave and California Ave	14-122944

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	Killed
Trivers, Michael, C	525	M	Amer	43	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Patrolman	Uniformed Patrol	23	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
NA	M	NA	NA			

☐ Under the influence ☐ Other unusual condition (specify) _____

Arrested: No

Charges: NONE

Subject's actions (check all that apply)

☑ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened/attack officer or another with blunt object
☐ Threatened/attack officer or another with knife/cutting object
☐ Threatened/attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify) _____

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

☐ Compliance hold
☐ Hands/fists
☐ Kicks/feet
☑ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify) _____

Firearm's Discharge
☐ Intentional
☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed
NA						

☐ Under the influence ☐ Other unusual condition (specify)

Arrested:

Charges:

Subject's actions (check all that apply)

☐ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened/attack officer or another with blunt object
☐ Threatened/attack officer or another with knife/cutting object
☐ Threatened/attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify) _____

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

☐ Compliance hold
☐ Hands/fists
☐ Kicks/feet
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify) _____

Firearm's Discharge
☐ Intentional
☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature:	Date:
Ofc. M. Trivers	Thursday, October 30, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Sgt. K.L. Thomas 492	Sgt. K.L. Thomas 492

ATLANTIC CITY POLICE DEPARTMENT
USE OF OLEORESIN CAPSICUM (O.C.) SPRAY REPORT FORM
(Attachment B)

This form is to be filled out by the officer who discharged their O.C. Spray either intentionally or accidentally. Upon completion, the form must be reviewed by the Desk Sergeant or immediate supervisor and signed by them. The original report will go with the case and copies of the incident report and this report will be forwarded to the Chief and Training Unit.

Officer Name:	Michael Trivers	Badge #:	525
Date:	Thursday, October 30, 2014	Current Assignment:	Crash Investigation
Time Of Incident:	2029 hours	Case #:	14-122944
Nature Of Call:	On View groups fighting		
Suspect Name:	NONE		
Suspect Address:	NONE		

1. Were verbal commands given? YES

2. What were the verbal commands and how many times were they given?

Stop fighting, Police Officer. was said several times

3. Did the suspect comply with verbal commands? NO

4. If O.C. Spray was not used, would physical force have been required to make arrest? YES

5. After O.C. Spray was used, and other than handcuffing, were other weapons or force required to subdue the suspect? NO

6. After the application of O.C. Spray, was the suspect provided with an opportunity to eliminate the effects of the agent as prescribed in our policy? NA

If the answer is yes, note time: NA

7. Was the suspect advised to remove contact lenses? NA

If the answer is yes, note time: NA

ATLANTIC CITY POLICE DEPARTMENT
USE OF OLEORESIN CAPSICUM (O.C.) SPRAY REPORT FORM

(Attachment B)

8. Was the suspect given a O.C. Spray Wash-Up Form? NA

If the answer is yes, note time: NA

If the answer is no explain why: Suspect was not arrested because he ran away while I was recovering from my exposure from OC spray

9. Did the suspect require medical treatment? NA

10. Was the suspect transported to medical center for treatment? NA

11. Have the report reviewed by the Desk Sergeant or Immediate Supervisor before filing and copies sent to Chief and Training Unit.

Reviewed By: [signature] Badge #: 492

Rank: Sgt

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/30/14	0230	Thursday	Harrah's Casino	14-122673

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	Killed
Stowe, Gary	836	M	blk	39	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Detective	Uniformed Patrol	13	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
Russo,Nicolas	M	31	W	No	No	No

☑ Under the influence
☐ Other unusual condition (specify) _____

Arrested: Yes

Charges: disorderly, trespassing, resisting arrest

Subject's actions (check all that apply)
- ☑ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply)
- ☑ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence
☐ Other unusual condition (specify)

Arrested:

Charges:

Subject's actions (check all that apply)
- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply)
- ☐ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature:	Date:
Det. Gary Stowe #745	Thursday, October 30, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
J. Jaslecki #560	#560

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/30/14	0230	Thursday	Harrah's Casino	14-122673

Type of Incident
- [x] Crime in progress
- [ ] Domestic
- [ ] Other dispute
- [ ] Suspicious person
- [ ] Traffic stop
- [ ] Other (specify) _____

B. Officer Information

Name (Last, First, Middle)	Badge #	Sex	Race	Age	Injured	Killed
White, Henry, Martino	836	M	blk	30	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Detective	Uniformed Patrol	7	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
Russo,Nicolas	M	31	W	No	No	No

- [x] Under the influence
- [ ] Other unusual condition (specify) _____

Arrested: Yes

Charges: disorderly, trespassing, resisting arrest

Subject's actions (check all that apply)
- [x] Resisted police officer control
- [ ] Physical threat/attack on officer or another
- [ ] Threatened/attack officer or another with blunt object
- [ ] Threatened/attack officer or another with knife/cutting object
- [ ] Threatened/attack officer or another with motor vehicle
- [ ] Threatened officer or another with firearm
- [ ] Fired at officer or another
- [ ] Other (specify) _____

Officer's use of force toward this subject (check all that apply)
- [x] Compliance hold
- [ ] Hands/fists
- [ ] Kicks/feet
- [ ] Chemical/natural agent
- [ ] Strike/use baton or other object
- [ ] Canine
- [ ] Other (specify) _____

Firearm's Discharge
- [ ] Intentional
- [ ] Accidental

Number of Shots Fired ____
Number of Hits ____
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

- [ ] Under the influence
- [ ] Other unusual condition (specify)

Arrested: _____

Charges: _____

Subject's actions (check all that apply)
- [ ] Resisted police officer control
- [ ] Physical threat/attack on officer or another
- [ ] Threatened/attack officer or another with blunt object
- [ ] Threatened/attack officer or another with knife/cutting object
- [ ] Threatened/attack officer or another with motor vehicle
- [ ] Threatened officer or another with firearm
- [ ] Fired at officer or another
- [ ] Other (specify) _____

Officer's use of force toward this subject (check all that apply)
- [ ] Compliance hold
- [ ] Hands/fists
- [ ] Kicks/feet
- [ ] Chemical/natural agent
- [ ] Strike/use baton or other object
- [ ] Canine
- [ ] Other (specify) _____

Firearm's Discharge
- [ ] Intentional
- [ ] Accidental

Number of Shots Fired ____
Number of Hits ____
(Use 'UNK' if unknown)

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

Signature:	Date:
	Thursday, October 30, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
J. Jasiecki #560	#560

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/29/14	19:30	Wednesday	Beach & Sheridan	14-122576

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	Killed
Catanio, Darrell J		807	M	White	30	No	No
Rank	**Duty Assignment**	**Years of Service**		**On-Duty**		**Uniform**	
Patrolman	Uniformed Patrol	8		Yes		Yes	

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	Age	Race	Weapon	Injured	Killed
Coates Jr, Adam B	M	26	Black	No	No	No

☐ Under the influence

☐ Other unusual condition (specify) _____

Arrested: Yes

Charges: Contempt of Court, Hindering Apprehension, Resisting Arrest

Subject's actions (check all that apply)

- ☑ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

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

- ☑ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☑ Other (specify) Wrestled suspect to the ground

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence

☐ Other unusual condition (specify)

Arrested

Charges

Subject's actions (check all that apply)

- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

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

- ☐ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature:	Date:
D. Catanio	Wednesday, October 29, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
SGT O. INGENITO 665	SGT O. [signature] 665

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/29/14	1102	Wednesday	Golden Nugget	140122443

Type of Incident

☐ Crime in progress ☐ Domestic ☐ Other dispute ☐ Suspicious person ☐ Traffic stop

☑ Other (specify) theft of services/ warrant arrest

B. Officer Information

Name (Last, First, Middle)	Badge #	Sex	Race	Age	Injured	Killed
Sims. Lisa	574	F	b	53	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Patrolman	Uniformed Patrol	20	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
Diza,Jemaly	F	25	a	No	No	No

☐ Under the influence
☐ Other unusual condition (specify) _____

Arrested: Yes

Charges: 2c:29-2a(1)

Subject's actions (check all that apply)

☑ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened/attack officer or another with blunt object
☐ Threatened/attack officer or another with knife/cutting object
☐ Threatened/attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify) _____

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

☑ Compliance hold
☑ Hands/fists
☐ Kicks/feet
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify) _____

Firearm's Discharge
☐ Intentional
☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence
☐ Other unusual condition (specify)

Arrested:

Charges:

Subject's actions (check all that apply)

☐ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened/attack officer or another with blunt object
☐ Threatened/attack officer or another with knife/cutting object
☐ Threatened/attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify) _____

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

☐ Compliance hold
☐ Hands/fists
☐ Kicks/feet
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify) _____

Firearm's Discharge
☐ Intentional
☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature:	Date:
Ofc. L. Sims	Wednesday, October 29, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Sgt. Kevin Scanlon 658	Sgt. [signature] 658

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/28/14	0052 hours	Tuesday	Mur Mur nightclub/ Borgata Casino	14-121966

Type of Incident

☐ Crime in progress ☐ Domestic ☐ Other dispute ☐ Suspicious person ☐ Traffic stop

☑ Other (specify) disorderly male

B. Officer Information

Name (Last, First, Middle)		Badge #	Sex	Race	Age	Injured	Killed
Sendrick, Scott, M		838	M	W	29	No	No
Rank	**Duty Assignment**	**Years of Service**		**On-Duty**		**Uniform**	
Patrolman	Uniformed Patrol	8		Yes		Yes	

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	Age	Race	Weapon	Injured	Killed
Costello, Bryant, E.	M	21	W	No	No	No

☑ Under the influence ☐ Other unusual condition (specify)	Arrested Yes	Charges Disorderly Conduct Resisting Arrest

Subject's actions (check all that apply)	Officer's use of force toward this subject (check all that apply)	
☑ Resisted police officer control	☑ Compliance hold	Firearm's Discharge
☐ Physical threat/attack on officer or another	☐ Hands/fists	☐ Intentional
☐ Threatened/attack officer or another with blunt object	☐ Kicks/feet	☐ Accidental
☐ Threatened/attack officer or another with knife/cutting object	☐ Chemical/natural agent	
☐ Threatened/attack officer or another with motor vehicle	☐ Strike/use baton or other object	Number of Shots Fired ___
☐ Threatened officer or another with firearm	☐ Canine	Number of Hits ___
☐ Fired at officer or another		(Use 'UNK' if unknown)
☐ Other (specify) ___	☐ Other (specify) ___	

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence ☐ Other unusual condition (specify)	Arrested	Charges

Subject's actions (check all that apply)	Officer's use of force toward this subject (check all that apply)	
☐ Resisted police officer control	☐ Compliance hold	Firearm's Discharge
☐ Physical threat/attack on officer or another	☐ Hands/fists	☐ Intentional
☐ Threatened/attack officer or another with blunt object	☐ Kicks/feet	☐ Accidental
☐ Threatened/attack officer or another with knife/cutting object	☐ Chemical/natural agent	
☐ Threatened/attack officer or another with motor vehicle	☐ Strike/use baton or other object	Number of Shots Fired ___
☐ Threatened officer or another with firearm	☐ Canine	Number of Hits ___
☐ Fired at officer or another		(Use 'UNK' if unknown)
☐ Other (specify) ___	☐ Other (specify) ___	

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

Signature:	Date:
	Tuesday, October 28, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/28/14	0052 Hours	Tuesday	Borgata Casino/self park area	14-121966

Type of Incident

☐ Crime in progress ☐ Domestic ☐ Other dispute ☐ Suspicious person ☐ Traffic stop

☑ Other (specify) disorderly male

B. Officer Information

Name (Last, First, Middle)	Badge #	Sex	Race	Age	Injured	Killed
Lasco, Richard	681	M	W	41	Yes	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Patrolman	Uniformed Patrol	15	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
Costello, Bryant, E.	M	21	W	No	No	No

☑ Under the influence
☐ Other unusual condition (specify) _____

Arrested

Charges: Disorderly Conduct, Resisting Arrest

Subject's actions (check all that apply)	Officer's use of force toward this subject (check all that apply)	
☑ Resisted police officer control	☑ Compliance hold	Firearm's Discharge
☐ Physical threat/attack on officer or another	☐ Hands/fists	☐ Intentional
☐ Threatened/attack officer or another with blunt object	☐ Kicks/feet	☐ Accidental
☐ Threatened/attack officer or another with knife/cutting object	☐ Chemical/natural agent	
☐ Threatened/attack officer or another with motor vehicle	☐ Strike/use baton or other object	Number of Shots Fired ___
☐ Threatened officer or another with firearm	☐ Canine	Number of Hits ___
☐ Fired at officer or another		(Use 'UNK' if unknown)
☐ Other (specify) _____	☐ Other (specify) _____	

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence
☐ Other unusual condition (specify)

Arrested

Charges

Subject's actions (check all that apply)	Officer's use of force toward this subject (check all that apply)	
☐ Resisted police officer control	☐ Compliance hold	Firearm's Discharge
☐ Physical threat/attack on officer or another	☐ Hands/fists	☐ Intentional
☐ Threatened/attack officer or another with blunt object	☐ Kicks/feet	☐ Accidental
☐ Threatened/attack officer or another with knife/cutting object	☐ Chemical/natural agent	
☐ Threatened/attack officer or another with motor vehicle	☐ Strike/use baton or other object	Number of Shots Fired ___
☐ Threatened officer or another with firearm	☐ Canine	Number of Hits ___
☐ Fired at officer or another		(Use 'UNK' if unknown)
☐ Other (specify) _____	☐ Other (specify) _____	

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

Signature:	Date:
	Tuesday, October 28, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor, change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Jacey Falcone #692	

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/27/14	13:57	Monday	Family Dollar	14-121803

Type of Incident

☐ Crime in progress ☐ Domestic ☐ Other dispute ☑ Suspicious person ☐ Traffic stop

☑ Other (specify) Obstruction of Justice

B. Officer Information

Name (Last, First, Middle)		Badge #	Sex	Race	Age	Injured	Killed
Hurley, Brian P.		760	M	Caucasian	30	Yes	No
Rank	**Duty Assignment**	**Years of Service**		**On-Duty**		**Uniform**	
Police Officer	Uniformed Patrol	+ 9 years		Yes		Yes	

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	Age	Race	Weapon	Injured	Killed
Dabney, Dewitt Marshall	M	50	Blk	No	No	No

☐ Under the influence
☐ Other unusual condition (specify) _____

Arrested: Yes

Charges: Poss. CDS (Heroin), Poss. Hypo. Syringe, Resist., Obstruction

Subject's actions (check all that apply)
- ☑ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply)
- ☑ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired: N/A
Number of Hits: N/A
(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	Age	Race	Weapon	Injured	Killed

☐ Under the influence
☐ Other unusual condition (specify)

Arrested:

Charges:

Subject's actions (check all that apply)
- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply)
- ☐ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired: ____
Number of Hits: ____
(Use 'UNK' if unknown)

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

Signature:	Date:
B. Hurley #760	Monday, October 27, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Sgt. Joseph Jasiecki	#560

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/26/14	0250	Sunday	Ballys Bus Lobby	14-121343

Type of Incident

☐ Crime in progress ☐ Domestic ☐ Other dispute ☐ Suspicious person ☐ Traffic stop

☑ Other (specify) Fight in progress

B. Officer Information

Name (Last, First, Middle)	Badge #	Sex	Race	Age	Injured	Killed
Pincus,Mark A.	793	M	Wht	33	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Patrolman	Uniformed Patrol	7	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
Leggette,Mya	F	21	Wht	No	No	No

☑ Under the influence

☐ Other unusual condition (specify) _____

Arrested: Yes

Charges: Disorderly Conduct-Resisting Arrest

Subject's actions (check all that apply)

☑ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened/attack officer or another with blunt object
☐ Threatened/attack officer or another with knife/cutting object
☐ Threatened/attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify) _____

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

☑ Compliance hold
☐ Hands/fists
☐ Kicks/feet
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify) _____

Firearm's Discharge
☐ Intentional
☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence

☐ Other unusual condition (specify)

Arrested

Charges

Subject's actions (check all that apply)

☐ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened/attack officer or another with blunt object
☐ Threatened/attack officer or another with knife/cutting object
☐ Threatened/attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify) _____

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

☐ Compliance hold
☐ Hands/fists
☐ Kicks/feet
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify) _____

Firearm's Discharge
☐ Intentional
☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature: Mark P. Pincus #793	Date: Sunday, October 26, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name: Joseph Falcone #692	Supervisor Signature:

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/26/14	0250	Sunday	Ballys Bus Lobby	14-121343

Type of Incident

☐ Crime in progress ☐ Domestic ☐ Other dispute ☐ Suspicious person ☐ Traffic stop

☑ Other (specify) Fight in progress

B. Officer Information

Name (Last, First, Middle)	Badge #	Sex	Race	Age	Injured	Killed
Toscano,Robert C.	789	M	Wht	38	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Patrolman	Uniformed Patrol	7	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
Leggette,Mya	F	21	Wht	No	No	No

☑ Under the influence
☐ Other unusual condition (specify) _____

Arrested: Yes

Charges: Disorderly Conduct-Resisting Arrest

Subject's actions (check all that apply)
- ☑ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply)
- ☑ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence
☐ Other unusual condition (specify)

Arrested:

Charges:

Subject's actions (check all that apply)
- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply)
- ☐ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature:	Date:
# 789	Sunday, October 26, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Stacey Pationo #693	

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/25/14	1830	Saturday	Chelsea Hotel	14-121182

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	Killed
LoDico, Christopher L.	862	M	White	40	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Patrolman	Uniformed Patrol	6	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
Capellan, Radhames E.	M	23	White	No	No	No

☑ Under the influence
☐ Other unusual condition (specify) _____

Arrested: Yes

Charges: Resisting Arrest, Interfering with Transportation.

Subject's actions (check all that apply)
- ☑ Resisted police officer control
- ☑ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply)
- ☑ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence
☐ Other unusual condition (specify)

Arrested:

Charges:

Subject's actions (check all that apply)
- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply)
- ☐ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature:	Date:
Chris LoDico #862	Saturday, October 25, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor, change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Sgt. Kelly Lee Thomas #1100	Sgt [signature]

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/25/14	1830	Saturday	Chelsea Hotel	14-121182

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	Killed
Le, Huan		790	M	Asian	39	No	No
Rank	**Duty Assignment**	**Years of Service**		**On-Duty**		**Uniform**	
Patrolman	Uniformed Patrol	8		Yes		Yes	

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	Age	Race	Weapon	Injured	Killed
Capelian, Radhames E.	M	23	White	No	No	No

☑ Under the influence ☐ Other unusual condition (specify) _____

Arrested: Yes

Charges: Resisting Arrest, Interfering with Transportation.

Subject's actions (check all that apply)

- ☑ Resisted police officer control
- ☑ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

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

- ☑ Compliance hold
- ☑ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ____

Number of Hits ____ (Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence ☐ Other unusual condition (specify)

Arrested

Charges

Subject's actions (check all that apply)

- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

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

- ☐ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ____

Number of Hits ____ (Use 'UNK' if unknown)

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

Signature:	Date:
	Saturday, October 25, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Sgt. Kathy Lee Thao Hoa	

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/23/14	1951	Thursday	1118 City Avenue	14-120407

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	Killed
Matos, Roberto		821	M	White	37	No	No
Rank	**Duty Assignment**	**Years of Service**		**On-Duty**		**Uniform**	
Patrolman	Uniformed Patrol	7		Yes		Yes	

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	Age	Race	Weapon	Injured	Killed
Mauras, Christopher	M	24	White	No	No	No

☑ Under the influence
☐ Other unusual condition (specify) _____

Arrested: Yes

Charges: Disorderly Conduct/ Resisting Arrest

Subject's actions (check all that apply)
- ☑ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply)
- ☑ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence
☐ Other unusual condition (specify)

Arrested

Charges

Subject's actions (check all that apply)
- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply)
- ☐ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature:	Date:
	Friday, October 24, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Sgt W Fay #41	Sgt W Fay #41

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10-23-2014	2145	Thursday	14 South Florida Avenue	14-120443

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	Killed
Kaiser, Mohammed	878	M	Asian	27	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Patrolman	Uniformed Patrol	2	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
Murphy, Walter	M	32	White	No	No	No

☑ Under the influence
☐ Other unusual condition (specify) _____

Arrested: Yes

Charges: Obstruction, Resisting Arrest

Subject's actions (check all that apply)
- ☑ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply)
- ☑ Compliance hold
- ☑ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence
☐ Other unusual condition (specify)

Arrested:

Charges:

Subject's actions (check all that apply)
- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply)
- ☐ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature:	Date:
Mohammed Kaiser	10-23-14

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Sgt W Tracy #411	Sgt W Tracy #411

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10-23-2014	2145	Thursday	14 South Florida Avenue	14-120443

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	Killed
Le, Huan	790	M	Asian	39	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Patrolman	Uniformed Patrol	7	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
Murphy, Walter	M	32	White	No	No	No

	Arrested	Charges
☑ Under the influence ☐ Other unusual condition (specify) _____	Yes	Obstruction, Resisting Arrest

Subject's actions (check all that apply)

- ☑ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

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

- ☑ Compliance hold
- ☑ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge

- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___

Number of Hits ___ (Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

	Arrested	Charges
☐ Under the influence ☐ Other unusual condition (specify)		

Subject's actions (check all that apply)

- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

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

- ☐ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge

- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___

Number of Hits ___ (Use 'UNK' if unknown)

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

Signature:	Date: 10/23/2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Sgt W Tracy #641	

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/21/14	0030	Tuesday	GEORGIA AND ARCTIC	14-119435

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	Killed
[redacted]		845	M	H	32	No	No
Rank	**Duty Assignment**	**Years of Service**		**On-Duty**		**Uniform**	
Patrolman	Uniformed Patrol	8 YEARS		Yes		Yes	

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	Age	Race	Weapon	Injured	Killed
[redacted]	M	[redacted]	H	No	No	No

☐ Under the influence
☐ Other unusual condition (specify) _____

Arrested

Charges

Subject's actions (check all that apply)

- ☑ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

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

- ☑ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence
☐ Other unusual condition (specify)

Arrested

Charges

Subject's actions (check all that apply)

- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

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

- ☐ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature: [redacted] #845	Date: Tuesday, October 21, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Sgt. Falcone #697	

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/21/14	0030	Tuesday	GEORGIA AND ARCTIC	14-119435

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	Killed
DEBORAH G. SHIELDS	777	F	W	39	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Patrolman	Uniformed Patrol	8 YEARS	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
[redacted]	M	[redacted]	H	No	No	No

☐ Under the influence
☐ Other unusual condition (specify) _____

Arrested

Charges

Subject's actions (check all that apply)

☑ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened/attack officer or another with blunt object
☐ Threatened/attack officer or another with knife/cutting object
☐ Threatened/attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify) _____

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

☑ Compliance hold
☐ Hands/fists
☐ Kicks/feet
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify) _____

Firearm's Discharge
☐ Intentional
☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence
☐ Other unusual condition (specify)

Arrested

Charges

Subject's actions (check all that apply)

☐ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened/attack officer or another with blunt object
☐ Threatened/attack officer or another with knife/cutting object
☐ Threatened/attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify) _____

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

☐ Compliance hold
☐ Hands/fists
☐ Kicks/feet
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify) _____

Firearm's Discharge
☐ Intentional
☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature:	Date:
Deborah G. Shields #777	Tuesday, October 21, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Stacey Falcone #92	

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/21/14	0005	Tuesday	Georgia Ave. and Arctic Ave	14-119435

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	Killed
Draper, Justin	817	M	White	35	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Patrolman	Uniformed Patrol	7	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
[redacted]	M	[redacted]	W/H	No	No	No

☐ Under the influence
☐ Other unusual condition (specify) _____

Arrested: Yes

Charges: 2C:33-2A(1)

Subject's actions (check all that apply)
- ☑ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply)
- ☐ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☑ Other (specify) Leg sweep take down

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence
☐ Other unusual condition (specify)

Arrested:

Charges:

Subject's actions (check all that apply)
- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply)
- ☐ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature: Ofc Justin Draper #817	Date: Tuesday, October 21, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name: Sgt. Falcone #692	Supervisor Signature:

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/19/14	2130 hrs	Sunday	Pier at Caesars	14-119039

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	Killed
King, George	823	M	W	35	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Patrolman	Uniformed Patrol	7	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
Singh, Sarbjit	M	23	A	No	No	No

☐ Under the influence
☑ Other unusual condition (specify) Mentally Unstable

Arrested: Yes

Charges: Agg. Assault on Police, Resisting Arrest

Subject's actions (check all that apply)
- ☑ Resisted police officer control
- ☑ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply)
- ☐ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☑ Chemical/natural agent
- ☑ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence
☐ Other unusual condition (specify)

Arrested:

Charges:

Subject's actions (check all that apply)
- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply)
- ☐ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature:	Date:
	Sunday, October 19, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Sgt. O. Ingenito	SGT O. [signature] 665

ATLANTIC CITY POLICE DEPARTMENT
USE OF OLEORESIN CAPSICUM (O.C.) SPRAY REPORT FORM
(Attachment B)

This form is to be filled out by the officer who discharged their O.C. Spray either intentionally or accidentally. Upon completion, the form must be reviewed by the Desk Sergeant or immediate supervisor and signed by them. The original report will go with the case and copies of the incident report and this report will be forwarded to the Chief and Training Unit.

Officer Name:	George King	Badge #:	823
Date:	Monday, October 20, 2014	Current Assignment:	Bravo Patrol
Time Of Incident:	2130 hrs	Case #:	14-119039
Nature Of Call:	Suspect assaulted Pier Security. Suspect was given a summons and ejected from the pier. After releasing the suspect from hand cuffs that were applied by Pier Security, the suspect turned and attacked Police.		
Suspect Name:	Sarbjit Singh		
Suspect Address:	33-4 Florence Tollgate Plaza Florence, NJ 08518		

1. Were verbal commands given? YES

2. What were the verbal commands and how many times were they given?

GET DOWN numerous times

3. Did the suspect comply with verbal commands? NO

4. If O.C. Spray was not used, would physical force have been required to make arrest? YES

5. After O.C. Spray was used, and other than handcuffing, were other weapons or force required to subdue the suspect? YES

6. After the application of O.C. Spray, was the suspect provided with an opportunity to eliminate the effects of the agent as prescribed in our policy? YES

If the answer is yes, note time: 2200

7. Was the suspect advised to remove contact lenses? NO

If the answer is yes, note time: N/A

ATLANTIC CITY POLICE DEPARTMENT
USE OF OLEORESIN CAPSICUM (O.C.) SPRAY REPORT FORM
(Attachment B)

8. Was the suspect given a O.C. Spray Wash-Up Form? YES

If the answer is yes, note time: 2330

If the answer is no explain why: N/A

9. Did the suspect require medical treatment? NO

10. Was the suspect transported to medical center for treatment? NO

11. Have the report reviewed by the Desk Sergeant or Immediate Supervisor before filing and copies sent to Chief and Training Unit.

Reviewed By: Owen Ingenito Badge #: 665

Rank: Sergeant

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10-19-14	0500	Sunday	Atlantic Palace Rm#2611	14-118764

Type of Incident

☐ Crime in progress ☐ Domestic ☐ Other dispute ☐ Suspicious person ☐ Traffic stop

☑ Other (specify) Medical assistance call

B. Officer Information

Name (Last, First, Middle)	Badge #	Sex	Race	Age	Injured	Killed
Pincus,Mark	793	M	Wht	33	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Patrolman	Uniformed Patrol	7	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
Harris,Charles E	M	54	Blk	No	No	No

☑ Under the influence
☐ Other unusual condition (specify) _____

Arrested: Yes

Charges: Disorderly Conduct,Resisting Arrest

Subject's actions (check all that apply)
- ☑ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply)
- ☑ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☑ Other (specify) Wrestle

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence
☐ Other unusual condition (specify)

Arrested:

Charges:

Subject's actions (check all that apply)
- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply)
- ☐ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature:	Date:
Mark Pincus #793	Sunday, October 19, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by the supervisor, change weapons, equipment, or tactics, or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Tracy Farrow #690	#693

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10-19-14	0500	Sunday	Atlantic Palace Rm#2611	14-118764

Type of Incident

☐ Crime in progress ☐ Domestic ☐ Other dispute ☐ Suspicious person ☐ Traffic stop

☑ Other (specify) Medical assistance call

B. Officer Information

Name (Last, First, Middle)	Badge #	Sex	Race	Age	Injured	Killed
Toscano Robert	789	M	Wht	37	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Patrolman	Uniformed Patrol	7	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
Harris,Charles E	M	54	Blk	No	No	No

☑ Under the influence
☐ Other unusual condition (specify) _____

Arrested: Yes

Charges: Disorderly Conduct,Resisting Arrest

Subject's actions (check all that apply)
- ☑ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply)
- ☑ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☑ Other (specify) Wrestle

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence
☐ Other unusual condition (specify)

Arrested:

Charges:

Subject's actions (check all that apply)
- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply)
- ☐ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature:	Date:
#789	Sunday, October 19, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Sgt. Falcone #697	

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/19/14	02:00	Sunday	26 South Kentucky Avenue	14-118726

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	Killed
Simpson, Fitzroy E		872	M	black	40	No	No
Rank	**Duty Assignment**	**Years of Service**		**On-Duty**		**Uniform**	
Patrolman	Uniformed Patrol	2		Yes		Yes	

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	Age	Race	Weapon	Injured	Killed
Pugliese, Richard J	M	42	black	No	No	No

☑ Under the influence
☐ Other unusual condition (specify) _____

Arrested: Yes

Charges: Resisting

Subject's actions (check all that apply)

- ☑ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

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

- ☑ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence
☐ Other unusual condition (specify)

Arrested:

Charges:

Subject's actions (check all that apply)

- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

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

- ☐ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature:	Date:
#872	Sunday, October 19, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by the supervisor, change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Stacey Falcon	

No. 4483 P. 2/

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/19/14	0200hrs	Sunday	26.South Kentucky Avenue Atlantic city NJ	14-118726

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	Killed
Aucule,Peterson		884	M	Black	26	No	No
Rank	**Duty Assignment**	**Years of Service**		**On-Duty**		**Uniform**	
Patrolman	Uniformed Patrol	1 1/2years		Yes		Yes	

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	Age	Race	Weapon	Injured	Killed
Pugliese,Richard J	M	42	Black	No	No	No

☑ Under the influence

☐ Other unusual condition (specify) Alcohol

Arrested: Yes

Charges: Obstruction 2C:29-1A

Subject's actions (check all that apply)

☑ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened/attack officer or another with blunt object
☐ Threatened/attack officer or another with knife/cutting object
☐ Threatened/attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☑ Other (specify) Obstruction

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

☑ Compliance hold
☐ Hands/fists
☐ Kicks/feet
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify) _____

Firearm's Discharge
☐ Intentional
☐ Accidental

Number of Shots Fired ____
Number of Hits ____
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence

☐ Other unusual condition (specify)

Arrested

Charges

Subject's actions (check all that apply)

☐ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened/attack officer or another with blunt object
☐ Threatened/attack officer or another with knife/cutting object
☐ Threatened/attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify) _____

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

☐ Compliance hold
☐ Hands/fists
☐ Kicks/feet
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify) _____

Firearm's Discharge
☐ Intentional
☐ Accidental

Number of Shots Fired ____
Number of Hits ____
(Use 'UNK' if unknown)

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

Signature:	Date:
OFC. Aucule #884	Sunday, October 19, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Sgt. Falcone #692	Sgt #692

Oct. 19. 2014 4:07AM

No. 4483 P. 1/2

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/19/14	02:02 am	Sunday	20 S. Kentucky Avenue	14-118726

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	Killed
LOPEZ IVAN P	840	M	HIS	39	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Patrolman	Uniformed Patrol	7	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
PUGLIESE, RICHARD	M	42	B	No	No	No

☑ Under the influence

☐ Other unusual condition (specify) _____

Arrested: Yes

Charges: 2C:29-1A

Subject's actions (check all that apply)

- ☑ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☑ Other (specify) Obstruction

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

- ☑ Compliance hold
- ☑ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge

- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___

Number of Hits ___

(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed
N/A						

☐ Under the influence

☐ Other unusual condition (specify)

Arrested

Charges

Subject's actions (check all that apply)

- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

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

- ☐ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge

- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___

Number of Hits ___

(Use 'UNK' if unknown)

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

Signature:	Date:
Ivan Lopez #840	Sunday, October 19, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by the supervisor, change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Stacy Falcone #642	#642

OCT. 19. 2014 4:06AM

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/19/14	0129	Sunday	Golden Nugget Casino	14-118717

Type of Incident

☑ Crime in progress ☐ Domestic ☐ Other dispute ☐ Suspicious person ☐ Traffic stop

☑ Other (specify) Disorderly Conduct, Resisting Arrest

B. Officer Information

Name (Last, First, Middle)		Badge #	Sex	Race	Age	Injured	Killed
Stowe, Garry		745	M	BLK	39	No	No
Rank	**Duty Assignment**	**Years of Service**		**On-Duty**		**Uniform**	
Detective	Detective	13 1/2 years		Yes		Yes	

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	Age	Race	Weapon	Injured	Killed
Garcia, Mike	M	26	HIS	No	Yes	No

☑ Under the influence
☐ Other unusual condition (specify) _____

Arrested: Yes

Charges: Disorderly Conduct, Resisting Arrest

Subject's actions (check all that apply)

- ☑ Resisted police officer control
- ☑ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

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

- ☐ Compliance hold
- ☑ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☑ Other (specify) Taken down to the ground

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence
☐ Other unusual condition (specify)

Arrested

Charges

Subject's actions (check all that apply)

- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

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

- ☐ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature:	Date:
Det. [signature] #745	Sunday, October 19, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Sgt. Chris Barber	[signature]

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/18/14	2330 HRS	Friday	Unit south Vermont Avenue	14-118284

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	Killed
Rivera, Jefferson		788	M	Hisp	35	Yes	No
Rank	**Duty Assignment**	**Years of Service**		**On-Duty**		**Uniform**	
Patrolman	Uniformed Patrol	9 years		Yes		Yes	

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	Age	Race	Weapon	Injured	Killed
Stukes, Shaun	M	36	BLK	No	Yes	No

☑ Under the influence

☐ Other unusual condition (specify) _____

Arrested

Charges: resisting, assault on police, possession of cocaine, marijuana

Subject's actions (check all that apply)

- ☑ Resisted police officer control
- ☑ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

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

- ☑ Compliance hold
- ☑ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☑ Other (specify) Knee strike

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___

Number of Hits ___

(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence

☐ Other unusual condition (specify)

Arrested

Charges

Subject's actions (check all that apply)

- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

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

- ☐ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___

Number of Hits ___

(Use 'UNK' if unknown)

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

Signature: #788	Date: Saturday, October 18, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature: 560

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/18/14	2330 HRS	Friday	Unit south Vermont Avenue	14-118284

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	Killed
Laielli, Eugene	798	M	WHT	32	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Patrolman	Uniformed Patrol	8 years	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
Stukes, Shaun	M	36	BLK	No	Yes	No

☑ Under the Influence

☐ Other unusual condition (specify) _____

Arrested

Charges: resisting, assault on police, possession of cocaine, marijuana

Subject's actions (check all that apply)

☑ Resisted police officer control
☑ Physical threat/attack on officer or another
☐ Threatened/attack officer or another with blunt object
☐ Threatened/attack officer or another with knife/cutting object
☐ Threatened/attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify) _____

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

☑ Compliance hold
☑ Hands/fists
☐ Kicks/feet
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☑ Other (specify) Knee strike

Firearm's Discharge
☐ Intentional
☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the Influence

☐ Other unusual condition (specify)

Arrested

Charges

Subject's actions (check all that apply)

☐ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened/attack officer or another with blunt object
☐ Threatened/attack officer or another with knife/cutting object
☐ Threatened/attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify) _____

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

☐ Compliance hold
☐ Hands/fists
☐ Kicks/feet
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify) _____

Firearm's Discharge
☐ Intentional
☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature:	Date:
798	Saturday, October 18, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Sgt Laielli	Sgt 56

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/17/14	2330	Friday	Unit South Vermont Avenue	14-118284

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	Killed
King, George	823	M	W	35	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Patrolman	Uniformed Patrol	7	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
Stukes, Shaun	M	36	B	No	Yes	No

☑ Under the Influence
☐ Other unusual condition (specify) _____

Arrested: Yes

Charges: Resisting Arrest, Agg. Assault on Police, Poss. of CDS

Subject's actions (check all that apply)
- ☑ Resisted police officer control
- ☑ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply)
- ☑ Compliance hold
- ☑ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☑ Other (specify) Knee Strikes

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the Influence
☐ Other unusual condition (specify)

Arrested:

Charges:

Subject's actions (check all that apply)
- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply)
- ☐ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature:	Date:
George King #823	Saturday, October 18, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Sgt. Joseph Jasiecki	[signature] 360

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/11/14	18:23	Saturday	1000 Arctic Avenue	14-115981

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	Killed
Joshua Schwneger		882	M	White	29	No	No
Rank	**Duty Assignment**	**Years of Service**		**On-Duty**		**Uniform**	
Patrolman	Uniformed Patrol	1.5		Yes		Yes	

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	Age	Race	Weapon	Injured	Killed
Lerner Jr, William D	M	59	White	No	No	No

☐ Under the influence
☐ Other unusual condition (specify)

Arrested: Yes

Charges: Obstruction; Possession of CDS

Subject's actions (check all that apply)
- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☑ Other (specify) Attempted to swallow CDS

Officer's use of force toward this subject (check all that apply)
- ☑ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify)

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence
☐ Other unusual condition (specify)

Arrested

Charges

Subject's actions (check all that apply)
- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify)

Officer's use of force toward this subject (check all that apply)
- ☐ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify)

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature:	Date:
	Saturday, October 11, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Sgt. K. Thomas	Sgt. K. Thomas 492

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/11/14	18:23	Saturday	1000 Arctic Avenue	14-115981

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	Killed
Catanio, Darrell J		807	M	White	30	No	No
Rank	**Duty Assignment**	**Years of Service**		**On-Duty**		**Uniform**	
Patrolman	Uniformed Patrol	8		Yes		Yes	

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	Age	Race	Weapon	Injured	Killed
Lerner Jr, William D	M	59	White	No	No	No

☐ Under the influence
☐ Other unusual condition (specify) _____

Arrested: Yes

Charges: Obstruction, Possession of CDS

Subject's actions (check all that apply)	Officer's use of force toward this subject (check all that apply)	
☐ Resisted police officer control	☑ Compliance hold	Firearm's Discharge
☐ Physical threat/attack on officer or another	☐ Hands/fists	☐ Intentional
☐ Threatened/attack officer or another with blunt object	☐ Kicks/feet	☐ Accidental
☐ Threatened/attack officer or another with knife/cutting object	☐ Chemical/natural agent	
☐ Threatened/attack officer or another with motor vehicle	☐ Strike/use baton or other object	Number of Shots Fired ___
☐ Threatened officer or another with firearm	☐ Canine	Number of Hits ___
☐ Fired at officer or another		(Use 'UNK' if unknown)
☑ Other (specify) Attempted to swallow CDS	☐ Other (specify) _____	

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence
☐ Other unusual condition (specify)

Arrested

Charges

Subject's actions (check all that apply)	Officer's use of force toward this subject (check all that apply)	
☐ Resisted police officer control	☐ Compliance hold	Firearm's Discharge
☐ Physical threat/attack on officer or another	☐ Hands/fists	☐ Intentional
☐ Threatened/attack officer or another with blunt object	☐ Kicks/feet	☐ Accidental
☐ Threatened/attack officer or another with knife/cutting object	☐ Chemical/natural agent	
☐ Threatened/attack officer or another with motor vehicle	☐ Strike/use baton or other object	Number of Shots Fired ___
☐ Threatened officer or another with firearm	☐ Canine	Number of Hits ___
☐ Fired at officer or another		(Use 'UNK' if unknown)
☐ Other (specify) _____	☐ Other (specify) _____	

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

Signature:	Date:
Darrell C.	Saturday, October 11, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Sgt. K. Thomas	

11-10-14

#662
11-7-14

* * * Communication Result Report (Oct. 11. 2014 8:04PM) * * *

1)
2)

Date/Time: Oct. 11. 2014 8:02PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
4322	Memory TX	1A FAX	P. 1	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/11/14	1823	Saturday	1000 Arctic Avenue	14-11508

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	Killed
Catania, Donald J	507	M	White	50	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Patrolman	Uniformed Patrol	6	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
Lenoir, K. W'Kenya	M	19	White	No	No	No

☐ Under the influence ☐ Other unusual condition (specify)

Arrested	Charges
Yes	Obstruction Possession of CDS

Subject's actions (check all that apply)
- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threat and/attack officer or another with blunt object
- ☐ Threat and/attack officer or another with lethal/cutting object
- ☐ Threat and/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☑ Other (specify) Attempted to swallow CDS

Officer's use of force toward the subject (check all that apply)
- ☑ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify)

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence ☐ Other unusual condition (specify)

Arrested	Charges

Subject's actions (check all that apply)
- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threat and/attack officer or another with blunt object
- ☐ Threat and/attack officer or another with lethal/cutting object
- ☐ Threat and/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify)

Officer's use of force toward the subject (check all that apply)
- ☐ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify)

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature	Date
D. Catania	Saturday, October 11, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name	Supervisor's Signature
Sgt. K. Thomas	K. Thomas 492

* * * Communication Result Report (Oct. 11. 2014 8:03PM) * * *

1)
2)

Date/Time: Oct. 11. 2014 8:02PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
4321	Memory TX	prostr use of force	P. 1	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/7/14	12:33	Saturday	1000 Atlantic Avenue	14-135981

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	Killed
Cater Jr., Dennis J.	607	M	White	30	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Patrolman	Uniformed Patrol	8	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
Lamar A. Williams D	M	39	White	No	No	No

☐ Under the influence
☐ Other unusual condition (specify)

Arrested	Charges
Yes	Obstruction Possession of CDS

Subject's actions (check all that apply)
☐ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened attack officer or another with blunt object
☐ Threatened attack officer or another with knife/cutting object
☐ Threatened attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☑ Other (specify) Attempted to swallow CDS

Officer's use of force toward this subject (check all that apply)
☑ Compliance hold
☐ Handcuffs
☐ Kick/blast
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify)
Firearm's Discharge
☐ Intentional
☐ Accidental
Number of Shots Fired ___
Number of Hits ___
(Use "UNK" if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence
☐ Other unusual condition (specify)

Arrested	Charges

Subject's actions (check all that apply)
☐ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened attack officer or another with blunt object
☐ Threatened attack officer or another with knife/cutting object
☐ Threatened attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify)

Officer's use of force toward this subject (check all that apply)
☐ Compliance hold
☐ Handcuffs
☐ Kick/blast
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify)
Firearm's Discharge
☐ Intentional
☐ Accidental
Number of Shots Fired ___
Number of Hits ___
(Use "UNK" if unknown)

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

Signature	Date
D. Cater	Saturday, October 11, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by the supervisor, change weapons, equipment, or tactics, or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name	Supervisor Signature
Sgt. K. Thomas	K. Thomas 492

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/11/14	18:23	Saturday	1000 Arctic Avenue	14-115981

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	Killed
Catanio, Darrell J		807	M	White	30	No	No
Rank	**Duty Assignment**	**Years of Service**		**On-Duty**		**Uniform**	
Patrolman	Uniformed Patrol	8		Yes		Yes	

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	Age	Race	Weapon	Injured	Killed
Lerner Jr, William D	M	59	White	No	No	No

☐ Under the influence
☐ Other unusual condition (specify) _____

Arrested: Yes

Charges: Obstruction; Possession of CDS

Subject's actions (check all that apply)

- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☑ Other (specify) Attempted to swallow CDS

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

- ☑ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence
☐ Other unusual condition (specify)

Arrested

Charges

Subject's actions (check all that apply)

- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

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

- ☐ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature:	Date:
	Saturday, October 11, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by the supervisor, change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Sgt. K. Thomas	

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/11/14	18:23	Saturday	1000 Arctic Avenue	14-115981

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	Killed
Joshua Schwneger		882	M	White	29	No	No
Rank	**Duty Assignment**	**Years of Service**		**On-Duty**		**Uniform**	
Patrolman	Uniformed Patrol	1.5		Yes		Yes	

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	Age	Race	Weapon	Injured	Killed
Lerner Jr, William D	M	59	White	No	No	No

☐ Under the influence

☐ Other unusual condition (specify) _____

Arrested: Yes

Charges: Obstruction; Possession of CDS

Subject's actions (check all that apply)

- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☑ Other (specify) Attempted to swallow CDS

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

- ☑ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge

- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___

Number of Hits ___

(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence

☐ Other unusual condition (specify)

Arrested:

Charges:

Subject's actions (check all that apply)

- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

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

- ☐ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge

- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___

Number of Hits ___

(Use 'UNK' if unknown)

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

Signature:	Date:
	Saturday, October 11, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Sgt. K. Thomas	Sgt K Thomas 492

11-10-14

#662 11-7-14

* * * Communication Result Report (Oct. 11. 2014 8:04PM) * * *

1)
2)

Date/Time: Oct. 11. 2014 8:02PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
4323	Memory TX	prostr use of force	P. 1	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/1/14	1823	Saturday	1000 Arctic Avenue	14-115981

Type of Incident:
☑ Officer in progress ☐ Domestic ☐ Other dispute ☐ Suspicious person ☐ Traffic stop
☐ Other (specify)

B. Officer Information

Name (Last, First, Middle)	Badge #	Sex	Race	Age	Injured	Killed
Joshua Schwieger	652	M	White	29	No	No

Rank	Duty Assignment	Years of Service	On Duty	Uniform
Patrolman	Uniformed Patrol	1.5	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
[redacted]	M	55	White	No	No	No

☐ Under the Influence
☐ Other unusual condition (specify)

Arrested: Yes
Charges: Obstruction, Possession of CDS

Subject's actions (check all that apply):
☐ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened attack officer or another with blunt object
☐ Threatened attack officer or another with knife/cutting object
☐ Threatened attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☑ Other (specify): Attempted to swallow CDS

Officer's use of force toward this subject (check all that apply):
☑ Compliance hold
☐ Hands/fists
☐ Kicks/feet
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify)
Firearm's Discharge: ☐ Intentional ☐ Accidental
Number of Shots Fired: ___
Number of Hits: ___ (Use UNK if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the Influence
☐ Other unusual condition (specify)

Arrested:
Charges:

Subject's actions (check all that apply):
☐ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened attack officer or another with blunt object
☐ Threatened attack officer or another with knife/cutting object
☐ Threatened attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify)

Officer's use of force toward this subject (check all that apply):
☐ Compliance hold
☐ Hands/fists
☐ Kicks/feet
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify)
Firearm's Discharge: ☐ Intentional ☐ Accidental
Number of Shots Fired:
Number of Hits: (Use UNK if unknown)

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

Signature	Date
	Saturday, October 11, 2014

Supervisor's Administrative Review

The reviewing supervisor shall review the Use of Force report for accuracy and completeness, and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by the supervisor, change weapons, equipment, or tactics, or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name	Supervisor Signature
Sgt. K. Thomas	

* * * Communication Result Report (Oct. 11. 2014 8:05PM) * * *

1)
2)

Date/Time: Oct. 11. 2014 8:02PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
4324	Memory TX	JA FAX	P. 1	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/11/14	18:23	Saturday	1000 Arctic Avenue	14-315581

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	Killed
Joshua Schwaiger	892	M	White	29	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Patrolman	Uniformed Patrol	3.5	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
Lopez Jr, William D	M	56	White	No	No	No

☐ Under the influence
☐ Other unusual condition (specify)

Arrested	Charges
Yes	Obstruction Possession of CDS

Subject's actions (check all that apply)
☐ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened attack officer or another with blunt object
☐ Threatened attack officer or another with knife/cutting object
☐ Threatened attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☑ Other (specify) Attempted to swallow CDS

Officer's use of force toward this subject (check all that apply)
☑ Compliance hold
☐ Handcuffs
☐ Kick/fist
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify)

Firearm's Discharge
☐ Intentional
☐ Accidental
Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence
☐ Other unusual condition (specify)

Arrested	Charges

Subject's actions (check all that apply)
☐ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened attack officer or another with blunt object
☐ Threatened attack officer or another with knife/cutting object
☐ Threatened attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify)

Officer's use of force toward this subject (check all that apply)
☐ Compliance hold
☐ Handcuffs
☐ Kick/fist
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify)

Firearm's Discharge
☐ Intentional
☐ Accidental
Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature	Date
	Saturday, October 11, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by the supervisor, change weapons, equipment, or tactics, or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name	Supervisor Signature
Sgt. E. Thomas	492

ORIGINAL

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/05/2014	0238	Sunday	Providence Night Club Tropicana casino	14-113568

Type of Incident

☐ Crime in progress ☐ Domestic ☑ Other dispute ☐ Suspicious person ☐ Traffic stop

☑ Other (specify) Disorderly conduct and Obstruction of Justice (fighting another person)

B. Officer Information

Name (Last, First, Middle)		Badge #	Sex	Race	Age	Injured	Killed
Triver, Michael, C		525	M		43	No	No
Rank	**Duty Assignment**	**Years of Service**		**On-Duty**		**Uniform**	
Patrolman	Uniformed Patrol	22		Yes		Yes	

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	Age	Race	Weapon	Injured	Killed
Hudson, Nyia	F	20	Blk	No	No	No

☑ Under the influence ☐ Other unusual condition (specify) _____

Arrested: Yes

Charges: (2C:29-1a), (2C:33-2a)

Subject's actions (check all that apply)

- ☑ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

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

- ☑ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) Leg sweep

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___

Number of Hits ___ (Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence ☐ Other unusual condition (specify)

Arrested

Charges

Subject's actions (check all that apply)

- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

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

- ☐ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___

Number of Hits ___ (Use 'UNK' if unknown)

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

Signature:	Date:
Ofc. M. Triver 525	Sunday, October 5, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Stacey Falcone #692	

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/05/2014	0238	Sunday	Providence Night Club Tropicana casino	14-113568

Type of Incident

☐ Crime in progress ☐ Domestic ☑ Other dispute ☐ Suspicious person ☐ Traffic stop

☑ Other (specify) Disorderly conduct and Obstruction of Justice (fighting another person)

B. Officer Information

Name (Last, First, Middle)	Badge #	Sex	Race	Age	Injured	Killed
Triver, Michael, C	525	M		43	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Patrolman	Uniformed Patrol	22	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
Hudson, Nyla	F	20	Blk	No	No	No

☑ Under the influence

☐ Other unusual condition (specify) _____

Arrested: Yes

Charges: (2C:29-1a), (2C:33-2a)

Subject's actions (check all that apply)

☑ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened/attack officer or another with blunt object
☐ Threatened/attack officer or another with knife/cutting object
☐ Threatened/attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify) _____

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

☑ Compliance hold
☐ Hands/fists
☐ Kicks/feet
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify) Leg sweep

Firearm's Discharge
☐ Intentional
☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence

☐ Other unusual condition (specify)

Arrested

Charges

Subject's actions (check all that apply)

☐ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened/attack officer or another with blunt object
☐ Threatened/attack officer or another with knife/cutting object
☐ Threatened/attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify) _____

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

☐ Compliance hold
☐ Hands/fists
☐ Kicks/feet
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify) _____

Firearm's Discharge
☐ Intentional
☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature:	Date:
Ofc. M. Triver 525	Sunday, October 5, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy, apply remedial training beyond what can be performed by the supervisor, change weapons, equipment, or tactics, or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Sgt. Falcone #697	

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/05/14	00:34	Sunday	Golden Nugget (Haven Night Club)	14-113524

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	Killed
Berardis, Nicholas, A	868	M	White	27	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Patrolman	Uniformed Patrol	4	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
Tanzini, Kevin M	M	26	White	No	No	No

☑ Under the influence

☐ Other unusual condition (specify)

Arrested: Yes

Charges: Disorderly, Resisting

Subject's actions (check all that apply)

- ☑ Resisted police officer control
- ☑ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify)

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

- ☑ Compliance hold
- ☐ Hands/fists
- ☑ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify)

Firearm's Discharge

- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___

Number of Hits ___

(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence

☐ Other unusual condition (specify)

Arrested

Charges

Subject's actions (check all that apply)

- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify)

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

- ☐ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify)

Firearm's Discharge

- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___

Number of Hits ___

(Use 'UNK' if unknown)

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

Signature: 868 Date: Sunday, October 5, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor, change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name: D. MARTORANO #535 Supervisor Signature:

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/05/14	00:34	Sunday	Golden Nugget (Haven Night Club)	14-113524

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	Killed
Heintz, Charles, A		758	M	White	38	No	No
Rank	Duty Assignment	Years of Service		On-Duty		Uniform	
Patrolman	Uniformed Patrol	9		Yes		Yes	

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	Age	Race	Weapon	Injured	Killed
Tanzini, Kevin M	M	26	White	No	No	No

☑ Under the influence
☐ Other unusual condition (specify) _____

Arrested: Yes
Charges: Disorderly, Resisting arrest

Subject's actions (check all that apply)
- ☑ Resisted police officer control
- ☑ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply)
- ☑ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ____
Number of Hits ____
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence
☐ Other unusual condition (specify)

Arrested: _____
Charges: _____

Subject's actions (check all that apply)
- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply)
- ☐ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify) _____

Firearm's Discharge
- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ____
Number of Hits ____
(Use 'UNK' if unknown)

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

Signature: [signature] Date: Sunday, October 5, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor, change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name: D. Mafani - Pegliero #535
Supervisor Signature: [signature]

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/04/14	1600	Saturday	800 Maryland ave	14-113332

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	Killed
Laielli,Eugene	798	M	white	32	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Patrolman	Uniformed Patrol	8	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
Lucas,Ernest	M	28	black	No	No	No

☐ Under the influence
☐ Other unusual condition (specify) _____

Arrested	Charges
Yes	obstruction,resisting

Subject's actions (check all that apply)
☑ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened/attack officer or another with blunt object
☐ Threatened/attack officer or another with knife/cutting object
☐ Threatened/attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply)
☑ Compliance hold
☐ Hands/fists
☐ Kicks/feet
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify) _____

Firearm's Discharge
☐ Intentional
☐ Accidental
Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence
☐ Other unusual condition (specify)

Arrested	Charges

Subject's actions (check all that apply)
☐ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened/attack officer or another with blunt object
☐ Threatened/attack officer or another with knife/cutting object
☐ Threatened/attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply)
☐ Compliance hold
☐ Hands/fists
☐ Kicks/feet
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify) _____

Firearm's Discharge
☐ Intentional
☐ Accidental
Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature:	Date:
[signature]	10/4/14

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Sgt. Dean Dooley	Sgt. [signature] 732

No. 4173 P. 1/1

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/04/14	1923	Saturday	919 Atlantic Ave	14-113403

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	Killed
Draper, Justin	817	M	White	35	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Patrolman	Uniformed Patrol	7	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
Paarz, Ronald	M	52	White	No	No	No

☑ Under the influence

☐ Other unusual condition (specify)

Arrested	Charges
Yes	Obstruction 2C:29-1A

Subject's actions (check all that apply)

- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☑ Other (specify) Obstruction

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

- ☑ Compliance hold
- ☑ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify)

Firearm's Discharge

- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___

Number of Hits ___

(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence

☐ Other unusual condition (specify)

Arrested	Charges

Subject's actions (check all that apply)

- ☐ Resisted police officer control
- ☐ Physical threat/attack on officer or another
- ☐ Threatened/attack officer or another with blunt object
- ☐ Threatened/attack officer or another with knife/cutting object
- ☐ Threatened/attack officer or another with motor vehicle
- ☐ Threatened officer or another with firearm
- ☐ Fired at officer or another
- ☐ Other (specify)

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

- ☐ Compliance hold
- ☐ Hands/fists
- ☐ Kicks/feet
- ☐ Chemical/natural agent
- ☐ Strike/use baton or other object
- ☐ Canine
- ☐ Other (specify)

Firearm's Discharge

- ☐ Intentional
- ☐ Accidental

Number of Shots Fired ___

Number of Hits ___

(Use 'UNK' if unknown)

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

Signature:	Date:
Ofc. Justin Draper #817	Saturday, October 4, 2014

Supervisor's Administrative Review:

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Sgt. K.L. Thomas 492	Sgt. K.L. Thomas 492

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/01/14	1750	Wednesday	Iowa and Atlantic Ave	14-112161

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	Killed
Miltenberger James M	551	M	cau	47	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Patrolman	Uniformed Patrol	22	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
Samuel Simcox	M	38	W	No	No	No

☑ Under the influence

☑ Other unusual condition (specify) swinging wildly, disorderly

Arrested: Yes

Charges: Lewdness, Disorderly, Resisting arrest

Subject's actions (check all that apply)

☑ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened/attack officer or another with blunt object
☐ Threatened/attack officer or another with knife/cutting object
☐ Threatened/attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify) _____

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

☐ Compliance hold
☑ Hands/fists
☐ Kicks/feet
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify) _____

Firearm's Discharge
☐ Intentional
☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence

☐ Other unusual condition (specify)

Arrested

Charges

Subject's actions (check all that apply)

☐ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened/attack officer or another with blunt object
☐ Threatened/attack officer or another with knife/cutting object
☐ Threatened/attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify) _____

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

☐ Compliance hold
☐ Hands/fists
☐ Kicks/feet
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify) _____

Firearm's Discharge
☐ Intentional
☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature:	Date:
Ofc. Jm Miltenberger 551	Wednesday, October 1, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
Sgt S Scanlon #1636	Sgt A Acanfora #1636

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/01/14	1751	Wednesday	Iowa and Atlantic Avenue	14-112161

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	Killed
Bouffard	567	M	white	42	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Patrolman	Uniformed Patrol	20	Yes	Yes

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	Age	Race	Weapon	Injured	Killed
Simcox, Samuel	M	38	white	No	Yes	No

☑ Under the influence

☐ Other unusual condition (specify) _____

Arrested: Yes

Charges: disorderly conduct, resisting arrest

Subject's actions (check all that apply)

☑ Resisted police officer control
☑ Physical threat/attack on officer or another
☐ Threatened/attack officer or another with blunt object
☐ Threatened/attack officer or another with knife/cutting object
☐ Threatened/attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify) _____

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

☑ Compliance hold
☐ Hands/fists
☐ Kicks/feet
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify) _____

Firearm's Discharge
☐ Intentional
☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence

☐ Other unusual condition (specify)

Arrested:

Charges:

Subject's actions (check all that apply)

☐ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened/attack officer or another with blunt object
☐ Threatened/attack officer or another with knife/cutting object
☐ Threatened/attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify) _____

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

☐ Compliance hold
☐ Hands/fists
☐ Kicks/feet
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify) _____

Firearm's Discharge
☐ Intentional
☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature: [signature] Date: Wednesday, October 1, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name: SGT CHRIS BARDEN #578 Supervisor Signature: [signature]

Atlantic City Police Department
USE OF FORCE REPORT (Attachment A)

A. Incident Information

Date	Time	Day of Week	Location	Incident Number
10/01/14	1750	Wednesday	Iowa and Atlantic	14-112161

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	Killed
Paparone,Joseph R.	168	M	CAU	58	No	No

Rank	Duty Assignment	Years of Service	On-Duty	Uniform
Detective	Detective	39	Yes	No

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	Age	Race	Weapon	Injured	Killed
Samuel Simcox	M	38	W	No	No	No

☑ Under the influence
☑ Other unusual condition (specify) belligerent behavior,

Arrested: Yes

Charges: Disorderly conduct,Lewdness, Resisting Arrest

Subject's actions (check all that apply)
☑ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened/attack officer or another with blunt object
☐ Threatened/attack officer or another with knife/cutting object
☐ Threatened/attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply)
☑ Compliance hold
☐ Hands/fists
☐ Kicks/feet
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify) _____

Firearm's Discharge
☐ Intentional
☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Name (Last, First, Middle)	Sex	Age	Race	Weapon	Injured	Killed

☐ Under the influence
☐ Other unusual condition (specify)

Arrested

Charges

Subject's actions (check all that apply)
☐ Resisted police officer control
☐ Physical threat/attack on officer or another
☐ Threatened/attack officer or another with blunt object
☐ Threatened/attack officer or another with knife/cutting object
☐ Threatened/attack officer or another with motor vehicle
☐ Threatened officer or another with firearm
☐ Fired at officer or another
☐ Other (specify) _____

Officer's use of force toward this subject (check all that apply)
☐ Compliance hold
☐ Hands/fists
☐ Kicks/feet
☐ Chemical/natural agent
☐ Strike/use baton or other object
☐ Canine
☐ Other (specify) _____

Firearm's Discharge
☐ Intentional
☐ Accidental

Number of Shots Fired ___
Number of Hits ___
(Use 'UNK' if unknown)

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

Signature:	Date:
Joseph R. Paparone	Wednesday, October 1, 2014

Supervisor's Administrative Review

The approving supervisor shall review the Use of Force report for accuracy and completeness and shall promptly address any issues as they may pertain to policy changes, training, weapons or equipment, or discipline. Recommendations to modify policy; apply remedial training beyond what can be performed by the supervisor; change weapons, equipment, or tactics; or apply discipline shall be thoroughly documented and forwarded through the chain of command.

Print Reviewing Supervisor's Name:	Supervisor Signature:
SGT. THOMAS FARLEY #57	