

## USE OF FORCE REPORT

|                                                                                                                                                                                                      |      |                         |                  |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------|------------------|-------------------------------|
| Date<br>10/23/2014                                                                                                                                                                                   | Time | Day of Week<br>Thursday | Location<br>H.Q. | INCIDENT NUMBER<br>2014-06564 |
| Type of Incident                                                                                                                                                                                     |      |                         |                  |                               |
| <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop |      |                         |                  |                               |
| <input checked="" type="checkbox"/> Other (specify) <u>Physically placed on bench and cuffed</u>                                                                                                     |      |                         |                  |                               |

|                            |                 |                  |     |                                        |     |                                        |        |
|----------------------------|-----------------|------------------|-----|----------------------------------------|-----|----------------------------------------|--------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race                                   | Age | Injured                                | Killed |
| Jacobs, Richard, P         |                 | 9                | M   | W                                      | 48  | Y / <input checked="" type="radio"/> N | Y / N  |
| Rank                       | Duty assignment | Years of service |     | On-Duty                                |     | Uniform                                |        |
| DSG                        | Patrol          | 27               |     | <input checked="" type="radio"/> Y / N |     | <input checked="" type="radio"/> Y / N |        |

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

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

|                                              |                       |
|----------------------------------------------|-----------------------|
| Signature:                                   | Date:<br>10/23/2014   |
| Print Supervisor Name:<br>Dsg Richard Jacobs | Supervisor Signature: |

## SEA BRIGHT POLICE DEPARTMENT

## USE OF FORCE REPORT

## A. Incident Information

|                                                                                                                                                                                                                                                                                 |               |                        |                            |                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------|----------------------------|-------------------------------|
| Date<br>10/07/2014                                                                                                                                                                                                                                                              | Time<br>19:23 | Day of Week<br>Tuesday | Location<br>1160 Ocean Ave | INCIDENT NUMBER<br>2014-06247 |
| Type of Incident<br><input checked="" type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop<br><input type="checkbox"/> Other (specify) |               |                        |                            |                               |

## B. Officer Information

|                                              |                                  |                       |                    |                    |                    |                   |
|----------------------------------------------|----------------------------------|-----------------------|--------------------|--------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Huegel Richard | Badge #<br>145                   | Sex<br>M              | Race<br>W          | Age<br>26          | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Rank<br>Detective                            | Duty assignment<br>Investigation | Years of service<br>5 | On-Duty<br>(Y) / N | Uniform<br>Y / (N) |                    |                   |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                                                                                                                                                                                                                                                                                                                        |           |                   |                    |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sex<br>M            | Race<br>B                                                                                                                                                                                                                                                                                                                                                                                              | Age<br>19 | Weapon<br>Y / (N) | Injured<br>Y / (N) | Killed<br>Y / (N) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Arrested<br>(Y) / N | Charges<br>2C:20-11c(2) 2c:29-2a(2)                                                                                                                                                                                                                                                                                                                                                                    |           |                   |                    |                   |
| Subject's actions (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |                     | Officer's use of force toward this subject (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |           |                   |                    |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown)                                                                                                                                                                                                                     |           |                   |                    |                   |

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

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

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

|                                        |                       |
|----------------------------------------|-----------------------|
| Signature:                             | Date:<br>10/08/2014   |
| Print Supervisor Name:<br>Cpl. Bennett | Supervisor Signature: |



## USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                 |               |                       |                                    |                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|------------------------------------|-------------------------------|
| Date<br>07/06/2014                                                                                                                                                                                                                                                              | Time<br>17:44 | Day of Week<br>Sunday | Location<br>1099 East Ocean Avenue | INCIDENT NUMBER<br>2014-04078 |
| Type of Incident<br><input checked="" type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop<br><input type="checkbox"/> Other (specify) |               |                       |                                    |                               |

|                            |                 |                  |     |                                        |     |                                        |                                        |
|----------------------------|-----------------|------------------|-----|----------------------------------------|-----|----------------------------------------|----------------------------------------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race                                   | Age | Injured                                | Killed                                 |
| Murphy, Charles, R         |                 | 129              | M   | W                                      | 29  | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N |
| Rank                       | Duty assignment | Years of service |     | On-Duty                                |     | Uniform                                |                                        |
| Patrolman                  | Patrol          | 9                |     | <input checked="" type="radio"/> Y / N |     | <input checked="" type="radio"/> Y / N |                                        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                      |                   |                    |                   |
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| Name (Last, First, Middle)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Sex<br>M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Race<br>H | Age<br>22            | Weapon<br>Y / (N) | Injured<br>Y / (N) | Killed<br>Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Arrested<br>(Y) / N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | Charges<br>2C:33-2a1 |                   |                    |                   |
| <u>Subject's actions</u> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |  | <u>Officer's use of force toward this subject</u> (check all that apply)<br><div> <input checked="" type="checkbox"/> Compliance hold           <div>Firearms Discharge</div> <input type="checkbox"/> Hands/fists           <div><input type="checkbox"/> Intentional</div> <input type="checkbox"/> Kicks/feet           <div><input type="checkbox"/> Accidental</div> <input type="checkbox"/> Chemical/natural agent           <div>Number of shots fired _____</div> <input type="checkbox"/> Strike/use baton or other object           <div>Number of hits _____</div> <input type="checkbox"/> Canine           <div>(Use 'UNK' if unknown)</div> <input type="checkbox"/> Other (specify)         </div> |           |                      |                   |                    |                   |

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

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

|                        |                       |
|------------------------|-----------------------|
| Signature:             | Date:                 |
| Print Supervisor Name: | Supervisor Signature: |

## USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                        |               |                       |                                  |                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|----------------------------------|--------------------------------------|
| Date<br>06/30/2014                                                                                                                                                                                                                                                                     | Time<br>22:28 | Day of Week<br>Monday | Location<br>1 East Church Street | INCIDENT NUMBER<br><b>AS2014-002</b> |
| <u>Type of Incident</u><br><input checked="" type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop<br><input type="checkbox"/> Other (specify) |               |                       |                                  |                                      |

|                            |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Bennett, Erich             |                 | 105              | M   | W       | 38  | (Y) / N | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Corporal                   | Patrol          | 12               |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                                  |                   |                    |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|-------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sex<br>M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Race<br>W | Age<br>33                        | Weapon<br>Y / (N) | Injured<br>Y / (N) | Killed<br>Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Arrested<br>(Y) / N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | Charges<br>2C:12-1(B)5 / 2c:29-2 |                   |                    |                   |
| <u>Subject's actions</u> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input checked="" type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) | <u>Officer's use of force toward this subject</u> (check all that apply)<br><div> <input checked="" type="checkbox"/> Compliance hold           <input type="checkbox"/> Firearms Discharge         </div> <div> <input checked="" type="checkbox"/> Hands/fists           <input type="checkbox"/> Intentional         </div> <div> <input type="checkbox"/> Kicks/feet           <input type="checkbox"/> Accidental         </div> <div> <input type="checkbox"/> Chemical/natural agent           Number of shots fired _____         </div> <div> <input type="checkbox"/> Strike/use baton or other object           Number of hits _____         </div> <div> <input type="checkbox"/> Canine           (Use 'UNK' if unknown)         </div> <div> <input type="checkbox"/> Other (specify)         </div> |           |                                  |                   |                    |                   |

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

|                        |                       |
|------------------------|-----------------------|
| Signature:             | Date:                 |
| Print Supervisor Name: | Supervisor Signature: |

## USE OF FORCE REPORT

|                                                                                                                                                                                                                                                          |       |             |                      |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|----------------------|-------------------|
| Date                                                                                                                                                                                                                                                     | Time  | Day of Week | Location             | INCIDENT NUMBER   |
| 06/30/2014                                                                                                                                                                                                                                               | 22:28 | Monday      | 1 East Church Street | <b>AS2014-002</b> |
| Type of Incident                                                                                                                                                                                                                                         |       |             |                      |                   |
| <input checked="" type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop <input type="checkbox"/> Other (specify) |       |             |                      |                   |

|                            |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Jacobs, Richard            |                 | 09               | M   | W       | 48  | (Y) / N | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| DSG                        | Patrol          | 27               |     | (Y) / N |     | (Y) / N |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                  |                   |                    |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|-------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Sex<br>M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Race<br>W | Age<br>33                        | Weapon<br>Y / (N) | Injured<br>Y / (N) | Killed<br>Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Arrested<br>(Y) / N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           | Charges<br>2C:12-1(B)5 / 2c:29-2 |                   |                    |                   |
| <u>Subject's actions</u> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input checked="" type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) | <u>Officer's use of force toward this subject</u> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compliance hold<br/> <input checked="" type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify)           </div> <div>             Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/>             Number of shots fired _____<br/>             Number of hits _____<br/>             (Use 'UNK' if unknown)           </div> </div> |           |                                  |                   |                    |                   |

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

|                        |                       |
|------------------------|-----------------------|
| Signature:             | Date:                 |
| Print Supervisor Name: | Supervisor Signature: |

## USE OF FORCE REPORT

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|----------------------------------|--------------------------------------|
| Date<br>06/30/2014                                                                                                                                                                                                                                                                     | Time<br>22:28 | Day of Week<br>Monday | Location<br>1 East Church Street | INCIDENT NUMBER<br><b>AS2014-002</b> |
| <u>Type of Incident</u><br><input checked="" type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop<br><input type="checkbox"/> Other (specify) |               |                       |                                  |                                      |

|                            |                 |                  |     |         |     |         |        |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|--------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed |
| Murphy, Charles, R.        |                 | 129              | M   | W       | 29  | Y / N   | Y / N  |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |        |
| Patrolman                  | Patrol          | 9                |     | Y / N   |     | Y / N   |        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |                    |                   |
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| Name (Last, First, Middle)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sex<br>M            | Race<br>W | Age<br>33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Weapon<br>Y / (N) | Injured<br>Y / (N) | Killed<br>Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Arrested<br>(Y) / N |           | Charges<br>2C:12-1(B)5 / 2c:29-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |                    |                   |
| <u>Subject's actions</u> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input checked="" type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |                     |           | <u>Officer's use of force toward this subject</u> (check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compliance hold<br/> <input checked="" type="checkbox"/> Hands/fists<br/> <input type="checkbox"/> Kicks/feet<br/> <input type="checkbox"/> Chemical/natural agent<br/> <input type="checkbox"/> Strike/use baton or other object<br/> <input type="checkbox"/> Canine<br/> <input type="checkbox"/> Other (specify)           </div> <div>             Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/> <br/>             Number of shots fired _____<br/>             Number of hits _____<br/>             (Use 'UNK' if unknown)           </div> </div> |                   |                    |                   |

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

|                        |                       |
|------------------------|-----------------------|
| Signature:             | Date:                 |
| Print Supervisor Name: | Supervisor Signature: |

## USE OF FORCE REPORT

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|------------------------|-----------------|
| Date                                                                                                                                                                                                 | Time  | Day of Week | Location               | INCIDENT NUMBER |
| 06/08/2014                                                                                                                                                                                           | 19:12 | Sunday      | 1099 East Ocean Avenue | 2014-03319      |
| Type of Incident                                                                                                                                                                                     |       |             |                        |                 |
| <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop |       |             |                        |                 |
| <input checked="" type="checkbox"/> Other (specify) Assist HPD with prisoner/housing their prisoner                                                                                                  |       |             |                        |                 |

|                            |                 |                  |     |                                        |     |                                                   |                                                  |
|----------------------------|-----------------|------------------|-----|----------------------------------------|-----|---------------------------------------------------|--------------------------------------------------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race                                   | Age | Injured<br>Y / <input checked="" type="radio"/> N | Killed<br>Y / <input checked="" type="radio"/> N |
| Huegel, Richard, A         |                 | 145              | M   | W                                      | 26  |                                                   |                                                  |
| Rank                       | Duty assignment | Years of service |     | On-Duty                                |     | Uniform                                           |                                                  |
| Detective                  | Patrol          | 4                |     | <input checked="" type="radio"/> Y / N |     | <input checked="" type="radio"/> Y / N            |                                                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                               |                   |                    |                   |
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| Name (Last, First, Middle)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Sex<br>M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Race<br>W | Age<br>25                     | Weapon<br>Y / (N) | Injured<br>Y / (N) | Killed<br>Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Arrested<br>Y / N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | Charges<br>Disorderly Conduct |                   |                    |                   |
| <u>Subject's actions</u> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |  | <u>Officer's use of force toward this subject</u> (check all that apply)<br><div> <input checked="" type="checkbox"/> Compliance hold           <div>Firearms Discharge</div> <input type="checkbox"/> Hands/fists           <div><input type="checkbox"/> Intentional</div> <input type="checkbox"/> Kicks/feet           <div><input type="checkbox"/> Accidental</div> <input type="checkbox"/> Chemical/natural agent           <div>Number of shots fired _____</div> <input type="checkbox"/> Strike/use baton or other object           <div>Number of hits _____</div> <input type="checkbox"/> Canine           <div>(Use 'UNK' if unknown)</div> </div> <input type="checkbox"/> Other (specify) |           |                               |                   |                    |                   |

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

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|------------------------|-----------------------|
| Signature:             | Date:                 |
|                        | 06/08/2014            |
| Print Supervisor Name: | Supervisor Signature: |
| Lt. Brett Friedman     |                       |

## USE OF FORCE REPORT

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| Date                                                                                                                                                                                                 | Time  | Day of Week | Location               | INCIDENT NUMBER |
| 06/08/2014                                                                                                                                                                                           | 19:12 | Sunday      | 1099 East Ocean Avenue | 2014-03319      |
| Type of Incident                                                                                                                                                                                     |       |             |                        |                 |
| <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop |       |             |                        |                 |
| <input checked="" type="checkbox"/> Other (specify) Assist HPD with prisoner/housing their prisoner                                                                                                  |       |             |                        |                 |

|                            |                 |                  |     |                                                              |     |                                                              |                                        |
|----------------------------|-----------------|------------------|-----|--------------------------------------------------------------|-----|--------------------------------------------------------------|----------------------------------------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race                                                         | Age | Injured                                                      | Killed                                 |
| McCue, James, A            |                 | 122              | M   | W                                                            | 32  | Y / <input checked="" type="radio"/> N                       | Y / <input checked="" type="radio"/> N |
| Rank                       | Duty assignment | Years of service |     | On-Duty                                                      |     | Uniform                                                      |                                        |
| Patrolman                  | Patrol          | 12               |     | <input checked="" type="radio"/> Y / <input type="radio"/> N |     | <input checked="" type="radio"/> Y / <input type="radio"/> N |                                        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                               |                   |                    |                   |
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| Name (Last, First, Middle)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Sex<br>M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Race<br>W | Age<br>25                     | Weapon<br>Y / (N) | Injured<br>Y / (N) | Killed<br>Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Arrested<br>Y / N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | Charges<br>Disorderly Conduct |                   |                    |                   |
| <u>Subject's actions</u> (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |  | <u>Officer's use of force toward this subject</u> (check all that apply)<br><div> <input checked="" type="checkbox"/> Compliance hold           <div>Firearms Discharge</div> <input type="checkbox"/> Hands/fists           <div><input type="checkbox"/> Intentional</div> <input type="checkbox"/> Kicks/feet           <div><input type="checkbox"/> Accidental</div> <input type="checkbox"/> Chemical/natural agent           <div>Number of shots fired _____</div> <input type="checkbox"/> Strike/use baton or other object           <div>Number of hits _____</div> <input type="checkbox"/> Canine           <div>(Use 'UNK' if unknown)</div> <input type="checkbox"/> Other (specify)         </div> |           |                               |                   |                    |                   |

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

|                                              |                       |
|----------------------------------------------|-----------------------|
| Signature:                                   | Date:<br>06/08/2014   |
| Print Supervisor Name:<br>Lt. Brett Friedman | Supervisor Signature: |

### USE OF FORCE REPORT

|                                                                                                                                                                                                      |       |             |                       |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|-----------------------|-----------------|
| Date                                                                                                                                                                                                 | Time  | Day of Week | Location              | INCIDENT NUMBER |
| 01/16/2014                                                                                                                                                                                           | 15:44 | Thursday    | 1492 Ocean Ave Apt B1 | 2014-02107      |
| Type of Incident                                                                                                                                                                                     |       |             |                       |                 |
| <input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop |       |             |                       |                 |
| <input checked="" type="checkbox"/> Other (specify)                                                                                                                                                  |       |             |                       |                 |

|                            |                 |                  |     |         |     |         |         |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|---------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed  |
| Ptl Chris Fisler           |                 | 123              | M   | W       | 41  | Y / (N) | Y / (N) |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |         |
| Patrolman                  | Patrol          | 10               |     | (Y) / N |     | (Y) / N |         |

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

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

|                                            |                       |
|--------------------------------------------|-----------------------|
| Signature:                                 | Date:<br>04/16/2014   |
| Print Supervisor Name:<br>Ptl Chris Fisler | Supervisor Signature: |

## USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                                                |               |                         |                                    |                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|------------------------------------|--------------------------------------|
| Date<br>04/03/2014                                                                                                                                                                                                                                                                                             | Time<br>21:11 | Day of Week<br>Thursday | Location<br>1099 East Ocean Avenue | INCIDENT NUMBER<br><b>2014-01797</b> |
| <u>Type of Incident</u><br><input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop<br><input checked="" type="checkbox"/> Other (specify) Assist PD with prisoner |               |                         |                                    |                                      |

|                            |                 |                  |     |                                        |     |                                        |                                        |
|----------------------------|-----------------|------------------|-----|----------------------------------------|-----|----------------------------------------|----------------------------------------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race                                   | Age | Injured                                | Killed                                 |
| McCue, James, A            |                 | 122              | M   | W                                      | 32  | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N |
| Rank                       | Duty assignment | Years of service |     | On-Duty                                |     | Uniform                                |                                        |
| Patrolman                  | Patrol          | 12               |     | <input checked="" type="radio"/> Y / N |     | <input checked="" type="radio"/> Y / N |                                        |

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

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

|                                             |                       |
|---------------------------------------------|-----------------------|
| Signature:                                  | Date:<br>04/03/2014   |
| Print Supervisor Name:<br>Cpl. Eric Bennett | Supervisor Signature: |

## SEA BRIGHT POLICE DEPARTMENT

## USE OF FORCE REPORT

## A. Incident Information

|                                                                                                                                                                                                                                                                                                         |               |                         |                                    |                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|------------------------------------|-------------------------------|
| Date<br>04/03/2014                                                                                                                                                                                                                                                                                      | Time<br>21:11 | Day of Week<br>Thursday | Location<br>1099 East Ocean Avenue | INCIDENT NUMBER<br>2014-01797 |
| Type of Incident<br><input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop<br><input checked="" type="checkbox"/> Other (specify) Assist PD with prisoner |               |                         |                                    |                               |

## B. Officer Information

|                                                  |                           |                       |                    |                    |                    |                   |
|--------------------------------------------------|---------------------------|-----------------------|--------------------|--------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Huegel, Richard A. | Badge #<br>145            | Sex<br>M              | Race<br>W          | Age<br>26          | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Rank<br>Detective                                | Duty assignment<br>Patrol | Years of service<br>4 | On-Duty<br>(Y) / N | Uniform<br>(Y) / N |                    |                   |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |           |                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                    |                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Sex<br>M          | Race<br>W | Age<br>27                                                                                                                                                                                                                                                                                                                                                                                              | Weapon<br>Y / (N) | Injured<br>Y / (N) | Killed<br>Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Arrested<br>Y / N |           | Charges<br>Assault of Police officer                                                                                                                                                                                                                                                                                                                                                                   |                   |                    |                   |
| Subject's actions (check all that apply)<br><input checked="" type="checkbox"/> Resisted police officer control<br><input checked="" type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |                   |           | Officer's use of force toward this subject (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |                   |                    |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |           | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown)                                                                                                                                                                                                                     |                   |                    |                   |

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

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

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

|                                             |                       |
|---------------------------------------------|-----------------------|
| Signature:                                  | Date:<br>04/03/2014   |
| Print Supervisor Name:<br>Cpl. Eric Bennett | Supervisor Signature: |

# SEA BRIGHT POLICE DEPARTMENT

## USE OF FORCE REPORT

### A. Incident Information

|                                                                                                                                                                                                                                                                                                                                 |               |                       |                                         |                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|-----------------------------------------|--------------------------------------|
| Date<br>03/24/2014                                                                                                                                                                                                                                                                                                              | Time<br>03:06 | Day of Week<br>Monday | Location<br>1099 East Ocean Avenue, Sea | INCIDENT NUMBER<br><b>DP2014-003</b> |
| Type of Incident<br><input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop<br><input checked="" type="checkbox"/> Other (specify) Subject was a prisoner who requested first aid. |               |                       |                                         |                                      |

### B. Officer Information

|                                                |                               |                        |                    |                    |                    |                   |
|------------------------------------------------|-------------------------------|------------------------|--------------------|--------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>McCue, James, A. | Badge #<br>122                | Sex<br>m               | Race<br>w          | Age<br>32          | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Rank<br>Patrolman                              | Duty assignment<br>Patrol/CFS | Years of service<br>12 | On-Duty<br>(Y) / N | Uniform<br>(Y) / N |                    |                   |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |           |                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                    |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sex<br>w            | Race<br>m | Age<br>43                                                                                                                                                                                                                                                                                                                                                                                              | Weapon<br>Y / (N) | Injured<br>Y / (N) | Killed<br>Y / (N) |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Arrested<br>(Y) / N |           | Charges<br>Highlands Charges & SB 2C:33-2.a(1)                                                                                                                                                                                                                                                                                                                                                         |                   |                    |                   |
| Subject's actions (check all that apply)<br><input type="checkbox"/> Resisted police officer control<br><input checked="" type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |                     |           | Officer's use of force toward this subject (check all that apply)<br><input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |                   |                    |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |           | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown)                                                                                                                                                                                                                     |                   |                    |                   |

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

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

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

|                                                  |                       |
|--------------------------------------------------|-----------------------|
| Signature:                                       | Date:<br>03/24/2014   |
| Print Supervisor Name:<br>Corporal Erich Bennett | Supervisor Signature: |

|                                                  |                       |
|--------------------------------------------------|-----------------------|
| Signature:                                       | Date:<br>03/15/2014   |
| Print Supervisor Name:<br>Ptl. Chris Fisler #123 | Supervisor Signature: |

## USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                        |       |             |               |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|---------------|-----------------|
| Date                                                                                                                                                                                                                                                                                   | Time  | Day of Week | Location      | INCIDENT NUMBER |
| 02/06/2014                                                                                                                                                                                                                                                                             | 17:39 | Thursday    | 801 Ocean Ave | 2014-00714      |
| <u>Type of Incident</u><br><input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input checked="" type="checkbox"/> Traffic stop<br><input type="checkbox"/> Other (specify) |       |             |               |                 |

|                            |                 |                  |     |                                        |     |                                        |                                        |
|----------------------------|-----------------|------------------|-----|----------------------------------------|-----|----------------------------------------|----------------------------------------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race                                   | Age | Injured                                | Killed                                 |
| Conover, Brian T.          |                 | 169              | M   | W                                      | 24  | Y / <input checked="" type="radio"/> N | Y / <input checked="" type="radio"/> N |
| Rank                       | Duty assignment | Years of service |     | On-Duty                                |     | Uniform                                |                                        |
| Officer                    | Patrol          | 2                |     | <input checked="" type="radio"/> Y / N |     | <input checked="" type="radio"/> Y / N |                                        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |           |                                                                                                                                                                                                                                                                                                                                   |                   |                    |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Sex<br>M            | Race<br>W | Age<br>63                                                                                                                                                                                                                                                                                                                         | Weapon<br>Y / (N) | Injured<br>Y / (N) | Killed<br>Y / (N) |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Arrested<br>(Y) / N |           | Charges<br>Resisting Arrest/Disorderly Persons                                                                                                                                                                                                                                                                                    |                   |                    |                   |
| <u>Subject's actions</u> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |           | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                                          |                   |                    |                   |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |  |                     |           | <input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |                   |                    |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |           | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired    --<br>Number of hits                --<br>(Use 'UNK' if unknown)                                                                                                                                    |                   |                    |                   |

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

|                                                |                       |
|------------------------------------------------|-----------------------|
| Signature:                                     | Date:<br>02/06/2014   |
| Print Supervisor Name:<br>Cpl. E. Bennett #105 | Supervisor Signature: |