







### USE OF FORCE REPORT

|                                                                                                                                                                                                                                                          |       |             |               |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|---------------|-----------------|
| Date                                                                                                                                                                                                                                                     | Time  | Day of Week | Location      | INCIDENT NUMBER |
| 07/09/2016                                                                                                                                                                                                                                               | 09:43 | Saturday    | Main/Eleventh | 16-5284         |
| 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 |
| Hingston, Christopher, E   |                 | 132              | M   | W       | 30  | Y / N   | Y / N  |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |        |
| Patrolman                  | Patrol          | 2                |     | Y / N   |     | Y / N   |        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |          |      |                                                                                                                                                                                                                                                                                                                                   |        |         |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|--------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Sex      | Race | Age                                                                                                                                                                                                                                                                                                                               | Weapon | Injured | Killed |
| Weber, Richard, B./                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | M        | W    | 50                                                                                                                                                                                                                                                                                                                                | Y / N  | Y / N   | Y / N  |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Arrested |      | Charges                                                                                                                                                                                                                                                                                                                           |        |         |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Y / N    |      | 2C:35-10(A)1, 2C:29-1, 2C:29-2                                                                                                                                                                                                                                                                                                    |        |         |        |
| Subject's actions (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |          |      | Officer's use of force toward this subject (check all that apply)                                                                                                                                                                                                                                                                 |        |         |        |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |  |          |      | <input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |        |         |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |          |      | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired <u>0</u><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> <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         </div> <div>           Number of shots fired _____<br/>           Number of hits _____<br/>           (Use 'UNK' if unknown)         </div> |                 |                  |                 |

|                                                                                                     |                                             |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------|
| Signature:  #132 | Date: 7-9-16                                |
| Print Supervisor Name: Ptlw. J. CELARZO                                                             | Supervisor Signature: Ptlw. J. Celarzo #121 |



## BRADLEY BEACH POLICE DEPARTMENT

## USE OF FORCE REPORT

## A. Incident Information

|                                                                                                                                                                                                                                                                           |               |                       |                                        |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|----------------------------------------|----------------------------|
| Date<br>07/26/2016                                                                                                                                                                                                                                                        | Time<br>01:55 | Day of Week<br>Friday | Location<br>Seventh Ave/Memorial Drive | INCIDENT NUMBER<br>16-5950 |
| 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<br><input checked="" type="checkbox"/> Other (specify) Field Contact |               |                       |                                        |                            |

## B. Officer Information

|                                                  |                           |                       |                  |                  |                  |                 |
|--------------------------------------------------|---------------------------|-----------------------|------------------|------------------|------------------|-----------------|
| Name (Last, First, Middle)<br>Pancza, Gregory L. | Badge #<br>129            | Sex<br>M              | Race<br>W        | Age<br>38        | Injured<br>Y / N | Killed<br>Y / N |
| Rank<br>Patrolman                                | Duty assignment<br>Patrol | Years of service<br>6 | On-Duty<br>Y / N | Uniform<br>Y / N |                  |                 |

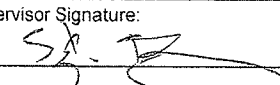
## C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                               |                                                                                                                                                                                                                                                                                                                                   |                 |                  |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------|
| Name (Last, First, Middle)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Sex<br>M          | Race<br>B                                     | Age<br>16                                                                                                                                                                                                                                                                                                                         | 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:39-4, 2C:39-5, 2C:29-2, 2C:20-7 |                                                                                                                                                                                                                                                                                                                                   |                 |                  |                 |
| Subject's actions (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                                               | Officer's use of force toward this subject (check all that apply)                                                                                                                                                                                                                                                                 |                 |                  |                 |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |                   |                                               | <input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |                 |                  |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                               | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |         | Officer's use of force toward this subject (check all that apply)                                                                                                                                                                                                                                                      |                 |                  |                 |
| <input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |                   |         | <input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |                 |                  |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |         | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown)                                                                                                                                     |                 |                  |                 |

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

|                                                                                                   |                                                                                                               |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Signature:<br> | Date:<br>07/26/2016                                                                                           |
| Print Supervisor Name:<br>Sgt. Browning                                                           | Supervisor Signature:<br> |

## BRADLEY BEACH POLICE DEPARTMENT

## USE OF FORCE REPORT

## A. Incident Information

|                                            |                                   |                                        |                                                       |                                       |
|--------------------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|---------------------------------------|
| Date<br>08/11/2016                         | Time<br>07:19                     | Day of Week<br>Thursday                | Location<br>600 Block Ocean Park Avenue               | INCIDENT NUMBER<br>16-6543            |
| Type of Incident                           |                                   |                                        |                                                       |                                       |
| <input type="checkbox"/> Crime in progress | <input type="checkbox"/> Domestic | <input type="checkbox"/> Other dispute | <input checked="" type="checkbox"/> Suspicious person | <input type="checkbox"/> Traffic stop |
| <input type="checkbox"/> Other (specify)   |                                   |                                        |                                                       |                                       |

## B. Officer Information

|                                               |                                     |                        |                  |                  |                  |                 |
|-----------------------------------------------|-------------------------------------|------------------------|------------------|------------------|------------------|-----------------|
| Name (Last, First, Middle)<br>Murray, Anthony | Badge #<br>120                      | Sex<br>M               | Race<br>W        | Age<br>39        | Injured<br>Y / N | Killed<br>Y / N |
| Rank<br>Detective                             | Duty assignment<br>Detective Bureau | Years of service<br>15 | On-Duty<br>Y / N | Uniform<br>Y / N |                  |                 |

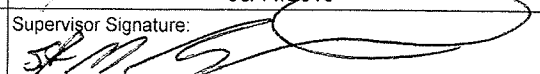
## C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                              |           |                 |                  |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------|------------------|-----------------|
| Name (Last, First, Middle)<br>Gilliam, Kenneth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Sex<br>M          | Race<br>B                                                                                                                                                                                                                                                                                                                                    | 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:29-1, 2C:29-2, 2C:35-10B,                                                                                                                                                                                                                                                                                                      |           |                 |                  |                 |
| Subject's actions (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   | Officer's use of force toward this subject (check all that apply)                                                                                                                                                                                                                                                                            |           |                 |                  |                 |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |                   | <input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input checked="" type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |           |                 |                  |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   | Officer's use of force toward this subject (check all that apply)                                                                                                                                                                                                                                                      |     |                 |                  |                 |
| <input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |                   | <input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |     |                 |                  |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown)                                                                                                                                     |     |                 |                  |                 |

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

|                                                                                                   |                                                                                                               |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Signature:<br> | Date:<br>08/11/2016                                                                                           |
| Print Supervisor Name:<br>Sgt. Michael Ricciardi                                                  | Supervisor Signature:<br> |

### A. Incident Information

## USE OF FORCE REPORT

### A. Incident Information

|                                                                                                                                                                                                                                                                                        |               |                       |                                        |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|----------------------------------------|----------------------------|
| Date<br>10/30/2016                                                                                                                                                                                                                                                                     | Time<br>01:57 | Day of Week<br>Sunday | Location<br>Lake Terrace / Central Ave | INCIDENT NUMBER<br>16-9039 |
| <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) |               |                       |                                        |                            |

### B. Officer Information

|                            |                 |                  |     |                                                              |     |                                                              |                                        |
|----------------------------|-----------------|------------------|-----|--------------------------------------------------------------|-----|--------------------------------------------------------------|----------------------------------------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race                                                         | Age | Injured                                                      | Killed                                 |
| Tardio, Michael, J         |                 | 122              | M   | W                                                            | 34  | 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 |                                        |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |          |      |                                                                                                                                                                                                                                                                                                                                   |        |         |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|--------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Sex      | Race | Age                                                                                                                                                                                                                                                                                                                               | Weapon | Injured | Killed |
| Normoyle, Jacquelin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | F        | W    | 50                                                                                                                                                                                                                                                                                                                                | Y / N  | Y / N   | Y / N  |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Arrested |      | Charges                                                                                                                                                                                                                                                                                                                           |        |         |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Y / N    |      | 39:4-50, 39:4-50.2, 39:4-96, 39:3-33                                                                                                                                                                                                                                                                                              |        |         |        |
| Subject's actions (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |          |      | Officer's use of force toward this subject (check all that apply)                                                                                                                                                                                                                                                                 |        |         |        |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |  |          |      | <input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |        |         |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |          |      | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br><br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown)                                                                                                                                            |        |         |        |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                   |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                  |                 |
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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> <input type="checkbox"/> Firearms Discharge<br/> <input type="checkbox"/> Intentional<br/> <input type="checkbox"/> Accidental<br/> <br/>           Number of shots fired _____<br/>           Number of hits _____<br/>           (Use 'UNK' if unknown)         </div> </div> |                 |                  |                 |

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

|                                                                                                   |                                                                                                               |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Signature:<br> | Date:<br>10/30/2016                                                                                           |
| Print Supervisor Name:<br>Ptlm. Michael Tardio                                                    | Supervisor Signature:<br> |

INCIDENT NUMBER 16-9055

## USE OF FORCE REPORT

## A. Incident Information

|                                                                                                                                                                                                                                                                                                          |                  |                           |                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Date <u>10-30-16</u>                                                                                                                                                                                                                                                                                     | Time <u>1755</u> | Day of Week <u>SUNDAY</u> | Location <u>OCEAN AVE / OCEAN PARK AVE</u>                                                                                                     |
| Type of Incident: <input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic<br><input checked="" type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Violation<br><input type="checkbox"/> Other Type of Call [Specify _____] <input type="checkbox"/> Other Dispute |                  |                           | Type of Person: <input checked="" type="checkbox"/> Under the Influence<br><input type="checkbox"/> Other Unusual Condition<br>[Specify _____] |

[Check only if unusual condition in person exists]

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

| Name (Last, First, Middle) | Arrest?    | Charge(s)                       | Sex      | Race     | Age       | Weapon?    | Susp. Injured? | Hospital?  |
|----------------------------|------------|---------------------------------|----------|----------|-----------|------------|----------------|------------|
| <u>PEAFFE, MARTIN</u>      | <u>Y/N</u> | <u>2C:35-2, 2C:29-2, 1B:3-2</u> | <u>M</u> | <u>W</u> | <u>34</u> | <u>Y/N</u> | <u>Y/N</u>     | <u>Y/N</u> |
| <u>N/A</u>                 | <u>Y/N</u> | <u>N/A</u>                      |          |          |           | <u>Y/N</u> | <u>Y/N</u>     | <u>Y/N</u> |
| <u>N/A</u>                 | <u>Y/N</u> | <u>N/A</u>                      |          |          |           | <u>Y/N</u> | <u>Y/N</u>     | <u>Y/N</u> |

[Check yes only for injury/hospital resulting from police use of force]

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

| Suspect...                                                      | Suspect # 1                         | Suspect # 2 | Suspect # 3 |
|-----------------------------------------------------------------|-------------------------------------|-------------|-------------|
| ...resisted Police Officer control                              | <input checked="" type="checkbox"/> | <u>N/A</u>  | <u>N/A</u>  |
| ...physical threat/attack on Police Officer                     |                                     | <u>N/A</u>  | <u>N/A</u>  |
| ...threatened/attacked Police Officer with blunt object         |                                     | <u>N/A</u>  | <u>N/A</u>  |
| ...threatened/attacked Police Officer with knife/cutting object |                                     | <u>N/A</u>  | <u>N/A</u>  |
| ...threatened/attacked Police Officer with motor vehicle        |                                     | <u>N/A</u>  | <u>N/A</u>  |
| ...threatened Police Officer with firearm                       |                                     | <u>N/A</u>  | <u>N/A</u>  |
| ...fired at Police Officer                                      |                                     | <u>N/A</u>  | <u>N/A</u>  |
| ...Other [Specify _____]                                        |                                     | <u>N/A</u>  | <u>N/A</u>  |

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

|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type of Force Used: <input checked="" type="checkbox"/> Compliance Hold <input type="checkbox"/> Hands/Fists<br><input type="checkbox"/> Chemical/Natural Agent <input type="checkbox"/> Kicks/Feet<br><input type="checkbox"/> Strike/Use Baton or Other Object <input type="checkbox"/> Canine<br><input type="checkbox"/> Other Force. Specify: _____ | Firearms Discharge: <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental<br>Number of Shots Fired _____<br>Number of Hits _____<br>[Use 'UNK' if unknown] |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## E. Officer Information

|                                                 |            |            |                                          |                  |                    |
|-------------------------------------------------|------------|------------|------------------------------------------|------------------|--------------------|
| Name (Last, First, Middle)                      | Badge #    | On-Duty?   | Uniform?                                 | Officer Injured? | Taken to Hospital? |
| <u>POBLETE, JUSTIN R</u>                        | <u>325</u> | <u>Y/N</u> | <u>Y/N</u>                               | <u>Y/N</u>       | <u>Y/N</u>         |
| Signature: <u>[Signature]</u> #325              |            |            | Police Officer Assignment: <u>PATROL</u> |                  |                    |
| Print Supervisor Name: <u>Michael Ricciardi</u> |            |            | Supervisor Signature: <u>[Signature]</u> |                  |                    |

(6/2000)

INCIDENT NUMBER 16-9055

## USE OF FORCE REPORT

## A. Incident Information

|                                                                                                                                                                                                                                                                                                    |           |                                                                                                                                       |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Date 10/30/2016                                                                                                                                                                                                                                                                                    | Time 1755 | Day of Week SUNDAY                                                                                                                    | Location OCEAN AVE / OCEAN PARK AVE |
| Type of Incident: <input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic<br><input checked="" type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Violation<br><input type="checkbox"/> Other Type of Call [Specify] <input type="checkbox"/> Other Dispute |           | Type of Person: <input checked="" type="checkbox"/> Under the Influence<br><input type="checkbox"/> Other Unusual Condition [Specify] |                                     |

[Check only if unusual condition in person exists]

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

| Name (Last, First, Middle) | Arrest? | Charge(s)                  | Sex | Race | Age | Weapon? | Susp. Injured? | Hospital? |
|----------------------------|---------|----------------------------|-----|------|-----|---------|----------------|-----------|
| PEAFF, MARTIN              | Y/N     | PC-33-2, 123-8C<br>PC-29-2 | M   | W    | 34  | Y/N     | Y/N            | Y/N       |
| N/A                        | Y/N     |                            |     |      |     | Y/N     | Y/N            | Y/N       |
| N/A                        | Y/N     |                            |     |      |     | Y/N     | Y/N            | Y/N       |

[Check yes only for injury/hospital resulting from police use of force]

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

| Suspect...                                                      | Suspect # 1 | Suspect # 2 | Suspect # 3 |
|-----------------------------------------------------------------|-------------|-------------|-------------|
| ...resisted Police Officer control                              | ✓           | N/A         | N/A         |
| ...physical threat/attack on Police Officer                     |             | N/A         | N/A         |
| ...threatened/attacked Police Officer with blunt object         |             | N/A         | N/A         |
| ...threatened/attacked Police Officer with knife/cutting object |             | N/A         | N/A         |
| ...threatened/attacked Police Officer with motor vehicle        |             | N/A         | N/A         |
| ...threatened Police Officer with firearm                       |             | N/A         | N/A         |
| ...fired at Police Officer                                      |             | N/A         | N/A         |
| ...Other [Specify]                                              |             | N/A         | N/A         |

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

|                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type of Force Used: <input checked="" type="checkbox"/> Compliance Hold <input type="checkbox"/> Hands/Fists<br><input type="checkbox"/> Chemical/Natural Agent <input type="checkbox"/> Kicks/Feet<br><input type="checkbox"/> Strike/Use Baton or Other Object <input type="checkbox"/> Canine<br><input type="checkbox"/> Other Force. Specify: | Firearms Discharge: <input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of Shots Fired____<br>Number of Hits____<br>[Use 'UNK' if unknown] |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## E. Officer Information

| Name (Last, First, Middle)         | Badge # | On-Duty? | Uniform?                                     | Officer Injured? | Taken to Hospital? |
|------------------------------------|---------|----------|----------------------------------------------|------------------|--------------------|
| QUINN JR, Joseph P                 | 333     | Y/N      | Y/N                                          | Y/N              | Y/N                |
| Signature: [Signature]             |         |          | Police Officer Assignment: PATROL            |                  |                    |
| Print Supervisor Name: [Signature] |         |          | Supervisor Signature: Michael R. [Signature] |                  |                    |

(6/2000)

# USE OF FORCE REPORT

## A. Incident Information

|                                                                                                                                                                                                                                                                                         |                   |                                                                                                                                          |                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Date <u>10/30/11</u>                                                                                                                                                                                                                                                                    | Time <u>17:55</u> | Day of Week <u>Sunday</u>                                                                                                                | Location <u>Ocean Ave / Ocean Park Ave</u> |
| Type of Incident: <input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Violation <input type="checkbox"/> Other Type of Call [Specify _____] <input type="checkbox"/> Other Dispute |                   | Type of Person: <input checked="" type="checkbox"/> Under the Influence <input type="checkbox"/> Other Unusual Condition [Specify _____] |                                            |
| [Check only if unusual condition in person exists]                                                                                                                                                                                                                                      |                   |                                                                                                                                          |                                            |

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

| Name (Last, First, Middle) | Arrest?    | Charge(s)             | Sex      | Race     | Age       | Weapon?    | Susp. Injured? | Hospital?  |
|----------------------------|------------|-----------------------|----------|----------|-----------|------------|----------------|------------|
| <u>PEAFF, Martin</u>       | <u>Y</u> N | <u>2C33-2, 2C34-2</u> | <u>m</u> | <u>w</u> | <u>34</u> | <u>Y</u> N | <u>Y</u> N     | <u>Y</u> N |
|                            | Y / N      |                       |          |          |           | Y / N      | Y / N          | Y / N      |
|                            | Y / N      |                       |          |          |           | Y / N      | Y / N          | Y / N      |

[Check yes only for injury/hospital resulting from police use of force]

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

| Suspect...                                                      | Suspect # 1 | Suspect # 2 | Suspect # 3 |
|-----------------------------------------------------------------|-------------|-------------|-------------|
| ...resisted Police Officer control                              | <u>✓</u>    | <u>N/A</u>  | <u>N/A</u>  |
| ...physical threat/attack on Police Officer                     |             | <u>N/A</u>  | <u>N/A</u>  |
| ...threatened/attacked Police Officer with blunt object         |             | <u>N/A</u>  | <u>N/A</u>  |
| ...threatened/attacked Police Officer with knife/cutting object |             | <u>N/A</u>  | <u>N/A</u>  |
| ...threatened/attacked Police Officer with motor vehicle        |             | <u>N/A</u>  | <u>N/A</u>  |
| ...threatened Police Officer with firearm                       |             | <u>N/A</u>  | <u>N/A</u>  |
| ...fired at Police Officer                                      |             | <u>N/A</u>  | <u>N/A</u>  |
| ...Other [Specify _____]                                        |             | <u>N/A</u>  | <u>N/A</u>  |

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

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type of Force Used: <input checked="" type="checkbox"/> Compliance Hold <input type="checkbox"/> Hands/Fists <input checked="" type="checkbox"/> Chemical/Natural Agent <input type="checkbox"/> Kicks/Feet <input type="checkbox"/> Strike/Use Baton or Other Object <input type="checkbox"/> Canine <input type="checkbox"/> Other Force. Specify: _____ | Firearms Discharge: <input type="checkbox"/> Intentional <input type="checkbox"/> Accidental<br>Number of Shots Fired _____<br>Number of Hits _____<br>[Use 'UNK' if unknown] |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## E. Officer Information

| Name (Last, First, Middle)                      | Badge #    | On-Duty?   | Uniform?                                 | Officer Injured? | Taken to Hospital? |
|-------------------------------------------------|------------|------------|------------------------------------------|------------------|--------------------|
| <u>Redmond, Andrew</u>                          | <u>130</u> | <u>Y</u> N | <u>Y</u> N                               | <u>Y</u> N       | <u>Y</u> N         |
| Signature: <u>A. Redmond</u>                    |            |            | Police Officer Assignment: <u>Patrol</u> |                  |                    |
| Print Supervisor Name: <u>Michael Ricciardi</u> |            |            | Supervisor Signature: <u>[Signature]</u> |                  |                    |

## BRADLEY BEACH POLICE DEPARTMENT

## USE OF FORCE REPORT

## A. Incident Information

|                                                                                                                                                                                                                                                                                 |               |                       |                                          |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|------------------------------------------|----------------------------|
| Date<br>11/21/2016                                                                                                                                                                                                                                                              | Time<br>01:09 | Day of Week<br>Monday | Location<br>500 Block Main St - Avon, NJ | INCIDENT NUMBER<br>16-9552 |
| 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 checked="" type="checkbox"/> Traffic stop<br><input type="checkbox"/> Other (specify) |               |                       |                                          |                            |

## B. Officer Information

|                                                   |                           |                        |                    |                    |                    |                   |
|---------------------------------------------------|---------------------------|------------------------|--------------------|--------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Gale, Kevin, Joseph | Badge #<br>124            | Sex<br>M               | Race<br>W          | Age<br>38          | Injured<br>Y / (N) | Killed<br>Y / (N) |
| Rank<br>Patrolman                                 | Duty assignment<br>Patrol | Years of service<br>10 | On-Duty<br>(Y) / N | Uniform<br>(Y) / N |                    |                   |

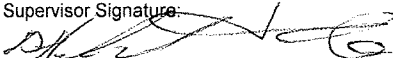
## C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |                     |                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                    |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|-------------------|
| Name (Last, First, Middle)<br>Moore, Joshua, D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sex<br>M | Race<br>W           | Age<br>26                                                                                                                                                                                                                                                                                                                                                                                              | 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>39:4-50, 2C:29-2                                                                                                                                                                                                                                                                                                                                                                            |                   |                    |                   |
| 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)<br>-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Sex<br>- | Race<br>-         | Age<br>-                                                                                                                                                                                                                                                                                                                                                                                    | 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:<br> | Date:<br>11/21/2016                                                                                           |
| Print Supervisor Name:<br>Ptlm. Michael Tardio                                                    | Supervisor Signature:<br> |





## USE OF FORCE REPORT

## A. Incident Information

|                                                                                                                                                                                                                                                                                                          |                     |                                                                                                                                                                                        |                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| Date <b>12/5/16</b>                                                                                                                                                                                                                                                                                      | Time <b>11:38pm</b> | Day of Week <b>Monday</b>                                                                                                                                                              | Location <b>100 B/K Main St</b> |
| Type of Incident: <input type="checkbox"/> Crime in Progress <input type="checkbox"/> Domestic<br><input checked="" type="checkbox"/> Suspicious Person <input type="checkbox"/> Traffic Violation<br><input type="checkbox"/> Other Type of Call [Specify _____] <input type="checkbox"/> Other Dispute |                     | Type of Person: <input type="checkbox"/> Under the Influence<br><input type="checkbox"/> Other Unusual Condition [Specify _____]<br>[Check only if unusual condition in person exists] |                                 |

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

| Name (Last, First, Middle) | Arrest?    | Charge(s)           | Sex      | Race     | Age       | Weapon?    | Susp. Injured? | Hospital?  |
|----------------------------|------------|---------------------|----------|----------|-----------|------------|----------------|------------|
| <b>Figueroa, Andre</b>     | <b>Y/N</b> | <b>2C118/2C2034</b> | <b>M</b> | <b>W</b> | <b>36</b> | <b>Y/N</b> | <b>Y/N</b>     | <b>Y/N</b> |
|                            | Y/N        |                     |          |          |           | Y/N        | Y/N            | Y/N        |
|                            | Y/N        |                     |          |          |           | Y/N        | Y/N            | Y/N        |

[Check yes only for injury/hospital resulting from police use of force]

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

| Suspect...                                                      | Suspect # 1 | Suspect # 2 | Suspect # 3 |
|-----------------------------------------------------------------|-------------|-------------|-------------|
| ...resisted Police Officer control                              | <b>✓</b>    |             |             |
| ...physical threat/attack on Police Officer                     |             |             |             |
| ...threatened/attacked Police Officer with blunt object         |             |             |             |
| ...threatened/attacked Police Officer with knife/cutting object |             |             |             |
| ...threatened/attacked Police Officer with motor vehicle        |             |             |             |
| ...threatened Police Officer with firearm                       |             |             |             |
| ...fired at Police Officer                                      |             |             |             |
| ...Other [Specify _____]                                        |             |             |             |

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

|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type of Force Used: <input checked="" type="checkbox"/> Compliance Hold <input type="checkbox"/> Hands/Fists<br><input type="checkbox"/> Chemical/Natural Agent <input type="checkbox"/> Kicks/Feet<br><input type="checkbox"/> Strike/Use Baton or Other Object <input type="checkbox"/> Canine<br><input type="checkbox"/> Other Force. Specify: _____ | Firearms Discharge: <input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of Shots Fired _____<br>Number of Hits _____<br>[Use 'UNK' if unknown] |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## E. Officer Information

|                                                       |            |            |                                               |                  |                    |
|-------------------------------------------------------|------------|------------|-----------------------------------------------|------------------|--------------------|
| Name (Last, First, Middle)                            | Badge #    | On-Duty?   | Uniform?                                      | Officer Injured? | Taken to Hospital? |
| <b>Redmond, Andrew</b>                                | <b>130</b> | <b>Y/N</b> | <b>Y/N</b>                                    | <b>Y/N</b>       | <b>Y/N</b>         |
| Signature: <b>A. Redmond</b>                          |            |            | Police Officer Assignment: <b>Patrol</b>      |                  |                    |
| Print Supervisor Name: <b>Pt. Michael Tardio #122</b> |            |            | Supervisor Signature: <b>[Signature]</b> #122 |                  |                    |

## BRADLEY BEACH POLICE DEPARTMENT

## USE OF FORCE REPORT

## A. Incident Information

|                                                                                                                                                                                                                                                             |               |                       |                                       |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|---------------------------------------|----------------------------|
| Date<br>02/26/2017                                                                                                                                                                                                                                          | Time<br>17:13 | Day of Week<br>Sunday | Location<br>700 Blk Main Street, Boro | INCIDENT NUMBER<br>17-1665 |
| 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<br><input type="checkbox"/> Other (specify) |               |                       |                                       |                            |

## B. Officer Information

|                                                  |                           |                        |                  |           |                  |                  |                 |
|--------------------------------------------------|---------------------------|------------------------|------------------|-----------|------------------|------------------|-----------------|
| Name (Last, First, Middle)<br>Browning, Terry E. |                           | Badge #<br>117         | Sex<br>M         | Race<br>W | Age<br>44        | Injured<br>Y / N | Killed<br>Y / N |
| Rank<br>Sergeant                                 | Duty assignment<br>Patrol | Years of service<br>17 | On-Duty<br>Y / N |           | Uniform<br>Y / N |                  |                 |

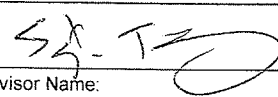
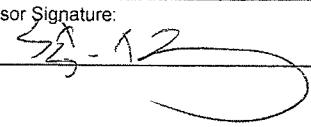
## C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                   |           |                                                                                                                                                                                                                                                                                                                                   |                 |                  |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------|
| Name (Last, First, Middle)<br>Garcia-Gutierrez, Antonio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Sex<br>M          | Race<br>H | Age<br>41                                                                                                                                                                                                                                                                                                                         | 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, 2C:17-3, 2C:33-2, 2C:29-2                                                                                                                                                                                                                                                                                     |                 |                  |                 |
| Subject's actions (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                   |           | Officer's use of force toward this subject (check all that apply)                                                                                                                                                                                                                                                                 |                 |                  |                 |
| <input checked="" type="checkbox"/> Resisted police officer control<br><input checked="" type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |  |                   |           | <input checked="" type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |                 |                  |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                   |           | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                   |      | Officer's use of force toward this subject (check all that apply)                                                                                                                                                                                                                                                      |                 |                  |                 |
| <input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |  |                   |      | <input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |                 |                  |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                   |      | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown)                                                                                                                                     |                 |                  |                 |

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

|                                                                                                   |                                                                                                               |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Signature:<br> | Date:<br>02/26/2017                                                                                           |
| Print Supervisor Name:<br>Sgt. Terry Browning                                                     | Supervisor Signature:<br> |

# Bradley Beach Police Department

## USE OF FORCE REPORT

### A. Incident Information

|                                                                                                                                                                                                                                                                                                                    |                  |                         |                                    |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------|------------------------------------|------------------------------|
| Date<br>04/27/2017                                                                                                                                                                                                                                                                                                 | Time<br>10:20:05 | Day of Week<br>Thursday | Location<br>Main St/Lareine Ave;PX | INCIDENT NUMBER<br>17-003606 |
| <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) Borough Ordinance Violation |                  |                         |                                    |                              |

### B. Officer Information

|                                                     |                                     |                       |                |                |               |              |
|-----------------------------------------------------|-------------------------------------|-----------------------|----------------|----------------|---------------|--------------|
| Name (Last, First, Middle)<br>Wilson, Christopher M | Badge #<br>133                      | Sex<br>M              | Race<br>W      | Age<br>36      | Injured<br>No | Killed<br>No |
| Rank<br>PT                                          | Duty assignment<br>Patrol - Car/SUV | Years of service<br>0 | On-Duty<br>Yes | Uniform<br>Yes |               |              |

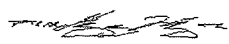
### C1. Subject 1 (List only the person who was the subject of the use of force by officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                                               |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| Name (Last, First, Middle)<br>Roberts, Justin Garrett                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sex<br>Male     | Race<br>B                                     | Age<br>30 | Weapon<br>No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Injured<br>No | Killed<br>No |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Arrested<br>Yes | Charges<br>2C:29-2, 2C:29-1, 2C:29-3, 2C:36-6 |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |              |
| <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><input checked="" type="checkbox"/> Compliance hold      Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object      Number of Shots Fired _____<br><input type="checkbox"/> Canine      Number of Hits _____<br><input type="checkbox"/> Others (specify) |               |              |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |         |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sex      | Race    | Age | Weapon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Injured | Killed |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Arrested | 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><input type="checkbox"/> Compliance hold      Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object      Number of Shots Fired _____<br><input type="checkbox"/> Canine      Number of Hits _____<br><input type="checkbox"/> Others (specify) |         |        |

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

|                                          |                                                                                                             |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Signature: Wilson, Christopher M         | Date: 4/27/17                                                                                               |
| Print Supervisor Name: Pancza, Gregory L | Supervisor Signature:  |

# Bradley Beach Police Department

## USE OF FORCE REPORT

### A. Incident Information

|                                                                                                                                                                                                                                                                                                                    |                  |                         |                                    |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------|------------------------------------|------------------------------|
| Date<br>04/27/2017                                                                                                                                                                                                                                                                                                 | Time<br>10:20:05 | Day of Week<br>Thursday | Location<br>Main St/Lareine Ave;PX | INCIDENT NUMBER<br>17-003606 |
| <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) Borough Ordinance Violation |                  |                         |                                    |                              |

### B. Officer Information

|                                                 |                                     |                       |                |                |               |              |
|-------------------------------------------------|-------------------------------------|-----------------------|----------------|----------------|---------------|--------------|
| Name (Last, First, Middle)<br>Pancza, Gregory L | Badge #<br>129                      | Sex<br>M              | Race<br>W      | Age<br>38      | Injured<br>No | Killed<br>No |
| Rank<br>PT                                      | Duty assignment<br>Patrol - Car/SUV | Years of service<br>6 | On-Duty<br>Yes | Uniform<br>Yes |               |              |

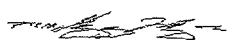
### C1. Subject 1 (List only the person who was the subject of the use of force by officer listed in Section B.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |              |               |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------|---------------|--------------|
| Name (Last, First, Middle)<br>Roberts, Justin Garrett                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sex<br>Male     | Race<br>B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Age<br>30 | Weapon<br>No | Injured<br>No | Killed<br>No |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Arrested<br>Yes | Charges<br>2C:29-2, 2C:29-1, 2C:29-3, 2C:36-6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |              |               |              |
| <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><input checked="" type="checkbox"/> Compliance hold      Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object      Number of Shots Fired _____<br><input type="checkbox"/> Canine      Number of Hits _____<br><input type="checkbox"/> Others (specify) |           |              |               |              |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |        |         |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------|---------|--------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sex      | Race                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Age | Weapon | Injured | Killed |
| <input type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Arrested | 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><input type="checkbox"/> Compliance hold      Firearms Discharge<br><input type="checkbox"/> Hands/fists <input type="checkbox"/> Intentional<br><input type="checkbox"/> Kicks/feet <input type="checkbox"/> Accidental<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object      Number of Shots Fired _____<br><input type="checkbox"/> Canine      Number of Hits _____<br><input type="checkbox"/> Others (specify) |     |        |         |        |

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

|                                          |                                                                                                             |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Signature: Pancza, Gregory L             | Date: 4/27/17                                                                                               |
| Print Supervisor Name: Pancza, Gregory L | Supervisor Signature:  |

## USE OF FORCE REPORT

|                                                                                                                                                                                                                                                                                        |               |                       |                                    |                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|------------------------------------|------------------------------|
| Date<br>05/28/2017                                                                                                                                                                                                                                                                     | Time<br>00:03 | Day of Week<br>Sunday | Location<br>NJ Transit Parking Lot | INCIDENT NUMBER<br>17-004558 |
| <u>Type of Incident</u><br><input type="checkbox"/> Crime in progress <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Other dispute <input type="checkbox"/> Suspicious person <input type="checkbox"/> Traffic stop<br><input type="checkbox"/> Other (specify) |               |                       |                                    |                              |

|                            |                 |                  |     |         |     |         |        |
|----------------------------|-----------------|------------------|-----|---------|-----|---------|--------|
| Name (Last, First, Middle) |                 | Badge #          | Sex | Race    | Age | Injured | Killed |
| Major                      | William         | 123              | M   | W       | 37  | Y / N   | Y / N  |
| Rank                       | Duty assignment | Years of service |     | On-Duty |     | Uniform |        |
| Patrolman                  | K 9             | 12               |     | Y / N   |     | Y / N   |        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |          |      |                                                                                                                                                                                                                                                                                                                                   |        |         |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|--------|
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Sex      | Race | Age                                                                                                                                                                                                                                                                                                                               | Weapon | Injured | Killed |
| Golden Matthew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | M        | W    | 21                                                                                                                                                                                                                                                                                                                                | Y / N  | Y / N   | Y / N  |
| <input checked="" type="checkbox"/> Under the influence<br><input type="checkbox"/> Other unusual condition (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Arrested |      | Charges                                                                                                                                                                                                                                                                                                                           |        |         |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Y / N    |      | 2c:29-2                                                                                                                                                                                                                                                                                                                           |        |         |        |
| <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><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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                   |      | <u>Officer's use of force toward this subject</u> (check all that apply)                                                                                                                                                                                                                                               |                 |                  |                 |
| <input type="checkbox"/> Resisted police officer control<br><input type="checkbox"/> Physical threat/attack on officer or another<br><input type="checkbox"/> Threatened/attacked officer or another with blunt object<br><input type="checkbox"/> Threatened/attacked officer or another with knife/cutting object<br><input type="checkbox"/> Threatened/attacked officer or another with motor vehicle<br><input type="checkbox"/> Threatened officer or another with firearm<br><input type="checkbox"/> Fired at officer or another<br><input type="checkbox"/> Other (specify) |  |                   |      | <input type="checkbox"/> Compliance hold<br><input type="checkbox"/> Hands/fists<br><input type="checkbox"/> Kicks/feet<br><input type="checkbox"/> Chemical/natural agent<br><input type="checkbox"/> Strike/use baton or other object<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Other (specify) |                 |                  |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                   |      | Firearms Discharge<br><input type="checkbox"/> Intentional<br><input type="checkbox"/> Accidental<br><br>Number of shots fired _____<br>Number of hits _____<br>(Use 'UNK' if unknown)                                                                                                                                 |                 |                  |                 |

|                                                                                                |                                                                                                            |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Signature:  | Date: 05/28/2017                                                                                           |
| Print Supervisor Name: Sgt. Michael Ricciardi # 116                                            | Supervisor Signature:  |